

ORIGINAL ARTICLE

Implementation of the Professional Nursing Practice Model at Hospitals in Kotamobagu

Heriyana Amir¹ | Suci Rahayu Ningsih^{1*}

¹ Nursing Study Program, Graha Medika Institute of Health and Technology

* Corresponding Author: uchyningsih@gmail.com

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ABSTRACT

Success in providing nursing is directly proportional to the success of the nursing management process, because to create high-quality services, professional services are needed which are technically to improve each system of providing nursing care, for that the provision of nursing through the Professional Nursing Practice Model (MPKP) is considered very important. The results of the survey conducted by researchers obtained information related to the professionalism of nurses by 5 informants, that the nursing services they felt were still unsatisfactory. The purpose of this study was to determine the Professional Nursing Practice Model (MPKP) before and after being given treatment. This research is a type of quantitative research with a pre-experimental one group pre-test post-test design. The population in this study were all nurses who were permanent employees at hospitals in Kotamobagu City with a total of 257 people. The total sample of this study was 154 people who were determined based on the Slovin formula. The sampling technique used is the probability sampling method by accidental proportion based on the hospital cluster. The results of this study indicate that the frequency distribution of Pillar I of the management approach at Kotamobagu City Hospital has increased after being given the application of MPKP to each element and the frequency distribution of Pillar IV of the nursing care delivery system at Kotamobagu City Hospital has increased in each element after being given professional training.

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Introduction

In the current era of the industrial revolution, all public service sectors are required to provide integrated services, especially medical services, to the community, so hospitals must now provide the best service. This is no exception in all hospitals in Indonesia (Pundenswari, 2017; Rohman & Larasati, 2020). The development of science in the nursing profession at this time contributes to the provision of comprehensive, integrative, and quality nursing services, therefore nursing services must be a priority in the development of nursing care in the future. (Hartanto et al., 2013).

Success in providing nursing is directly proportional to the success of the nursing management process, because to create high-quality services, professional services are needed that are technically to improve each system of providing nursing care, for that the provision of nursing through the Professional Nursing Practice (MPKP) model is considered very important. (Sulthan & Radja, 2010). The low level of care and delays in nursing services reflect a lack of professionalism in patient care services. Hospitals located in the Kotamobagu City area are still included in classes c and d, so that to support the implementation of professional nursing activities, it is still not optimal, both in terms of fulfilling the qualifications of nurses, management, and other supporting facilities, as stated in the ministerial regulation. health of the



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republic of Indonesia number 26 of 2019 concerning implementing regulations of law number 38 of 2014 concerning nursing in section 4 related to the implementation of nursing practice it is stated that in carrying out nursing practice, nurses are required to provide services in accordance with the code of ethics, nursing service standards, professional standards and professional procedure standard (Andriany & Antoine, 2019).

Public complaints against nursing services in hospitals, especially during the process of providing care, are still a major problem because they are too long, not rushed, especially for patients with urgent medical conditions (Nurhayati et al., 2020; Prasetyo et al., 2021). Based on the results of a survey conducted by research on January 18-19, 2022, 5 patient informants checked out at different hospitals and received information related to the professionalism of nurses, that the nursing services they felt were still not good in terms of discipline, lack of friendliness. and ethics, waiting time for action to patients, lack of attention and length of response to patient complaints. The implementation of MPKP is still often found in things that are technically not in accordance with the standards and SOPs that should be and as expected (Darmin, 2021; Darmin Darmin, Suci Rahayu Ningsih, Henny Kaseger, Sarman Sarman, 2021; Purwaningsih & Katulistiwa, 2022).

One of the professional substances that always presents gaps that are often encountered in the provision of nursing care is the lack of good communication between patients and nurses, which leads to complaints from patients through legal channels. (syamsuriansyah, Hetty Ismainar, 2021). Based on the information described by the researcher, research related to Evaluation of the Nursing System Using the Professional Nursing Practice Model (MPKP) Approach at the Hospital in Kotamobagu City, is quite important to do considering that the hospital is a public service suggestion that handles matters of character. urgent, with the aim of identifying the main factors that can be the main focus in improving nursing services at hospitals in Kotamobagu City to be more professional. This research topic is one of the leading research projects to support the SDG's program, and the 2021-2025 Strategic Plan (Renstra) for the Institute for Research and Community Service (LPPM) Graha Medika Institute of Health and Technology.

