ABSTRACT

Introduction: Nursing care and service at inpatient ward had been widely known vary. Beside being a caretaker in nursing care management, head nurse with many responsibilities often leave the ward related to managerial task. Therefore she needs to do nursing delegation well to assure nursing care quality. To assure the function of service/nursing care run well, delegation is necessary. Method: This research is descriptive-narrative and quasi experiment research that aimed to build the development of Relactor nursing delegation model, also identify differences of nursing delegation quality between before and after the application of Relactor nursing delegation model at inpatient ward. Result: The result of this research becomes basis development of nursing delegation model in Indonesia. Conclusion: nursing delegation model has been found developed and applied.

Keywords: application, development, Relactor nursing delegation model

INTRODUCTION

The pilot study by interviewing and observing head nurses revealed direct handover and responsibility of nursing care from head nurse of inpatient ward to team leader then to nurses had been simply and briefly carried out. The process was alarming enough because the tasks and responsibility of head nurse quite big. Good delegation method is absolutely required to ensure the quality of nursing service when head nurse left the ward.

Based on the existing phenomenon, researcher contended the absence of nursing delegation model and good and effective nursing delegation model standard.

RESEARCH METHOD

This study used 2 methods consists of: 1) descriptive-narrative research; 2) quasi experiment design with pre-post test design with control group approach. Descriptive-narrative research aimed to arrange development of effective Relactor nursing delegation model. Steps of descriptive research were:
1) arranging plan of nursing delegation model; 2) consultation and seminar; 3) arranging and module trial; 4) completion of the model; 5) application of Relactor nursing delegation through training program. The result of the model can be seen below:

Respondents were trained for 3 days with 8 hours everyday before the application of the model. Respondents initially measured (pre) before training. Henceforth second and third (post 1 and post measurement were conducted within 2 weeks distance. Guna melihat efektifitas model delegasi keperawatan, seperti skema berikut:

The effectivity of the model can be seen at scheme below:

Scheme 1 Research Design

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre test</th>
<th>Intervention</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Week 2</td>
<td>Week 4</td>
</tr>
<tr>
<td>A</td>
<td>O1</td>
<td>X1</td>
<td>O2A O3A</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>O1</td>
<td>X2</td>
<td>O2B O3B</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A = Intervention group
B = Control group
O1 (A & B) = Nursing delegation before intervention
X1 = Intervention of the model
X2 = without intervention of the model
O2A and O3A = nursing delegation after 2 weeks and 4 weeks with Relactor model
O2B and O3B = nursing delegation after 2 weeks and 4 weeks without intervention of the model

Head nurse and team leader amount 70 respondents (each 35 respondents) at inpatient ward Roemani Hospital Semarang and Sultan Agung Hospital, were involved. Total samplatechnique had been used as sampling technique. Research instrument used a questionnaire based on theory from Potet (1984) which developed by Tómasdóttir & Geirsdóttir (1998).

Question about attitude and readiness of head nurse and team leader at delegation process, amount 31 questions, with 5 alternative answers : very agree, agree, doubt, disagree, and very disagree, with score 1-5 that chosen by giving checklist sign (V) at most suitable alternative answer. Criteria for positive statement were scored 5= very agree, 4=agree, 3=doubt, 2=disagree, and 1= very disagree. However negative statement were scored vice versa.

Trial run the nursing delegation instrument according to Tómasdóttir & Geirsdóttir (1998) consisted of 31 questions, and had reliability score alpha Cronbach r = 0.786, counted as reliable.

RESULT OF STUDY

Table 1

<table>
<thead>
<tr>
<th>Nursing delegation</th>
<th>Intervention (n=35)</th>
<th>Control (n=35)</th>
<th>F</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>Mean</td>
<td>3.46</td>
<td>3.43</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.22</td>
<td>0.26</td>
<td>2.297</td>
</tr>
<tr>
<td>Post-test 1(week 2)</td>
<td></td>
<td>3.72</td>
<td>3.46</td>
<td>0.35</td>
</tr>
<tr>
<td>Post-test 2(week 4)</td>
<td></td>
<td>3.58</td>
<td>3.40</td>
<td>0.24</td>
</tr>
</tbody>
</table>

Analysis result of different nursing delegation by head nurse and team leader in intervention and control group at 2016 (n=70)

*p> 0.05

The result of analysis using general model-mixed repeated measure toward nursing delegation of head nurse at two groups showed result p value = 0.134 means there was no significant differences about nursing delegation between two groups can be seen at the picture below:
Table 2

Differences nursing delegation of head nurse and team leader between pre and post intervention at 2016 (n = 70)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post1</td>
<td>0.143</td>
<td>0.392</td>
<td>3.0</td>
<td>0.003</td>
</tr>
<tr>
<td>- Pre</td>
<td>0.041</td>
<td>0.292</td>
<td>1.1</td>
<td>0.235</td>
</tr>
</tbody>
</table>

Result test between post test 1 and pre test 1 showed there was significant increase 0.143 with p-value 0.003. While between post test 2 and pre test showed increase 0.041 means there was no significant increase with p-value 0.235. The increasing of post test 2 compared to pre test was less significant, as seen below:

DISCUSSION

Developed and arranged Reluctor nursing delegation model that has been applied at training, should continually execute. Problem identification that has been executed before training, helped researcher to decide solution. Besides, initial
measurement (pre test) that showed p value > 0.05 means there was no significant difference about nursing delegation among two groups.

Repeated training are necessary to refresh the knowledge so that capable applying both former and newly delivered method (Kalra & Bhatia, 2008). Hasnita (2006) interposed that success of training shown by assessment process of training needs, aim, plan, action, and evaluation of training.

Comprehensive method has been used in the Relactor nursing delegation training included modul, lecture, discussion, and role play. The method creates condusive and comfort ambience at training process.

Planning at the second step used quantitative study with quasi experimental design with pre test post test control group design, also used time series design for evaluation. It means the repetitive measurements were executed at two groups before and after the intervention (training). Repetitive measurements enrich information and be more sensitive for better result. Different nursing delegation between before and after training revealed significant increase with p value 0.003 at post test 1 measurement with pre test. Whereas post test 2 measurement with pre test showed increase 0.041 means insignificant increase with p value 0.235. The result showed that the increasing of post test 2 compared to pre test was less significant. Different increase between 2nd and 3rd measurement might caused by time span influence. Longer time span from the training, also much workload of respondents, caused them forget. This study suggests continually control and evaluation from managerial.

CONCLUSION

Based on the result of the study, the conclusion can be formulated as below:

1. Relactor nursing delegation model which should continually executed by head nurse and team leader at inpatient ward has been arranged.

2. There was significant difference about nursing delegation which conducted by head nurse and team leader between before and after the intervention.

This study suggests to determine policy in the form a fixed procedure for head nurse and team leader. Besides, continuos training and monitoring are important to improve better nursing care.

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