



Original Research

The Effect of Clinical Pathway Socialization with Explicit Instruction Methods on Nurse Compliance in the Implementation of the COVID-19 Clinical Pathway

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ABSTRACT

Introduction: Clinical pathway is an integrated concept in the form of preventing unnecessary care, medication errors or other harmful incidents. Strategies to improve nurse compliance on clinical pathways have widely implemented. However, the effectiveness was found to be inconsistent. This study aimed to determine the effect of the socialization of the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway.

Method: This research method applied a pre-experimental research design with one group pretest-posttest design. The sampling technique used total sampling with a sample of 24 respondents from September to November 2021. The dependent variable was the socialization of the clinical pathway with the explicit instruction method. The independent variable was nurse compliance in the implementation of the COVID-19 clinical pathway. Data was taken by means of observation using a clinical pathway checklist instrument which was then analyzed using the Wilcoxon Signed Ranks Test with $\text{sig } p < 0.05$.

Results: the results of this study prove that there was a significant effect of providing socialization. Explicit instruction method on nurse compliance showed a significant impact on the implementation of the COVID-19 clinical pathway with a value ($p = 0.008$) with a compliance rate of 83%.

Conclusions: Compliance with the established clinical pathway increase quality of health care service. This study found explicit instruction method effectively increase nurse compliance on the COVID-19 clinical pathway. Studies measuring explicit instruction in combination with other methods that strengthen nurse compliance with clinical pathway are crucial to be conducted.

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1. INTRODUCTION

Considering regulation issued by the Minister of Health of the Republic of Indonesia number 1438/MENKES/PER/IX/ 2010, there are standard in the implementation of health services that applied nationally. References for Health Services at the Hospital level in the form of Clinical Practice Guidelines can be equipped with clinical pathways that must be complied with by all caregiver

professional consisting of Doctors, Nurses, Pharmacists and Nutritionists. Nurses have the duties and authorities as providers of nursing care contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019. These duties and authorities in their implementation are contained in the Nursing Care Guide equipped with clinical pathways. Non-compliance with the established Clinical Pathway can reduce the quality of hospital services and risk

harming patient safety. According to WHO (2019), one in 10 patients has the opportunity to experience a patient safety incident, for example a patient falls, surgery on the wrong side, surgery on the wrong patient, medication error or other incidents. Bhakti Dharma Husada Hospital has implemented the COVID-19 clinical pathway on April 13, 2021 and the socialization of the clinical pathway was carried out on February 23, which was attended by representatives of caregiver professional for one to 30 minutes by the clinical pathway team. The socialization was given by the lecture method and from the nursing profession it was only attended by the Head of the Room.

The implementation of clinical pathways in Indonesia as quality control since hospital accreditation is required based on the 2012 version of the Hospital Accreditation Standard. The Minister of Health of the Republic of Indonesia, Nila F Moeloek at Liputan 6.com on January 7, 2019 stated that the number of hospitals that have been accredited is 2,218, as many as 1,759 Hospitals. At the Bhakti Dharma Husada Hospital, the nurse's compliance rate for the COVID-19 clinical pathway in May 2021 based on data from clinical pathway verifiers on 30 medical record statuses was 75% with a compliance target of 80%. Research related to adherence to clinical pathways, namely research conducted by Haninditya et al about the analysis of the relationship between compliance with clinical pathway implementation and therapeutic outcomes (surgical wound infection incidence, length of treatment, and pain intensity) indicates that there is a relationship between compliance with clinical pathway implementation with $p < 0.05$. Another study conducted by Astuti et al (2017) stated that the obstacles in implementing clinical pathways were the lack of awareness of the importance of clinical pathways (CP) due to uneven socialization and low compliance with clinical pathway documentation, which was 28.12%.

The Implementation Toolkit for Clinical Practice Guidelines at the Hospital level made with the main reference of national guidelines for medical services consisting of clinical pathways, algorithms, protocols, procedures and standing orders. Clinical pathway provides guidelines for nursing staff in providing evidence-based nursing care so as to improve the quality of hospital services (Soetomo, 2017). According to Inge Dhamanti from Popular Scientific Universitas Airlangga in 2020, in this pandemic condition, errors and delays are likely to be greater. Errors or delays in disease diagnosis contribute to in-hospital mortality of approximately 10%. In addition, failure to communicate among health workers in providing care contributes 70% to incidents that cause patients to die or cause patients to experience disabilities. Therefore, compliance is required in the implementation of clinical pathways so that the services provided are of high quality, effective and

efficient. Research Caban, et al. (2002) in Pinzon (2014) said that the lack of knowledge and understanding of the role of CP and lack of familiarity with the concept and format of a CP were inhibiting factors. Research conducted by Pinzon, Asanti and Widyo (2009) one of the obstacles in implementing a clinical pathway is due to the caregiver professional disobedience to the clinical pathway. Several studies abroad show the magnitude of the benefits of applying CP in hospitals. Research Maiers, et al. (2011) in the United States in Safitri (2017) in low back pain patients reduces disability rates and shows that the application of CP increases compliance with service standards. The results of this study illustrate that compliance with service standards based on CP can improve service quality.