Kotamobagu Hospital is one of the hospitals belonging to the Kotamobagu City Government in the form of an RSU, under the auspices of the Kotamobagu City Government and is classified as a Class C Hospital. This hospital has been registered since 24/11/2010 with Permit Number No. 52 of 2014 and the date of the Permit Letter 16/06/2015 from the Mayor with an extended nature, and valid until 2015/2020. After undergoing Hospital Accreditation throughout Indonesia with the final process being assigned the status of Kotamobagu Hospital Accreditation. Kotamobagu Hospital has been operating since November 2011 and has been providing outpatient and inpatient health services. Kotamobagu Hospital has excellent services in the field of IGD (Emergency Installation), the General Hospital owned by the Municipal Government of Kotamobagu City has a land area of 61,589 with a building area of 1,173. Hospital X Kotamobagu consists of 12 inpatient rooms, 1 IGD room (Emergency Installation). The proportion of nurses based on the level of education found at the Kotamobagu Hospital in the period December 2022 was 231 people, with an educational background of 64 nurses, 40 undergraduates (undergraduates), and 126 nursing D3 people.

The ratio of professionals in hospitals must meet the 55% ratio of professionals and 45% of the ratio of non-professionals. Based on the results of service activity data at the Kotamobagu Hospital in 2022, it shows that the BOR of the Kotamobagu Hospital is in the range of 72%. The ideal BOR parameter value is between 60-85%, while the opinion of Barber Johnson (International Standard) the ideal BOR value is around 75%-85% with a 24-hour ER service orientation, 13 outpatient rooms, and 13 rooms with inpatients. Meanwhile, the inpatient service capacity is 196 beds (Hospital Profile, 2019).

The development of science in the nursing profession at this time contributes to the provision of comprehensive, integrative, and quality nursing services, therefore nursing



services must be a priority in the development of nursing care in the future. Success in providing nursing is directly proportional to the success of the nursing management process, because to create high-quality services, professional services are needed that are technically able to improve each system of providing nursing care, for that the provision of nursing through MPKP is considered very important. Based on the results of a survey conducted by researchers, it was obtained information related to the professionalism of nurses by 5 informants, that the nursing services they felt were still unsatisfactory. The purpose of this study was to determine the Professional Nursing Practice Model (MPKP) before and after being given treatment.

Methods

This research is a type of quantitative research with a pre-experimental one group pre-test post-test design. The population in this study were all nurses who were permanent employees at hospitals in Kotamobagu City with a total of 257 people. The total sample of this study was 154 people who were determined based on the Slovin formula: $n = \frac{N}{1 + (Ne \times Ne)}$. The sampling technique will be carried out by accidental probability sampling method with proportions based on hospital clusters. The data processing technique was carried out using the SPSS program. The sampling technique will be carried out by accidental probability sampling method with proportions based on the hospital cluster, namely:

Table 1. Accidental Probability Sampling Method

A Hospital	B Hospital	C Hospital
$n = \frac{N}{\sum N} \times n$	$n = \frac{N}{\sum N} \times n$	$n = \frac{N}{\sum N} \times n$
$n = \frac{90}{257} \times 154$	$n = \frac{53}{257} \times 154$	$n = \frac{114}{257} \times 154$
n = 54 people	n = 32 people	n = 69 people

Conceptual framework in this study which is a form of theoretical approach used by research to evaluate nursing practice carried out at hospitals in Kotamobagu City. The research concept framework explains how to identify the main factors that can be the main focus in improving nursing practice services at hospitals in Kotamobagu City to be more professional.

Results

Based on the results of research at the Kotamobagu hospital, it can be seen that the characteristics of nurses at the Kotamobagu City Hospital consist of 98 respondents (73.5%) aged 26-35 years, female sex is 78 respondents (74.7%), and Nursing Diploma III education is 58 respondents (43.3%) and the length of work of nurses with PK 3 (> 5 years) as many as 75 respondents (57.3%).

