

Indonesian Clinical Nurses' Roles in Public Hospital: An Ethnographic Study

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Abstract— Nursing profession has unique roles, which are different from other health professions. As a part of healthcare system, there is no doubt nursing profession has significant contribution in quality of care in healthcare settings. This study used qualitative with critical ethnography approach aimed to explore the nature of nurses' roles in secondary healthcare system, especially in public hospital in Indonesia. The setting of this study was in a Public Hospital in West Kalimantan Province-Indonesia. Total number of participants were 50 nurses who work in various settings in the hospital. Participants involved in observations were 6 persons, participants involved in focus group discussion were 31 person and participants involved in in-depth interview were 13 persons. The open semi-structured in-depth interviews, observations, focus group discussions and field notes were used to collect data and content analysis was applied to analyze qualitative data. This study was resulted 4 themes: 1) direct care roles, 2) ward's managerial roles, 3) role in research study and 4) supporting roles. This study has shown that the whole activities of nurses in various clinical settings have created a set of roles that might have strengths and weaknesses. To improve clinical nurses' roles in public hospital, a masterplan of human resources, trainings and continuing education for nurses, developing standard of care and improving facilities in public hospital need to developed, involving professional organization, hospital administrator, local government level and national level.

Keywords— Nurses' roles, public hospital, qualitative study, ethnographic study.

I. INTRODUCTION

In Indonesia's healthcare system, hospitals are part of secondary and tertiary healthcare services system which are consist of 66.46 % public hospitals and 33.54 % private hospitals (Ministry of Health, 2015). The composition of the nursing staff is the biggest population, which is 33.1% of the total population of healthcare providers in hospitals (Ministry of Health, 2014 cited in Wirtz, 2015).

At the global level, nursing profession has unique roles, which are different from other health professions. Nurses roles includes autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings (ICN, 2016). The role of nursing is central to healthcare and the role of nursing is to care. The keys of nursing roles are advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education (Shamian, 2014).

Indonesia has implemented BPJS (Badan Penyelenggara Jaminan Sosial) Kesehatan or Social Security Management

Agency for the Health Sector nationwide and public hospitals has been given the autonomy to manage their own financial with the implementation of BLUD Badan Layanan Umum Daerah or Regional Public Service Agency. With all the changes in healthcare system and policy, nurses' roles in Indonesia will not be the same. Therefore, it is important to explore what is the nature of nurses' roles, especially in public hospitals.

Whatever the setting, nurses fulfill a number of roles on the healthcare team. The roles are as provider of care, educator, manager, researcher, collaborator and patient advocate. As provider of care, nurses provide direct, hands-on care to patients in all healthcare agencies and settings. (Chitty & Black, 2014, and Blais & Hayes, 2011). Nursing role is nursing responsibilities as caregiver, patients' advocate, educator, decision maker, manager and coordinator and communicator (Craven, Hirnle & Jensen, 2013). Key nursing roles are caregiver, patients' advocate, educator, decision maker, manager and coordinator and communicator, counsellor, change agent and entrepreneur (Finkelman & Kenner, 2013). The nurse is prepared and authorized (1) to engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings; (2) to carry out health care teaching; (3) to participate fully as a member of the health care team; (4) to supervise and train nursing and health care auxiliaries; and (5) to be involved in research (ICN, 2016).

According to Indonesian Nursing Act (2014), the goal of the act are to improve the quality of nurse; to improve the quality of nursing service; to provide protection and law reinforcement for nurses and clients; and to promote the health status of society, nursing has several tasks. According to the Act, nursing tasks are: (1) as care provider; (2) as educator and counselor; (3) as manager; (4) as researcher; (5) as task implementer based on the expanded authority; and/or (6) as task implementer in the certain limited situation. In performing their role and function, nurses are supported by a number of laws, regulations and standards in order to ensure they provide high quality service to the patients. There are MoH Regulation on Registration and Nursing Practice (No. 1239/2000), Professional Practice Standard (INNA, 2005), Professional Performance Standard (INNA, 2005) and the most recent standard is Indonesian Nurses Competencies

Standard (INNA, 2013). Each of healthcare setting has their own standard operating procedures (SOP) to guide the nursing practice. All these standards and regulations are made with the goal to improve the quality of nursing service in all settings of healthcare.