Preliminary studies conducted by researchers with a retrospective approach by observing the medical record files of COVID-19 patients before the implementation of the COVID-19 clinical pathway, the results were 10 of the medical record files there were 4 patients who were incomplete in their nursing care. Bhakti Dharma Husada Hospital has implemented integrated clinical pathways since 2016 until now there are 21 types of diseases that have made clinical pathways. The latest clinical pathway that was implemented on April 13, 2021 was the Covid -19 clinical pathway where the socialization was carried out in February 2021. The implementation of the clinical pathway socialization from the nursing profession was only attended by the head of the room, so this causes the implementing nurse to not understand the COVID-19 clinical pathway. The parameters of the clinical pathway audit in nursing are assessment, nursing diagnosis, education, management of interventions, monitoring and evaluation as well as clinical nursing outcomes. These six parameters must be implemented by nurses as caregiver professional in providing nursing care so that it is more focused so that it can improve the quality of nursing care (Permenkes, 2010).

Nurse compliance in the implementation of clinical pathways ensures the delivery of services to patients with the best efforts, avoiding patients from unnecessary care so that patient care is more effective and efficient which ultimately improves the quality of service (Jayanti, 2020). Research conducted by Balbeid, Rachmi and Alamsyah (2018), using a cross-sectional research design, states that there is a simultaneous influence on nurses with the results of multiple regression analysis tests that the results are 7.938 (greater than F table), and the significance is 0.001 ($< \text{than } = 0.05$). The results of this test explain that knowledge and attitudes have an effect on readiness to change in applying CP. Thus, one of the efforts to improve nurse compliance with clinical pathways requires re-socialization of clinical pathways to nurses in special isolation rooms with a different

method from the previous socialization method. The method that can be used is explicit instruction because this method is an effective way to teach highly structured factual information and knowledge.

Based on this, researchers are interested in conducting research on the effect of clinical pathway socialization with the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway.

2. METHODS

The design of this research is Pre-Experimental in one group (One Group Pre-test-Post test Design. The subject group is observed before the intervention is carried out, then observed again after the intervention. Data collection uses the COVID-19 clinical pathway checklist sheet, using an observation clinical pathway checklist and then analyzed using the Wilcoxon Signed Ranks Test with a significance level of $p < 0.05$.

The population in this study is nurses who served in the COVID-19 special isolation room. The sample size was determined using a total sampling of 24 respondents, that is implementing nurse in a special isolation room who treats COVID-19 patients who use the COVID-19 clinical pathway. The dependent variable in this study was the socialization of the clinical pathway with the explicit instruction method, while the independent variable was nurse compliance in the implementation of the COVID-19 clinical pathway.

3. RESULTS

Table 1 The research was conducted at the Bhakti Dharma Husada Hospital from September 8 to November 28, 2021 on 24 nurses in the COVID-19 isolation room, can show that nurses' compliance in the implementation of the COVID-19 clinical pathway before being socialized with the explicit instruction method showed that most of the respondents were in the obedient category as many as 16 respondents (66.7%).

Table 2 shows that after being given socialization with the explicit instruction method for 1 x 50 minutes, data obtained that most of the nurses' compliance in the obedient category were 20 respondents (83%).

Table 3 shows that before being given socialization with the explicit instruction method on the clinical pathway of covid-1, the average value before intervention was mean = 6.54 and standard deviation = 0.721, while after intervention the mean = 6.83 with standard deviation = 0.381. The results of the Wilcoxon signed ranks test test were obtained (α count) = 0.008 and $p < 0.05$ so that H1 was accepted which means that there is a significant influence between providing socialization with the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway.

4. DISCUSSION

Table 3. The effect of providing socialization with the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway

Nurse compliance in the implementation of the COVID-19 clinical pathway	Before	After
mean	6.54	6.83
Std deviation	0.721	0.381
Wilcoxon		
Correlation coefficient		0.008
Sig (2-tailed)		0.05
Total	24	100%

Table 2. nurse compliance in the implementation of the COVID-19 clinical pathway after being given socialization with the explicit instruction method

Nurse compliance in the implementation of the COVID-19 clinical pathway	Frequency	Presentation
Comply	20	83%
No comply	4	17%
Total	24	100%

The results of the study showed a significant effect of providing socialization with the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway. In the results of this study, socialization was provided with the explicit instruction method for 1 x 50 minutes regarding clinical pathway guidelines including regulations, the benefits of the COVID-19 clinical pathway format and how to carry out nurse care based on the COVID-19 clinical pathway. The socialization of the explicit instruction method has the advantage that the presenter controls the content of the material and the sequence of structured information received by the participants so that they can maintain focus on what must be achieved, can be applied effectively in large and small classes and emphasize important points or difficulties that may be encountered. by the participants so that these things can be disclosed (Muliadi, 2015). Changes in nurses' knowledge after socialization led nurses to become obedient by 83% of nurses in implementation so as to increase the ability of nurses to provide quality care to patients based on clinical pathways.

5. CONCLUSION

From the results of the research and discussion, conclusions can be drawn to answer the objectives of

the research as follows: Nurses' compliance in the implementation of the COVID-19 clinical pathway before giving out socialization with the explicit instruction method was mostly in the obedient category (66.7%). Nurse compliance in the implementation of the COVID-19 clinical pathway after providing socialization with the explicit instruction method experienced an increase in compliance (83%). There is an effect of providing socialization with the explicit instruction method on nurse compliance in the implementation of the COVID-19 clinical pathway.

For future researchers, it is hoped that the results of this study can be used to conduct further research in different places by providing different interventions, for example by providing training or research on factors that can affect compliance.

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