Table 2 Frequency Distribution of Nurse Characteristics at Kotamobagu City Hospital Based on Age, Gender, Length of Work, and Education

No	Variabel	Information	F	%
1	Age	17 s/d 25 year	25	7,3
		26 s/d 35 year	98	73,5
		36 s/d 45 year	13	15,3
		>45 year	9	3,9
2	Gender	Man	30	25,3
		Woman	78	74,7
3	Education	DIII Nursing	58	43,3
		S1/Ners	87	56,7
4	Length of working	PK 1 < 3 year	25	14,7
		PK 2 : 3 s/d 5 year	45	28,0
		PK 3: >5 year	75	57,3



Total **145** **100,0**

The frequency distribution of Pillar I description of the management approach at Kotamobagu City Hospital has increased after being given the implementation of MPKP. This can be seen from the representation of improvement in each aspect.

Table 3. Frequency Distribution of Management Approach at Kotamobagu Hospital (Pillar I)

Pillar 1 Management Approach	Description	Pre		Post	
		f	%	f	%
MPKP Planning	Not done	80	65,0	6	8,0
	Worked	65	35,0	139	92,0
MPKP Organization	Not done	60	40,0	4	5,3
	Worked	85	60,0	141	94,7
MPKP Briefing (Handovers)	Not done	66	38,7	8	10,7
	Worked	79	61,3	137	89,3
MPKP Briefing (Pre-Conference)	Not done	48	27,3	34	34,0
	Worked	97	72,7	111	66,0
MPKP (Post Conference) Briefing	Not done	100	97,3	8	8,0
	Worked	45	2,7	137	92,0
Motivational Climate (Head of Room)	Not done	36	28,0	10	10,7
	Worked	109	52,0	135	89,3
Motivational Climate (Team Leader and Implementing Nurse)	Not done	77	62,7	5	5,3
	Worked	68	37,3	140	94,7
Delegation	Not done	73	97,3	8	8,0
	Worked	72	2,7	137	92,0
Supervision	Not done	81	81,3	2	2,7
	Worked	64	17,3	143	97,3
MPKP Control	Not done	81	68,0	9	12,0
	Worked	64	32,0	136	88,0
Total		145	100,0	145	100,0

In the opinion of the researcher before and after the MPKP training intervention was given a significant increase and there were differences in pillar I of the 4P Management Approach which includes Planning, Organizing, Directing, and Controlling, it is hoped that the Kotamobagu City Hospital needs to provide opportunities for nurses to attend and conduct training continuously related to MPKP. Implementation of the implementation of MPKP in hospitals is a commitment of hospital management to be able to provide professional health services. MPKP is a management approach as the first pillar of professional practice (Keliat et al., 2009).

Based on the results of observations and interviews related to the implementation of MPKP according to the module given to the head of the room, the head of the team and the implementing nurse in implementing the MPKP not yet using nursing theory related to pillar I of the Management Approach, the researchers discussed how to apply the interpersonal relationship theory from Peplau which provides a framework so that nurses can learn the relationship with patients during the nursing service process.

Table 4 Distribution of the Frequency of the Nursing Care Delivery System at Kotamobagu City Hospital (Pillar IV)

Nursing Care Delivery System	Description	Pre		Post	
		f	%	f	%
Assessment	Not done	114	72,0	2	2,7
	Worked	31	28,0	143	97,3
Nursing diagnoses	Not done	84	58,7	19	25,3
	Worked	61	41,3	126	74,7
Planning	Not done	40	40,0	5	6,7



	Worked	105	60,0	140	93,3
Action	Not done	135	80,0	3	4,0
	Worked	10	20,0	142	96,0
Evaluation	Not done	80	53,3	9	12,0
	Worked	65	46,7	136	88,0
Nursing Care Notes	Not done	29	25,3	2	2,7
	Worked	116	74,7	143	97,3
Total		145	100,0	145	100,0

The results showed that the frequency distribution of Pillar IV of the nursing care delivery system at Kotamobagu City Hospital had increased after being given professional training. This can be seen from the improvement in each aspect which includes the assessment element after the training was carried out by 143 respondents (97.3%). In the Nursing Diagnosis element after the training was carried out as many as 126 respondents (74.7%). In the planning element of the training, 140 respondents (93.3%) were carried out. In the Action element before after the training was carried out as many as 142 respondents (96.0%). In the Evaluation element after the training was carried out as many as 136 respondents (88.0%). Nursing care after the training was carried out by 143 respondents (97.3%). The provision of nursing care at the Kotamobagu Hospital has increased through the distribution of professional training for nursing staff.