To ensure nursing services are professionally delivered by the nurses in the hospital settings, MoH (2013) issued regulation which every hospital have to established nursing committee. The Nursing Committee aims to improve the professionalism of nursing personnel as well as to set a good clinical governance so that the quality of nursing and midwifery services oriented to patient safety in hospitals is guaranteed and protected. Unfortunately, the Nursing Act still not implemented effectively in healthcare settings due to delayed of following regulations as a guidelines from the government.

Consequently, with the uncertainty situation it is important to explore the perception about existing nurses' roles, from the perspectives of nurses themselves and to understand the situation that exist when nurses performing their roles and the reason behind existing nurses' roles performances. Other important points that need to be explored are the possibility of nurses' roles development, identifying support system needed by nurses to perform better roles, and identifying policy recommendations to improve or change nurses' roles in public hospital.

II. OBJECTIVES

The study was aimed to describe the nature of nurses' roles and to investigate factors influencing nurses performing their roles in the public hospital in Indonesia.

III. METHODOLOGY

This study was a qualitative study, using ethnography approach which has certain typical characteristics. First, it was performed on-site or in a realistic setting, where the real people live. Second, it was individualized as the researcher were both observer and participant in the lives of those people. Finally, ethnography is dialogic as conclusions and interpretations made through it can be given comments or feedback from those who are under study (Sangasubana, 2011). The study setting took place at a Public Hospital in Pontianak City, West Kalimantan Province-Indonesia. Total number of participants were 50 nurses who work in various settings in the hospital. Participants involved in observations were 6 persons, participants involved in focus group discussion were 31 person and participants involved in in-depth interview were 13 persons. Data collections of this study were used semi-structured in-depth interviews, observations, focus group discussions (FGD) and field notes and content analysis was applied to analyze qualitative data. In-depth interviews and FGD were conducted using guidelines and all conversations were recorded using a sound recorder. Data collection was conducted by observations, FGD and in-depth interviews. The data from observations were collected with field notes, while data from FGD and in-depth interviews were collected using sound recorder and were transcribed by verbatim.

Data analysis in this study applied analysis process written by Angrosino (2007) which consist of descriptive analysis phase and theoretical analysis. First step, descriptive analysis phase: is the process of taking the stream of data and breaking it down into its component parts. The researcher has identified patterns, regularities, or themes emerge from the data, as follow: 1) organize notes, using thematic categories drawn from the transcribes and literature, 2) Read through the transcribes notes and modify categories as necessary, 3) Sort data into the modified themes and categories, 4) count the number of entries in each category for purpose of descriptive statistical analysis, and 5) look for patterns in textual materials, using a variety of presentation formats as aids. Second step, theoretical analysis by conducting activities as follow: 1) consider the patterns in light of existing literature and 2) demonstrate the findings relate to the interpretations of others. The findings have confirmed what is already known and add new illustration to an existing perspective. In this study, the findings were compared to existing standards whether from international standard or from Indonesian National Nurses Association standards or the findings from previous study.

This study was used Lincoln and Guba's framework of quality criteria for qualitative research (Polit and Beck, 2014; and Anney, 2014). To established credibility, peer debriefing and member check were applied. Transferability was established by purposive sampling and thick description. Dependability were established by documenting all research process and all raw data such as recorded interviews and field notes collected from field were organized according to particular time sequence or categories. To gain confirmability, the data were interpreted based on the real data from all participants who were participated in FGD and in-depth interviews.

This study was approved by Ethical Committee for Human Research of Khon Kaen University, Thailand (Reference No. HE592396). Before conducting study, the researcher has obtained approval from the Director of The Public Hospital, Pontianak, West Kalimantan and gained access to field work and to participants of the study and the study site was selected without a vested interest in the result of study. At the beginning of the study, the researcher provided information sheet which explained purpose of the study and the benefit to potential participants. Participants also provided with informed consent paper and recruited voluntarily. During data collection, researcher has made sure that all participants received the same treatment, such as made an appointment prior conducting in-depth interview and let participants determine the place and time.

IV. RESULTS

There were four categories emerged related to nurses' existing roles in public hospital included (1) direct care roles, (2) ward managerial roles, (3) roles in research study and (4) supporting roles.

