



KLASICS

Kendari Journal of Maritime and Holistic Nursing

<https://stikesks-kendari.e-journal.id/K>

Volume 01 | Number 02 | July | 2021

E- ISSN: 2774-6577

Nurse's Experience In Playing Role As Assistance Pregnant Women In Semarang

Diah Indriastuti¹, Tahiruddin², Ani Margawati³, Nurullya Rachma⁴, Syahrul⁵, Jeyma Ordonez Sahalul⁶

^{1,2} Nursing Science Program, STIKes Karya Kesehatan, Indonesia

³ Faculty of Nutrition, Diponegoro University, Indonesia

⁴ Department of Nursing, Faculty of Medicine, Diponegoro University, Indonesia

⁵ Faculty of Nursing, Hasanuddin University, Indonesia

⁶ Ibn Sina Hospital, Makkah, Saudi Arabia

Author Correspondence :

Tahiruddin

Nursing Science Program, STIKes Karya Kesehatan, Indonesia

Email : tahiruddink3@gmail.com

Keywords: Nurse, Role of Nurses, Assistance to Pregnant Mother, Nurse's Duties

Abstract. The Assistance of pregnant women aims to reduce the incidence of crisis and complications of pregnancy that cause maternal death. This study aims to determine the description of the main duties of nurses in assisting pregnant women using OSOC (One Student One Client) approach in Semarang. This study aims to determine the main duties of nurses in assisting pregnant women using OSOC (One Student One Client) approach in Semarang. The design of this study is qualitative with a phenomenological approach. The number of samples for Focus Group Discussion (FGD) was 4 nurses participants. Triangulation participants were 2 midwives and 1 community health workers. This study shows nurses are still not optimal in carrying out their role in assisting pregnant women because they work in the outpatient health centers within the scope of the treatment center and the implementation of assistance policies for pregnant women does not fully support the nurses. Nurses do not get the main duties structurally assisting pregnant women but still carry out their duties in public health care. This research shows that nurses are able to become partners of pregnant women in assistance.

Introduction

A total of 830 women throughout the world in 2015 died in cases of pregnancy due to bleeding, hypertension, infection, and indirect causes due to medical conditions before pregnancy^{1,2}. Maternal mortality in the world is estimated due to acute obstetric problems, socio-cultural factors that cause low awareness of antenatal care, delay in seeking help, and maternal knowledge about inadequate nutrition³⁻⁶. It's because the lack of assistance for pregnant women to reduce the incidence of crisis and pregnancy complications due to various causes^{7,8}.

The statement of Udofia and Christie confirms otherwise that during pregnancy and after delivery 98% of mothers in Nigeria expect husband's support, cooperation in childcare and household care⁹. The research results of Arifin et al and Kemp et al, strengthen that there is a significant relationship of family support for pregnant women^{10,11}. Assistance to pregnant women from husband or family, friends, trusted people, health workers is needed to help pregnant women overcome the crisis of maturation from pregnancy to the puerperium to adapt physically and mentally^{12,13}. Assistance activities assistance during pregnancy, labour and post partum which is the implementation of

the nurse's duties¹⁴. This study aims to determine the main duties of nurses in assisting pregnant women using OSOC (One Student One Client) approach in Semarang

Methods

Design

This research is a qualitative research with a phenomenological approach.

Sample

The population is nurses in Puskesmas or Public Health Center who have not been able to meet the success targets of the MCH (Mother and Child Health) program. Rowosari Puskesmas was Puskesmas that has post partum visit rates (KF3) below the target of success for pregnant women health service programs. This Puskesmas has a special program called "Kamis Safari" which is puskesmas health personnel traveling around in their working area to check on the condition of residents^{15,16}. The sample used was 4 nurses.

Data collection

In-depth interview method was conducted on triangulation participants consist of 2 midwives and 1 community health workers. The study was conducted on August 24, 2016 until September 17, 2016.

Data Analysis

The data analysis process uses thematic analysis.

Result

Characteristics of participants and triangulation participants

Table 1 Characteristics of FGD Participants

No	Initial	Education	Age (years)	Gender	length of working (years)
1.	P1	Diplom III in Nursing	33	Male	7
2.	P2	Diplom III in Nursing	35	Female	13
3.	P3	Ners Profession	26	Female	1
4.	P4	Ners Profession	30	Female	8
Partisipan Triangulation :					
1.	P5	DIII Midwifery	28	Female	2
2.	P6	DIII Midwifery	29	Female	2
3.	P7	Master of Health	46	Male	25

Based on table 1, the nurses participant were educated with Diploma III and Ners profession. Triangulation participants were 3 people with 2

people of midwifery Diploma III education and 1 person with a master of health education.