Discussion

According to the Ministry of Health (2008) the age grouping is as follows: late adolescence 17-25 years, early adulthood 26-35 years, late adulthood 36-45 years and elderly 46-55 years. According to Robbins & Judge (2008), individuals will experience development with age as indicated by experience, full decision making with consideration, wisdom, able to control emotions, have ethics and optimal performance, and have a commitment to service quality. Research conducted (Rekawati Susilaningrum, Sriami Sriami, 2020). The results of the analysis on age characteristics were mostly aged 30 years, in the intervention group 29 (61.7%) while the control group was 35 (74.5%). The level of commitment of nurses in implementing MPKP after training there is a significant difference, this can be seen from the acquisition of z values ranging from -2.093 and $p > 0.05$ in the control class and intervention class. The results of the analysis between age and leadership training on the implementation of nursing service management standards in the commitment of nurses in implementing MPKP there is a significant relationship.

In the opinion of the researcher, most of the respondents in this study aged 26-35 years are considered early adults, at this age nurses adapt more quickly, are able to think rationally in taking action, adapt to technology, and are open to change compared to nurses who are older. Increasing age is often assumed to be associated with decreased abilities in speed, dexterity, strength and coordination. So that in improving the implementation of MPKP related to pillar I and pillar IV nurses will be more responsible in working and in accordance with KARS 2019 edition I standards.

Law No. 38 of 2014 concerning Nursing, explains that higher nursing education consists of: vocational, academic and professional education. Most of the respondents' education in this study was DIII Nursing or also called vocational education. Education will affect the individual's ability to work. Individuals with higher levels of education are assumed to have better knowledge and skills in decision-making and job completion abilities.

According to Presidential Decree no. 8 of 2012 concerning the Indonesian National Qualifications Framework; Diploma 3 is equivalent to level 5 with qualifications including mastering theoretical concepts in certain fields of knowledge in general, as well as being able to formulate procedural problem solving and being responsible for one's own work and can be given responsibility for the achievement of group work results. In this study, the education level of the S1 Nurse respondents was still limited.



According to the researcher's opinion, the concept of men is less than 30 respondents (25.3%) and women are 78 respondents (74.7). In the world of nursing, an identical woman can be called a mother known as mother instinct, so finding male nurses is very limited. According to Robbins (2013) states that gender has an effect on performance, wages and competencies, but there is no difference between men and women in problem-solving skills, analytical skills, competitive drives, motivation, socialization skills or learning abilities in the application of MPKP. According to Notoatmojo (2010) education is expected to be able to change a person's mindset that affects knowledge and decision making.

According to research by Robbins & Judge (2013), it is stated that tenure shows a positive relationship where the longer you work, the skills and knowledge will increase. According to the researcher's assumption that the longer a worker works, the more experience a worker has, and vice versa if the shorter the working period of a person, the less experience he will get. In the opinion of the researcher, based on the results, most nurses have long experience of working nurses with PK 3 (> 5 years) as much as 57.3%, so that more experienced nurses are needed and someone who has worked longer is considered more experienced and more senior in the implementation of MPKP in Indonesia. X Hospital Kotamobagu.

The frequency distribution of Pillar I description of the management approach at Kotamobagu City Hospital has increased after being given the implementation of MPKP. This can be seen from the representation of the increase in each aspect including: 1) MPKP planning has increased to 92% and was carried out by 139 respondents, 2) MPKP Organizing Elements ranged from 94.7% and carried out by 141 respondents. 3) MPKP Briefing Element (Handovers) 61.3% and carried out by 79 respondents, 4) MPKP Briefing (Pre Conference) 66% and carried out by 111 respondents, 5) MPKP Briefing (Post Conference) 92% and carried out by 137 respondents. 6) Motivational Climate (Head of Room) 89.3% and carried out by 135 respondents, 7) Motivational Climate (Team Leader and Implementing Nurse) 94.7% and carried out by 140 respondents, 8) Delegation 92%, 9) Supervision 97%, and 10) Control MPKP is around 88%.

According to the researcher's opinion, before and after the MPKP training intervention, there was a significant increase and there were differences in pillar I of the Management Approach (planning, organising, directing and controlling). So it is hoped that hospitals in Kotamobagu City need to provide opportunities for nurses to participate in and hold continuous training related to MPKP. Implementation of the implementation of MPKP in hospitals is a commitment of hospital management to be able to provide professional health services. According to (Keliat et al., 2009) stated that MPKP is a management approach as a pillar of DI professional practice.