1. Nurses' direct care roles, which can be categorized into four themes, which can be described as follows:

1.1 As patients' legal advisor, nurses were performed this role

when there is new patient admitted to wards or units. Patients and families will be given explanation regarding invasive actions or examinations that the patient will receive during hospitalization, the advantage and disadvantage of a medical procedures. Nurses also explain that patients and families have the right to refuse and sign the refusal letter. Patients or families will be asked to sign the informed consent form if they agreed with the explanation given, as expressed below:

"...We explain the informed consent form and the family or patient have to sign it. I explain about invasive actions which will be done to patients, such as IV line insertion, catheter insertion, blood transfusion if needed, medications and medical examinations during admitted in the hospital. If the patient or family agreed, they will be asked to sign the form. We also gave explanation about the advantages and disadvantages of surgery, it depends on the patients and families. The decision is all up to them. If they refused, they should sign the refusal letter." (Ns4, Female, Diploma - Third Class Surgical Ward).

The result of the study also explained the reason why nurses carried out informed consent, as conveyed below:

"...Because it is already the standard operational procedure in this hospital and nurses should do it to every new patient. From legal aspect also it is important document that patients are already understand about the interventions that they will be received during in the hospital." (Ns5, Male, Diploma - Second Class Medical Surgical Ward)

1.2 Fulfilling human basic needs were role performed by nurses' such as bed making, bathing, changing patients' clothes, giving meals, helping patients urination and defecation, as expressed below:

"...We perform human basic need, such as bed making, bathing the patients. Bathing the patients or personal hygiene and sometimes we encourage patients to do the oral hygiene, to wash their hair by themselves. But bathing is the most often, bed making also...sometimes we also help patients to have defecation and urination, but it depends on the patients' condition, if the patients need help, we will help them." (Ns10, Female, Diploma, Third Class Lung Diseases Ward).

The findings were exposed some reasons that nurses expressed when they fulfilled human basic need care for the patients, as articulated below:

"...Human basic needs personal hygiene is important, because cleanliness can prevent complication, because it is surgery ward, it can reduce infection risk" (Ns3, Female, Bachelor - First Class Ward).

1.3 Supporting medical programs role consist of three activities, such as giving therapies, patients' care collaborator and escorting patients to other departments. Giving medical therapies were the most activities carried out by nurse in all wards. Nurses carried out those activities following doctors' programmed for patients, as verbalized below:

"...Yes, in here nurses are giving medical therapies as programed by doctors. The most actions that we do in this ward were giving injections, IV line insertion, catheter insertion, then NGT insertion, wound care and sometimes giving blood transfusion." (Ns13, Female, Bachelor - Third Class Neurology Ward).

In some wards, there were cases which wound suture and stitches removal also performed by nurses, while according to nurses, it should be done by doctors, as spoken below:

"...In some cases, nurses also did wound suture in the wards, because of it was not properly done or even not done in the ER, then when we assessed in the ward the wound should be sutured. Such as detachment of the suture, so it was redone in the ward's by nurses. Then we also remove the stitches from healing wound, which should be done by doctor but most of them performed by nurses." (Ns12, Male, Diploma – High Care Unit).

In this study, nurse expressed that giving therapies are as one of nurses' collaboration task and for the recovery of patients, while other nurses stated that some actions should not be done by nurses, but they still have to carried them out because those were programed by doctors and the doctors were not always standby in the wards, as expressed below:

"...Even not all of those tasks are nurses job, but nurses have to do it, because the doctors were not always standby in the ward and those are nurses' collaboration task with the doctors and we have to do it for patient recovery, if not they will protest with nurses, we don't want to be blamed." (Ns3, Female, Bachelor - Third Class Surgical Ward).

As patients' care collaborator shown that nurses' collaboration activities was not only with doctors, but also with other health care professionals such as nutritionist, physiotherapist, pharmacist and laboratory analyst, as verbalized below:

"...I will consult the doctor whether the wound needed debridement or just ordinary wound care. Because sometimes such as open fracture, the doctor will perform debridement in the ward. With nutritionist we consult about patients' diet and they will conduct health education and arrange the diet for patients during hospitalization. Yes, we also have physiotherapist to do exercise for the patients in this ward, such as for post-surgery caused by bone fracture patients. For laboratory staff we call them to come to the ward if the patients need to have laboratory test which ordered by doctors" (Ns3, Female, Bachelor - Third Class Surgical Ward).