The Role of Care Provider

The role of nurses as care provider in assistance is illustrated through provider themes consist of ANC (Antenatal Care) sub themes and post partum care by nurses.

ANC sub-themes are known by the category KIA (Mother and Child Health) by midwives and posyandu by nurses.

The statement in the category KIA by midwives, as follows:

"Assisting pregnant women, this duty usually goes to the midwives, we're giving focus of assistance to the midwives. Assistance program for pregnant women in puskesmas under The KIA program as the responsible coordinator by midwife" (Group Of Nurses)

Statements in the category posyandu by nurses, as follows:

".....Usually we are conducted Posyandu, whether it's Posyandu in the morning or in the evening, there are not only toddlers, sometimes there are also Posyandu for the elderly, there are also pregnant women came....." (Group Of Nurses)

The sub-theme of post partum care by nurses is known by the category of treatment center.

"..... nurses usually assist the Sectio Caesaria wound care, we were doing it in treatment center" (Group Of Nurses)

The Role of Collaborators

The role of nurses as collaborators in assistance is illustrated through the theme of collaborators with sub-themes of nurse performance among health workers and the category of collaboration boundaries.

The performance of nurses among health workers sub-themes are known by the category of collaboration boundaries

The statement on the categories of collaboration boundaries, as follows:

"... nurse ... will also help (referral) ..." (group of nurses)

"... I have never made a referral for pregnant women. If there are referrals depending on the situation of the staff, for example in KIA Program chamber, if there

is only one midwife and there is only one doctor with one nurse in treatment center. It means the possibility of nurses who delivered the referral" (group of nurses)

The Role of Case Finder

The nurse's role as a case finder is illustrated by the kamis safari category

The statement on the kami safari category, as follows:

"Kamis safari's for all health problems ... The problems found are a lot. (group of nurses)

Triangulation participants strengthen by providing the following statement:

"Kamis safari including founding the pregnant women case because sometimes they still find pregnant women with less Antenatal Care or yesterday there was a case with no Antenatal Care at all of a mother.... "(P7)

The Role of the Educator

The nurse's role as an educator is described in the category of providing advice.

The statements in the category providing advice, which are:

"..... Also provide advice (education) on nursing mothers nutrition and exclusive breastfeeding. Including counseling (education) we usually put it in "(Group of nurses)

Description of the Main Duties of in Assisting Pregnant Women

Nurses in Assisting Pregnant Women are explained on the theme of Nursing Care in assisting pregnant women by the sub-theme of coverage of mentoring by nurses with the categories of experience of accompanying, nurse performance and nurse constraints.

In the accompanying experience category, the group of nurses provides the following statements:

"So far it has never been ... nurses are indeed rare. nurses mostly work on treatment center. I also have never helped childbirth "(Group of nurses)

In the nurse performance category, the group of nurses provides the following statements:

"We're only at treatment center... nurses also collide with main duties. We will be busy with our main duties, that is to say at

treatment center because it has been decide our main duties in here. So we're collide each other in main duties and our knowledge only runs on treatment center (group of nurses)

In the category of nurse constraints, the group of nurses provides the following statements:

"All assistance is carried out by all midwife programs ... We hope nurses have an important role, not limited but directed and capable to monitor the pregnant women, without limiting the scope of midwives or nurses or other health care providers ..." (group of nurses)

Triangulation participants provide the following statement:

"... nurses have responsibilities and duties at treatment center." (P5)

"We have our own main duties... Nurses are concentrated on treatment center..." (P6)

"..... very rarely, we made referral with the nurse as the companion ... the cases are very rare ... If it's just a nurse, who travel through the referral I've never seen it very rarely, rarely is the nurse ... according to the activities and main duties..." (P7)

Discussion

Description of The Nurse's Experience In Playing Role As Assistance Pregnant Women

In this study shows the lack of nurse's role as care providers in assisting pregnant women because of their poor experience and has never been done. Nurses at the Health Center without inpatient facility are focused on their duties at the treatment center carrying out their main duties with a large number of patients and long procedures. One of the roles of nurses at the Health Center without inpatient facility in assisting pregnant women is when providing Sectio Caesaria wound care at postpartum visits, although the cases are rare. This is closely related to the implementation of the main duty of Nurses at the Health Center without inpatient facility which do not have the main duties in assisting pregnant women, but they have the duties of supporting of providing health education about breastfeeding¹⁷.

