

## **CAPACITY BUILDING FOR NURSES IN HEALTH SERVICES AT HOSPITALS**

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**Abstract:** Nurses are at the forefront of health services and even have a major influence in determining the degree of quality of health services in hospitals. So that the knowledge, skills and attitudes of nurses need to be improved, especially in the professional aspects of health service delivery. The purpose of this study was to describe and analyze the capacity building of nurses in health services in hospitals. Method; This research is qualitative with a case study approach. The focus of the research is the extent to which the steps of the nurse capacity building process in health services in hospitals. The instrument used in this study was the researcher himself. Data collection by interview, observation and literature review. Data analysis using; condensing data, presenting data, and drawing conclusions or verification. The results showed that the capacity building process carried out by the hospital had gone well, but it needed to be improved in terms of spiritual and technological abilities for nurses so that it would improve the quality of health services. Conclusion; that in improving health services, capacity building for nurses is needed by adding the concept of a spiritual and technological approach. This study can contribute concepts to nursing management in developing the capacity of nurses in improving the quality of public services in the health sector

**Keywords:** Capacity Building; Nurse; Service quality

### **Introduction**

Public service is an activity carried out by individuals or groups with factors based on systems, specific procedures, and methods in order to satisfy other interests in accordance with the authorities they have (Khozin, 2010). Health services that aim to maintain and rehabilitate public health (Pundenswari, 2017). The results of the study (Al-Mhasnah et al., 2018) show that the low level of patient satisfaction is influenced by the low quality of services provided. This condition is triggered because organizational planning and strategies are not yet mature or even carried out so that health services are generally not implemented. The process of implementing this organizational capacity building will have implications for the organizational structure which is still not well structured and effective due to weak coordination between personnel (Sobeck & Agius, 2007). Factors limiting nurses' involvement in research include hierarchies of power among disciplines, scarce resources, lack of postgraduate and postgraduate educational opportunities, few senior mentors, and overly long funding of nursing research (Edwards et al., 2009). An optimal approach to building capacity in global mental health care will require partnerships between professional resources (Fricchione et al., 2012). The competency profiles of the three core domains of self-awareness and use, the spiritual dimension of the nursing process, and assurance and quality of skills and the six core competencies of dealing with one's own beliefs, handling the subject, gathering information, discussing and planning, providing and evaluating, and, integrating into policy (Van Leeuwen & Cusveller, 2004).

### **Background**

The presence of nurses in providing health services in the hospital is very important, accompanying patients 24 hours a day beside their families. The ability, skills and professionalism of nurses and the existence of accountability in public health administration. So, there needs to be an effort made for capacity building of nurses in providing quality health services in hospitals. Peningkatan kapasitas sektor kesehatan terkait erat dengan konsep masyarakat sehat di mana masyarakat diberdayakan untuk meningkatkan kesehatan individu dan kolektif dengan mengubah kondisi fisik dan sosial yang secara langsung berdampak pada kesehatan (Todsén, 2003). The importance of compassion as well as some common perceptions of the attributes of compassionate care. The differences reported were not as significant as had been expected (Papadopoulos et al., 2015).

### **Aim**

The purpose of this study is to describe and examine the process of health care services by nurses, determinant factors in the process of health services and how to develop strategies for capacity building of nurses in health services in hospitals.

## **Method**

### **Study design and settings**

This is a qualitative research that describes and examines the capacity building of nurses in health services. The research approach used is a case study approach. Data sources and informants, in this study, the type of data was obtained based on the method of collection, namely primary data and secondary data. The focus of the research is the extent of the nurse capacity building process in health services. The instrument used in this study was the researcher himself, so the researchers themselves as a research instrument generally managed to obtain valid and reliable data. The data was collected by means of interviews, observation and literary studies, by means of; the process of entering the research location getting in, in this process the researcher takes care of matters related to the research permit procedure in the field; when at the research location getting along, by communicating to build trust in informants who will be used as one of the data in the study; data collection logging the data. Data analysis using steps; condensing data, presenting data, and drawing conclusions or verification. Data condensation refers to the process of selecting, shrinking, simplifying, summarizing, and transforming data.