Escorting patients to other departments, actually were not all performed by nurses, but in particular wards this activity carried out only by nurses, due to the absence of patients' helper in those wards, as voiced below:

"...Eeee...we covered everything, the need, maybe if there is medical program such as taking patients to x-ray, nurses facilitated it, we have done all. So, if we have 4 patients, one has plan for USG, one is plan to have surgery, one will have physiotherapy and all of them have to be sent to different departments, to radiology, to OR and to physiotherapy clinic." (Ns1, Female, Diploma - VIP Ward).

Despite the absence of patients' helper, nurses were needed to escort patients in order to observe patients' conditions during the way to other departments, as asserted below:

"...I think it is part of nurses' responsibility. Sometimes we can ask patients' helper, but we should look at how is the patients' condition. If the patient is having breathing difficulty

or week a nurse should take the patient to the radiology, and aware of problem could be happened during the transportation.”(Ns10, Female, Diploma - Third Class Lung Disease Ward).

1.4 As patients’ health educator, nurses conducted health educations for patients as individual or as a group and families is another activity which mostly performed by nurses in all wards or units in the hospital, as articulated below:

“...Usually we explained to the families about the patients’ diseases, but the details were explained by the physicians. For example last month we conduct health education about Tuberculosis, kidney failure...what else...eee, about Stroke, mostly about stroke. We usually conducting health education at the lobby, we gathered patients’ families.” (Ns2, Female, Bachelor - First Class Ward).

The study found that, nurses in all wards considered health education as important tasks of nurses to improve patients’ and family’s knowledge, as stated below:

“...Because for stroke patients need long term care and families need to know how to do home care when the patients were discharged from hospital, therefore families’ knowledge must be good. And we teach them. (Ns13, Female, Bachelor - Third Class Neurology/HCU Ward).

4. Ward’s managerial roles included (1) shift changing, (2) patients’ assignment, (3) prioritizing patients’ care, and (4) documentation in patients’ records, which can be explained as follows:

2.1 Shift changings were activities which nurses fully involved within daily basis, consisted from morning shift to afternoon shift, from afternoon shift to night shift, and from night shift to morning shift, as stated below:

“...We start with shift changing with head nurse and all nurses go around the ward, nurse who team leader or nurse in charge will explain the patient’s condition and what is the next programs” (Ns4, Female, Diploma - Third Class Surgical Ward).

Nurses expressed that shift changing were important to conducted in order to know patients’ conditions, what are patients’ complains, to know what are next planning, as follows:

“...Nurses should know about patients conditions, what is their complains, physical conditions and follow up treatments in order to give the right nursing care.” (Ns6, Male, Diploma - Third Class Neurology Ward).

2.2 Patients’ assignment was activity of distributing the work to nurses in particular shift according to the number of nurses and the number of patients, as explained below:

“...It depends, if in the morning shift, sometimes one nurse for 5 or 6 patients, depends on how many patients and the number of nurses. In the afternoon and night shifts, sometimes we have 2 nurses or 3 nurses on duty. If the patients are 29, and nurses on duty only 3 persons, it means one nurse who care 10 patients or more.” (Ns4, Female, Bachelor - Third Class Surgical Ward).

2.3 Prioritizing patients’ care was activity done by nurses in order to manage patients’ care. Nurses classified patients into three level of independencies, which are: patients with total

care, patients with partial care, and independent patients, as described below:

“...My first priority are patients with the total care patients, because all the patients’ need should be helped, whether by nurse or the families, such as patients with stroke or multiple fractures. Then second priority are patients who only need partial care, I just help them in some interventions but the rest they can do it by themselves. Third priority are the independent patients with good general condition, I just need to give them medications, observe them and give them health education. (Ns2, Female, Bachelor - First Class Ward).

The study also found that there were nurses who prioritized patients according to general condition or based on surgery preparation or medical examination, as stated below:

“...I will see which patients need top priority. If the doctor needs the result of the patients’ diagnostic examination immediately, then I will prioritize to take the patient to the diagnostic department first, while other patients I can ask team leader or fellow nurses to take place the care.” (Ns11, Male, Bachelor - First Class Ward).