The situation is an obstacle for nurses, where the implementation of assisting pregnant women in the Puskesmas is carried out all by midwives. Nurses feel bumped into the main duties who have provided a barrier to their performance in the implementation of the Community Health Center. The nurse stated that their main duty in the Puskesmas did not have a relationship with the assistance of pregnant women, this indicated the nurse's lack of confidence in their abilities. Their condition is contrary to the research of Rahmatullah, et al and regarding nurses who work in remote area can carry out comprehensive assistance for pregnant women including the handling of childbirth, thus showing that nurses are able to carry out these responsibilities¹⁸. Similar research revealed that nurses facilitated the process of patient engagement in prenatal visits well¹⁹

Nurses at the Puskesmas have an expectation that they will be given space and opportunity to carry out assistance without limits but structured in the implementation of the main duties in assisting pregnant women, because they've mastered this knowledge scientifically. Alfredo L Fort's statement explained that nurses and midwives had the same possibility in carrying out maternal care, where the performance of health workers (nurses and midwives) was influenced by clear, timely work expectations, environment and adequate tools, motivation and incentives, knowledge and the skills and capacity to do work²⁰.

This study shows the nurse's role as a collaborator when helping to make a referral and only if needed the nurse will take the patient to the hospital, but the cases are very rare. Fewster explained about the collaboration of nurses with other health workers as being very important for the interests of clients, the lack of collaboration between health workers is one of the biggest causes (70%) of medical error.²¹.

In activities outside the building, nurses can carry out their role as case finders by participating in Kamis safari activities at the Rowosari Community Health Center to find cases that occur in the community. Dugravier et al's research states that maternal case findings can be carried out through home visits²².

The role of educator is carried out by nurses in this study by giving advice to pregnant women regarding pregnancy, breastfeeding or nutrition. Meidiana Dwidiyanti believes nurses must be able to help patients to be independent in fulfil their needs²³. The ability of the mother will support further information-giving interventions such as in Aisya's study that presents the results of health education by nurses to postpartum mothers who have a significant influence on their health level²⁴.

The Other roles that nurses cannot carry out are planners, agents and leaders, client advocates, case managers and researchers. This role can be optimized by nurses with aligning between policies that have been in force and opportunities to meet with clients.

Conclusion

Nurses are still not optimal in carrying out their role in assisting pregnant women because nurses who work in the outpatient Puskesmas work within the scope of the treatment center. The policy of implementing assistance for pregnant women also does not favor nurses, so nurses hope that space and opportunities are given to carry out assistance for pregnant women.

Ethical Aspects and Conflict Of Interest

The author Stating there is no conflict of interest from publishing this article. Etchical clearance of research was published by the Health Research Ethics Commission (KEPK) of the Faculty of Medicine, University of Diponegoro with number 833 / EC / FK-RSDK / VII / 2016.

REFERENCES

1. WHO. Maternal mortality ratio Data by country [Internet]. 2013 [cited 2015 Aug 31]. Available from: <http://apps.who.int/gho/data/node.main.15>
2. WHO. Maternal and reproductive health [Internet]. Global Health Observatory (GHO) data. 2015 [cited 2015 Aug 31]. Available from: http://www.who.int/gho/maternal_health/en/
3. Ester, Ratnaningsih S, Astuti, Nor Tri S. Gambaran Karakteristik Ibu Hamil,

