ROLE OF PATIENT EDUCATION TO IMPROVE THE QUALITY OF LIFE OF THE PATIENTS IN THE OUTPATIENT UNIT IN JAKARTA, INDONESIA

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Quality health care is a health service that can meet the satisfaction of the users and held in accordance with the standards and ethics of professional services (www.depkes.go.id, 2005).

This can be either the maintenance and improvement of health care quality, equitable and affordable to include an active involvement of the community.
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Hospital has a mission of providing a better quality of health care and affordable by the community in order to improve public health standard.

- Improving the quality of service
- Better health service image
- Maintain patients’ loyalty
Better patient registration system

Effective administrative procedures

Effective waiting time

An Excellent Service
The waiting time is the time used by the patient to obtain outpatient and inpatient services, from the registration process to the doctor's examination room (Depkes RI, 2007).

The waiting time in Indonesia are set by the Ministry of Health through minimum service standards.

Minimum service standards in the outpatient unit based on Kemenkes No Nomor 129/ Menkes/ SK/II/2008 is less than or equal to 60 minutes.
Waiting time

- Stress
- Boredom
- Anxiety
- Degrade the quality of life

= Wasting Time
Phenomena in Hospital F in Jakarta during the waiting time for the service, many patients complain, nag, and 85% feel bored with the wait activity.

While, all this time the health education in the outpatient unit can not be utilized by all patients.

We still have not seen the role of nurses in providing health education directly to patients and families.
PURPOSE

- To identify the characteristics of the patients in the outpatient unit, Hospital F, Jakarta, Indonesia.

- To identify the differences in motivation and awareness of the patient to use their waiting time before and after the administration of health education in the outpatient unit, Hospital F, Jakarta, Indonesia.
BENEFITS OF THE RESEARCH

- Provide inputs on management information systems in nursing to make “an effective waiting time” by providing education manual

- By using the waiting time for health education, it can help to provide a healthy living education and disease prevention.
The design of this study is quasi experiment with the research design pre and post test without control.

Population and sample:

The study population was all patients in outpatient clinic, F Hospital

Type of sample used was non-probability sampling technique, namely the purposive sample, respondents selected for consideration research that meets the criteria in accordance with the objectives.
The sample size was 75 (calculated based on the formula)

Criteria in the research sample: old and new patients who seeking treatment in outpatient clinic, can work together, can speak Indonesian, s compos mentis, not mentally impaired and are willing to be respondents

Instrument has been tested on the first 30 respondents to assess the validity and reliability.

Research ethics
This research uses the principles of ethics which applied in the research. According to Speziale and Carpenter (2003) which includes the principle of beneficence, justice (anonymity and confidentiality) and autonomy (self-determination and informed consent)
Processing and Data Analysis
Data processing following the steps of data processing that is editing, coding, data entry and cleaning.
The study uses computerized data analysis, univariate and bivariate analysis.
Distribution of the average motivation of patients before and after given health education at interna poli RS F, Indonesia (n=75)

- Variable: motivation
- Mean: Pre test 14.1733, Post test 15.7333
- SD: Pre test 2.59, Post test 2.34
- SE: Pre test 0.29, Post test 0.27
- p value: Pre test 0.000

Statistical test results obtained value 0.000 → there was significant differences in motivation before and after given health education
CONT RESULT

Distribution of the average awareness of patients before and after given health education at interna poli RS F, Indonesia (n=75)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>p value</th>
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<td>awareness</td>
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<tr>
<td>Pre test</td>
<td>25.00</td>
<td>4.53</td>
<td>0.52</td>
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<tr>
<td>Post test</td>
<td>28.06</td>
<td>4.32</td>
<td>0.49</td>
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</table>

Statistical test results obtained value 0.000 → there was significant differences in awareness of patients before and after given health education
The results above provide important information about the patient's motivation and awareness for the waiting time in the internist outpatient unit. The results showed a significant difference in the patient's motivation and awareness in the use of the waiting time (p <0.05).

The results of this study related to the length of waiting time is different with a minimum service standards that should be applied in outpatient unit which is based on the Kemenkes No Nomor 129/ Menkes/ SK/ II/2008 (less than or equal to 60 minutes).
To take advantage of this long waiting times, nurses are not just doing administrative activity alone but should be responsible for providing health education to patients and families regardless of cultural background, religion, race, ethnicity and so on. All patients are entitled to relevant health education with all the differences of their physical condition when they came to the hospital.
Long waiting times cause the patients too lazy to go back to the hospital for treatment followed by decreased of motivation. In line with the results of research conducted by Al Haratani (2010) waiting time is often related to anxiety, boredom, and stress.

By utilizing the waiting time to listen to health education will continue to trigger the patient's motivation for treatment to health services and raise awareness of the patient to stay abreast of health education activities that can be fun and beneficial to the patients.
Conclusion and Recommendation

Conclusion

- Characteristics of the respondents:
  Most of the respondents had high school as their education background (38.7%), work as housewives (42.7%), medical treatment in addition to the hospital (86.7%), alternative treatment for themselves (50.78%), waiting time in outpatient unit more than 2 hours (72%), had received education in the outpatient unit (52%).

- There are significant differences between the motivations of patients before and after the administration of health education ($p < 0.05$).

- There are significant differences between patient awareness before and after the administration of health education ($p < 0.05$).
Recommendation

- Advised the management of the hospital in order to make improvements of the management in the outpatient unit, particularly rearrangement of the health care system in the outpatient unit.
- Nurses should continue to improve their skills in giving health education and the related material.
- Need for further research for the development of integrated management and health care technology (IMHCT) as improving the quality of health and life of the patients.


- Notoatmodjo (2010). *Ilmu perilaku kesehatan,* Jakarta: Rineka Cipta
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