2.4 Documentation in patients’ records was carried out by nurses using standardized form which applied to all wards and units, called Integrated Note, as articulated below:

“...We write documentation using SOAPIER in the patients’ record, we noted subjective data what was said by the families and the patients. Then O for objectives, wrote data about emergency situation, vital signs etc. Letter A stands for Analysis, about the (nursing) diagnosis, i.e. pain, respiration, then P stands for planning, I stands for Implementations which were planned such as ECG, administering injections, Oxygen and monitoring vital signs. (Letter) E stands for Evaluation, R is for revised whether planning or intervention need to be revised or changed...like that. I think yes, we already have standardized form for documentation called integrated note. In that note, all professions have to make the documentation. The different is only the color of the pen ink, nurses write in blue ink, doctors write in black in and other profession write in green ink” (Ns2, Female, Bachelor - First Class Ward).

The study revealed that documentation in patients’ record is important for accountability both for doctors and nurses, as conveyed below:

“...Nursing documentation can be used as a prove that nurses are doing their job, as well as other professions. Nurses also can see, what is the doctors’ orders, whether there is a change or not. And the last is we can evaluate if the patients’ problem solved or not.” (Ns8, Female, Bachelor - Hemodialysis Unit).

3. Supporting roles were included (1) supporting administration, and (2) supporting ward’s supplies, which can be described as follows:

3.1 Supporting administration, Nurses in the afternoon shift and night shift often acting as ward’s administration staff because, because administration staff only work in the morning shift, as stated below:

“...For example we did detailing the patients’ invoice who will be discharged, especially during the afternoon and night shift, after detailing the invoice, we bring it to the cashier at

the emergency room, because the administrative staff in the wards were only work in the morning, while the afternoon and night shift there is not.” (Ns10, Female, Diploma - Third Class Lung Diseases Ward).

3.2 Supporting ward’s supplies were done by nurses which were providing ward’s supplies, such as brought empty oxygen tube to the oxygen store, brought patients meals from the kitchen to wards and took the linen from the laundry department, as expressed below:

“...Even nurses also help deliver oxygen tank and others. this is actually not the duty of the nurse, there should be a personnel like a patients’ aide person (POS), but if in afternoon and night shifts then the nurses must take the oxygen tube at back storage because there is no other personnel. Sometimes we take patients’ linens, we took meal from the kitchen” (Ns6, Male, Diploma - Third Class Neurology Ward).

4. Roles in research included (1) as participant, and (2) distributing research instruments, which can be explained as follows:

4.1 As participant, nurses have involved in several studies, but limited only as participant and never conduct their own study, as stated below:

“...I have involved in some study from nursing students, usually the head nurse asked us to fill a questionnaire and it depends on the topic, if the title was about nursing, we were involved to fill the questionnaire” (Ns2, Female, Bachelor - First Class Ward).

4.2 Distributing research instruments refer to Nurses involvement in conveying or distributing instruments of the study conducted by nursing students, as expressed below:

“...I have been involved in distributing questionnaires. But I never conduct my own research. (Ns3, Female, Bachelor - Third Class Surgical Ward).

The study also found two categories included in factors influencing nurses performing their roles, which can be classified into (1) factors enhancing nurses’ roles and (2) factors inhibiting nurses’ roles.

1. Factors enhancing nurses roles included (1) Commitment to patients care, (2) Good collaboration with other healthcare professionals, and (3) Work satisfaction, which can be explained as follows:

1.1 Commitment to patients care refers to nurses willingness to give their best service to patients and paid more attention to patients’ need and for the recovery of the patients, as communicated below:

“...When I work in wound care clinic, even though we are tired of working from morning to evening, but because of my passion, I enjoy it more and have a certain satisfaction, especially when the patients were recovered” (Ns7, Male, Master – Wound Care Specialist Clinic).

1.2 Good collaboration with other healthcare professionals shown that nurses have worked together in closely with doctors, nutritionist, physiotherapist, pharmacist, and laboratory analyst for the benefits of the patients, as stated below:

“...In this ward we work together with doctors, pharmacist, lab analyst and nutritionist. We all have our own

task and sometimes we discuss together to solve patients problems. All these time there is no big issues in the collaboration with other professions.” (Ns10, Female, Diploma – Third Class Lung Diseases Ward).