- Tingkat Pengetahuan serta Sikap terhadap Asupan Gizi Ibu Hamil di Rumah Sakit Panti Wilasa "Citarum" Semarang. *J kebidanan panti wilasa*. 2010;1(1).
4. Acharya AS, Kaur R, Prasuna JG, Rasheed N. Making Pregnancy Safer—Birth Preparedness and Complication Readiness Study Among Antenatal Women Attendees of A Primary Health Center, Delhi. *Indian J Community Med*. 2015;40(2):127–134.
 5. Devy SRM, Hakimi M, Prabandari YS, Rafsandjani D, Haryanto S. Partisipasi Semu Ibu Hamil di Posyandu. *J Kesehat Masy Nas*. 2013;Vol. 7, No:460–5.
 6. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. Global causes of maternal death: A WHO systematic analysis. *Lancet Glob Heal*. 2014;2(6).
 7. Indriastuti D, Namuwali D. Beneficial effects of doula support on pregnancy. In: *Java International Conference*. Semarang; 2015.
 8. Strauss N, Giessler K, McAllister E. How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City. *J Perinat Educ*. 2015;24(1):8–15.
 9. Udofia EA, Akwaowo CD. Pregnancy and after: what women want from their partners - listening to women in Uyo, Nigeria. *J Psychosom Obstet Gynaecol*. 2012;33(3):112–9.
 10. Arifin A, Kundre R, Rompas S. Hubungan Dukungan Keluarga Dengan Kecemasan Ibu Hamil Menghadapi Proses Persalinan Di Puskesmas Budilatama Kecamatan Gadung Kabupaten Buol Propinsi Sulawesi Tengah. *eJournal Keperawatan (e-Kp)*. 2015;3(Mei 2015).
 11. Kemp L, Harris E, McMahon C, Matthey S, Vimpani G, Anderson T, et al. Benefits of psychosocial intervention and continuity of care by child and family health nurses in the pre- and postnatal period: process evaluation. *J Adv Nurs [Internet]*. 2013 Aug [cited 2014 Oct 20];69(8):1850–61. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23194385>
 12. Mahin N, Sahar G, Homeyra V, Mohammad F. The perceived social support and its relationship with some of the demographic characteristics in Primigravida pregnant women. *Int J Nurs Midwifery*. 2015;7(9):141–5.
 13. McComish JF, Visger JM. Domains of postpartum doula care and maternal responsiveness and competence. *J Obstet Gynecol Neonatal Nurs [Internet]*. 2009;38(2):148–56. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19323711>
 14. Dinas Kesehatan Provinsi Jawa Tengah. Buku Pedoman Pelaksanaan Pendampingan Ibu Hamil bagi Mahasiswa One student One Client (OSOC): Untuk Mahasiswa Keperawatan. Semarang: Dinas Kesehatan Provinsi Jawa Tengah; 2015.
 15. Dinas Kesehatan Kota Semarang. Laporan Tahunan Bidang Kesehatan Keluarga. Semarang; 2015. 49–62 p.
 16. Dinas Kesehatan Provinsi Jawa Tengah. Profil Kesehatan Provinsi Jawa Tengah Tahun 2014. Semarang: Dinas Kesehatan Provinsi Jawa Tengah; 2014.
 17. Badan PPSDM Kesehatan. Buku Manual 1 Perencanaan Kebutuhan SDM Kesehatan Berdasarkan Metode Analisis Beban Kerja Kesehatan (ABK Kes). Jakarta: Kementrian Kesehatan RI; 2015.
 18. Rahmatullah, Trisnantoro L, Sulistyo DH. Situasi Perawat Pegawai Tidak Tetap Di Daerah Terpencil Pegunungan Meratus Kabupaten Hulu Sungai Tengah—Sebuah Evaluasi Terhadap Implementasi Kebijakan. *J Kebijak Kesehat Indones*. 2013;02(01):27–34.
 19. Dyess-Nugent P. Nurses' Unique Opportunity to Promote Patient Engagement in Prenatal Care. *Nurs Forum [Internet]*. 2017;53(1). Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/nuf.12210>
 20. Fort AL, Voltero L. Human Resources for Health Factors affecting the performance of maternal health care providers in Armenia. *Hum Resour Health*. 2004;11:1–12.
 21. Fewster-thuente L. Working Together Toward a Common Goal : A Grounded Theory of Nurse- Physician

- Collaboration. Medsurg Nurs. 2015;24(5).
22. Dugravier R, Tubach F, Saias T, Guedeney N, Pasquet B, Purper-ouakil D, et al. Impact of a Manualized Multifocal Perinatal Home- Visiting Program Using Psychologists on Postnatal Depression: The CAPEDP Randomized Controlled Trial. 2013;8(8):1–11.
 23. Dwidiyanti M. Disertasi: Efektivitas Keperawatan Holistik Program “Sowan” Terhadap Kemandirian Pasien TB. Paru. Universitas Diponegoro; 2015.
 24. Aisyah. Pengaruh pemberian paket pendidikan kesehatan perawatan ibu nifas (PK-PIN) yang Dimodifikasi terhadap pengetahuan, sikap dan perilaku ibu postpartum primipara dalam merawat diri di Palembang. Universitas Indonesia; 2010.