### **Result and Discussion**

Capacity building is related to organizational structure, where capacity building is a continuous learning process to develop capacity, therefore in order to run, a small-scale frame is needed in accordance with organizational conditions based on organizational structure. This implies that there are many things that must be considered in order to develop the organizational capacity. Therefore, management is needed to place the right person in the right position the right man in the right place. To achieve these goals, a structure is needed as an organizational strategy translation into its implementation process in the field with the intention that organizational goals can be achieved effectively and efficiently through making flexible structures to adapt to dynamic conditions (Brown et al., 2001). Leadership models for health transformation for decades exist in hospitals that administrators and medics have been operating professionally (Denis & van Gestel, 2016). That compensation and promotion are positively related to job performance in the hospital, this signals that the performance evaluation function needs to be clarified to employees and improved so that it can play a better role in improving job performance (Khatibi et al., 2012)

The existence of an organization is very much determined by the capacity of a nurse, because nurses are at the forefront of providing health services in hospitals. Therefore, nurse capacity building is determined by the existence of shared commitment, leadership, regulatory reform, institutional reform, resources and culture (Cuthill & Fien, 2005). If the aspect of nurse competence can be realized, it will give birth to the capacity building of the hospital organization which includes the capacity of the hospital in developing; policy capacity, implementation authority and, operational Efficiency (Green, 2005). This study focuses on the cultural influence of innovation performance in a specific industry where measurable performance is critical for competitive survival (Shahzad et al., 2017). Healthcare institutions need to reduce the level of burnout, create and enhance a supportive and fair working environment to enhance the level of affective commitment and consequently the job performance of the nursing staff (Jyoti & Lochan, 2016). Satisfaction is proven to provide a relatively good relationship with improving work performance in the field of health services (Suprpto, 2019).

To strengthen the process of the birth of nurse's capacity building, a model is needed as an approach to accelerate the birth of new concepts in providing health services in hospitals. The spiritual approach is a way of using meaning, values, goals and motivation in making decisions that are made and everything that should be done, spiritual is the intelligence of conscience (Cooper et al., 2016). That the spiritual approach is characterized by certain values that appear good in oneself, other people, nature, life, and whatever is considered (You & Lim, 2018).

The spiritual approach in this study as a new model in developing nurse capacity building in carrying out the main tasks and functions of the spiritual dimension is based on religious practices related to the divine dimension as the owner of the highest power. To establish a close relationship with God, through religious activities with the hope that it can be facilitated in carrying out their main duties and functions as a nurse. Therefore, a nurse's spiritual approach can be characterized by using a religious foundation in working to serve patients. A strong and sincere urge to work as an embodiment of worship rituals can even facilitate every work problem he faces. The technology approach in this research is a model developed in encouraging the birth of capacity building. The technology-based nursing service approach is the speed, ease, and accuracy in carrying out nursing actions which means that nursing services also depend on the efficiency and effectiveness of the existing structures in the overall system of a hospital. Thus, spiritual and technological approaches are a strategy for developing capacity building for nurses in order to produce health services that survive in hospitals. Ease of use and perceived benefits do not affect IT acceptance, on the other hand ease of use affects perceived benefits. The city government of Palembang has benefited from using IT in providing services to the public sector.

Conversely, even though information technology provides many conveniences and provides great benefits, the acceptance of technology is still limited (Cordella & Tempini, 2015). The method of developing a patient care system at the health center makes it easier for the puskesmas to process patient data and patient medical records into reports (Wasilewski et al., 2017). Using the concepts of e-bureaucracy and functional simplification and closure support for the argument that bureaucracy should be preserved and enhanced where e-government policies are concerned (Wasilewski et al., 2017). That the use of information technology affects satisfaction (Mackert et al., 2016).

That the dimensions of critical existential thinking and transcendental awareness have a significant effect on the assurance of the dimensions of human presence from caring behavior; the production of personal meaning and the expansion dimension of the conscious state have a significant impact on the perception of emotions and managing the emotional dimensions of IE; and managing the emotional dimension itself IE has a significant impact on respect for others and the assurance of the human presence dimension of nurse caring behavior (Kaur et al., 2015). The nurse needs to begin to develop spirituality as a specialized area of inquiry with its own knowledge, methodology, assumptions, and core discipline (Swinton, 2006). The views and values that women have about pregnancy and birth as well as the strong spiritual connection they have with the fetus (Hall, 2006). Spiritual action and spiritual care education and training in nursing are recommended as possible options to enhance spiritual care education in nursing (Narayanasamy, 1999). Personality and environmental factors can influence the level of discipline of nurses in providing health services (Suprpto & Lalla, 2020). different factors were associated with subjective and objective health and functional capacity showing wide range of individuality (Ahlqvist et al., 2016).

## Conclusions

That the process of implementing capacity building for nurses has not been optimal. It appears that the organizational structure is not well structured and effective due to weak coordination between personnel. Weak delegation of staff responsibilities and minimal use of staff capabilities. This condition is triggered because the planning and organizational strategy in developing the capacity of nurses has not been properly carried out so that it has an impact on the quality of health services. Based on the results, spiritual and technological approaches to capacity building for nurses need to be enhanced and explored in every health meeting and health care contact. The focus of the first-line nurse is on a position where this kind of assessment is carried out and allows proactive nursing interventions to be planned.

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