1.3 Work satisfaction experienced by nurses regarding the services that were given to patients have succeeded making patients recover. In some wards, nurses stated that they were satisfy with incentives and some nurse expressed satisfaction due to good relationship with other healthcare professions, as expressed below:

“...I was satisfied because I can manage and deal with critical patients, therefore I feel inner satisfaction. There are certain challenges for nurses.” (NS9, Male, Diploma - ER).

2. Factors inhibiting nurses roles included (1) difficulty to contact some doctors, (2) Lack of human resources, (3) lack of facilities, (4) unclear of payment system, and (5) work satisfaction issues, which can be explained as follows:

2.1 Difficulty to contact some doctors occurred when nurses faced situation that the specialist doctors were difficult to be reached regarding the emergency situations with the patients in the wards or units. The main issue that there was no specialist doctor who standby in the wards, while general practitioners only present in the wards in the morning shift and nurses have to call doctors from ER in the afternoon and night shifts, as expressed below:

“...For doctors, they were hard to be contacted and not always present at the ward. Some specialist doctors were difficult to contact, sometimes it can be obstacle when we would like to consult or if emergency situation happened to patients in the ward.” (Ns3, Female, Bachelor - Third Class Surgical Ward).

2.2 Lack of human resources was one of the most important issue expressed by all participants in Public Hospital. Lack of human resources were mostly expressed related to lack of nurses in the ward, as stated below:

“...In this ward we have 30 beds and most of time we are full and we are one of the busiest wards in this hospital. But the number of nurses only 11 nurses, then assigned to morning, afternoon and night shift. I think we are lacking of nurses. And the head nurse already speak to the management, but still waiting for the next recruitment.” (Ns3, Female, Bachelor - Third Class Surgical Ward).

2.3 Lack of facilities was made nurses finding ways to address this issue. Some of nurses addressed it by modifying the equipment, while others work with existing facilities, even though it was not an ideal situation, as stated below:

“...But the problem is in this ward, we don’t have tourniquet, therefore we use latex glove tied to the patients’ hand. Sometimes we bring the tourniquet from home or only using hands and I think it was not proper. In all wards we don’t have the place to clean the dirty tools. I can say it is lucky for nurses in Public Hospital if we can survive after working 20 years, considering this situation” (Ns6, Male, Diploma - Third Class Neurology/HCU Ward).

2.4 Unclear of payment system refers to related to unclear additional fee details which they called remuneration fee or service fee, as communicated below:

“...For now, like the remuneration system, we did not know the details. We just received amount of money without knowing the details, how they count it, we did not know. Usually we just received the money, sign and we did not know why we received certain amount of money.” (Ns1, Female, Diploma - VIP Ward).

2.5 Work dissatisfaction issues were related to nurses' welfare, workload, lack of personnel, remuneration system, facilities and related to nurses which more performing medical interventions rather than nursing interventions or caused by nurses also carried out tasks which are not nursing tasks. There was also dissatisfaction professional relationship between nurses and doctors, as expressed below:

“...Overall it can be said to be dissatisfied. Our work is more focus on interventions programed by other professions, therefore I was not very satisfied because the nurses' work could not be done well. Lack of facilities, for example: we teach patients and families to wash their hands, but in this ward there is no sink in the patients' room. There are only some disinfectant fluid bottles which attached on the wall. We are also lack of screen to preserve patients' privacy when we are doing some intervention such as bathing and inserting catheter.” (Ns5, Female, Diploma - Second Class Medical Surgical Ward).

V. DISCUSSIONS

Direct care roles in this study were bed side activities performed by nurses as the core of nursing services. Activity as patients' legal advisor was a hospital's standard operating procedure (SOP) and nurses considered giving informed consent as important legal aspect. Indonesian Nursing Act (2014), stated nurses role as patients' counsellor and the study conducted by Choi, et al., (2013) shown that role of nurses in advocating patient to ensure safe practice in the hospital. Fulfilling human basic needs were carried out by nurses as independent nursing role to make sure that patients obtain all daily basis necessity. This finding parallel with Indonesia Nursing Act (2014) which mentioned nurse as care provider. Supporting medical programs such as giving therapies were performed by nurses following the doctors' treatment programs. According to Indonesian Nursing Act (2014), nurses authorities including administering medications to patients according medical prescriptions. As patients' care collaborator, nurses have been working together with other healthcare professions regarding patients' care. Waldow (2014) stated that the nurse considered the leader of collaborative work between nursing team and other health professionals in order to optimize the care. Escorting patients to other departments was carried out by transporting patients from wards to other departments. According to Hudek and Silke (2014), there should be standardized policy for all staff involved in escorting patients between departments in the hospital or to other hospital which aims to provide safer transfer of patients between wards and departments in the hospital. It should be clear roles and responsibilities regarding appropriate personnel who will escorting the patients. Nurses' activity as patients' health educator were considered as important role of nurses in order to improve patients and