Peplau's theory of interpersonal relationships teaches about four phases, namely orientation, identification, exploitation and resolution in solving the role of nurses and providing professional services, providing comfort and nurses being more caring and more experienced in their fields according to the management of treatment rooms related to the model of professional nursing practice. Professional (Ansori, 2015; Dickson & Wright, 2012). This is in line with research according to Berger et al (2012) describing PPM or MPKP as a schematic representation of the care provided by nurses in order to achieve high-quality results related to supporting satisfactory professional practice.

According to Notoatmodjo (2007) explains that a person will experience the perfection of the existing energy potential by repeating certain activities or activities. One of them is attending training so that it is hoped that it can be used to refresh the knowledge he has attended or also to get something new, which he has never participated in before. According to (Amir et al., 2020; Hartanto et al., 2013; Purwaningsih & Katulistiwa, 2022) stated that the average level of commitment of nurses in implementing MPKP after training in the control group and the intervention group there was a significant difference. with z value is -2.093 and $p > 0.05$. This shows that there is an effect of training on the leadership of the implementation of the standard



head of the room (Karu) on the commitment of nurses in implementing MPKP in Curup Hospital, Rejang Lebong Regency.

This research is in line with (Alfiah, 2021) showed that nurses' understanding of MPKP training for Teams in the Inpatient Room at RSD Balung who had never attended MPKP/ward management training was 6.00 with SD = 1.865, while those who had attended training had an average score of 10.15 with SD = 2.378. The average difference in understanding scores on Team MPKP training between those who have attended Team MPKP training/ward management and those who have never attended training is 4.15.

According to the opinion of the researcher, after being given the MPKP training intervention, there were differences in the fourth pillar of the nursing care delivery system (assessment, nursing diagnosis, planning, action, evaluation, nursing notes). So it is hoped that hospitals in the city of Kotamobagu need to provide opportunities for nurses to participate in and hold continuous training related to MPKP. Satisfaction with the results achieved and challenges during the implementation process related to the system of providing nursing care to patients (syamsuriansyah, Hetty Ismainar, 2021; Wayan, 2006).

Based on the results of observations and interviews conducted related to the implementation of MPKP according to the modules given to the head of the room, katim and implementing nurses in implementing MPKP not yet using nursing theory related to Pillar IV of the Nursing Care Delivery System, the researchers discussed how to apply nursing theory from Virginia Henderson which did not complex and quite clear, one of which can be integrated into a management of nursing services and professional nursing care with the belief that nurses are able to apply (MPKP) systematically and continuously and cannot be separated from a relationship between nurses and patients (Henderson in Sumijatun, 2017).

According to (Tiara Imelda, Sri Yulia, 2020) stated that the implementation of MPKP was developed based on nursing activities which consisted of five main pillars, namely management approach, compensatory reward, professional relationship, professional value, patient care delivery system (Dickson & Wright, 2012). According to (Sahmad, 2014; Sutriyanti et al., 2016) stated that the implementation of MPKP in the form of professional nursing care is one of the benchmarks for the quality of nursing services in a hospital. In implementing MPKP, it is strongly influenced by the work motivation of nurses to provide quality professional nursing care.

This research is in line with Hanung M, S. (2015) regarding "The Influence of the Implementation of the Professional Nursing Practice Model (MPKP) on the Quality of the Implementation of Nursing Care Standards for Nurses in the Kemuning Inpatient Room, Dr. General Hospital. Kanujoso Djatiwibowo Balikpapan "Shows there is a significant difference between the implementation of nursing care standards before and after the implementation of MPKP in the Kemuning room and there is a significant difference between the implementation of nursing services before and after the implementation of MPKP in the Kemuning room.

Conclusion

Implementation of the implementation of MPKP in the nursing service management system can improve the quality of professional services. It is proven that before and after the MPKP training intervention, there was a significant increase and there were differences in pillar I of the Management Approach (planning, organization, direction and control). So it is expected that hospitals in the city of Kotamobagu need to provide opportunities for nurses to participate in and hold continuous training related to MPKP. Implementation of the implementation of MPKP in hospitals is a commitment of hospital management to be able to provide professional health services.



Ethics approval and consent to participate

Manuscripts reporting studies involving human participants, human data, or human tissue must: Include a statement on ethics approval and consent (even where the need for approval was waived). Include the name of the ethics committee that is approved the study and the committee's reference number if appropriate

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