families knowledge. This finding was supported by Bergh et al., (2015) which shown that patient education is important for building patients' knowledge, understanding and preparedness for self-management. This finding also congruent with the authorities of nurse according to Indonesia Nursing Act (2014) to conduct health education and counselling.

Ward's managerial roles which described in shift changing was reflected the communication among nurses from previous shift to next shift to ensure that nurses have been informed related to patients' conditions, interventions have been done and next planning. According to Karmila et al. (2018), nursing shift handover is an important moment that routinely occurs in daily nursing practice to communicate relevant and important information regarding the patients' condition during shift change. Distributing workload among nurses was conducted with simple consideration according to the number of nurses on duty and the number of patients on particular shift or simply appointed a nurse to care patients in one room. Acar and Butt (2016), stated that nurse-patient assignment is an effort to balancing workload among nurses in the hospital unit and it is important for satisfaction and safety of nurses and patients. With prioritizing activity, nurses have decided to categorized patients as total care, partial care or independent care. Lake, et al. (2009) stated that nursing prioritization of the patients need for care was both as non-sequential decision making process throughout unfolding patient situations and as an advanced skill of nursing practice in clinical decision making. The last activity in nurses' direct care roles is documentation in patients' records, which already been a standardized activity in Public Hospital to record all the interventions conducted by nurses in a document called integrated note. Nurses stated that documentation in patients' record as important for nurses' accountability related to patients' care. According to Alkouri et al. (2016), nursing documentation is very crucial in health care settings and reflect various aspects including the awareness level of nurses in their roles in providing health services in a good quality and documentation is considered as important indicator to develop nursing care. Dehghan et al. (2013) wrote that nursing documentation is defined as the record of nursing care that is planned and given to individual patients by qualified nurses or other caregivers under the control of a qualified nurse and can be used for other purposes such as quality assurance.

Supporting roles which performed by nurses in public hospital explained that there were additional activities that carried out by nurses beside their core roles as health care providers. The study reveals that the supporting roles frequently occurred in the inpatient wards/units during afternoon shifts. This activity was resulted from the absence of administration staff during afternoon shifts. The administration staff work hours limited only in the morning shift, therefore if patients discharging process was not finish during morning shift workhours, it will be continued by nurses who work in the afternoon shift. The other situation was if the patient willing to be discharged against medical advice in the afternoon shift, it means that nurses will have additional work as administration staff. Nurses must prepare some discharging documents, including detailing the patients' invoice and have

to go to IT center office to input the details. Nurses also done activities which can be categorized as providing ward's supplies, such as taking empty oxygen tank to the store and replace it with the full one, especially in afternoon or night shift. Sometimes nurses also have to take patients meals from the kitchen and take linen from the laundry department and bring them to ward. This situation sometimes made nurses left their core tasks as care provider and performing tasks which should be done by other staff. According to Bekker, et al., (2015), professional nurses conduct many non-nursing tasks, and leave several important nursing tasks left undone. Nursing tasks left undone cause the greatest degree of job dissatisfaction amongst professional nurses. Implications for nursing management Role overlapping and work performed by professional nurses below their skill level should be identified and re-organized; support services should be employed and efficiently used.

Nurses' roles in research study has not been implemented yet in the public hospital. Nurses in the hospital never conduct research study due to difficulty regarding nurses' high workload which made nurses give more focus on patients' care activities. Although the hospital has Education and Research Department, but still focus on conducting training for the hospital staff. The involvement of nurses in research study limited only as participants and distributing questionnaire to patients. Although nurses' role as researcher already stated in Indonesian Nursing Act (2014) which are conducting research according to standards and ethics, utility of resources in healthcare service with the permission of the leader and involving patient as research subject according to professional ethics and the law. Unfortunately, this role could not be implemented yet by clinical nurses in Public Hospital.

In performing their roles, clinical nurses in public hospital were influenced by some enhancing factors. Most of nurses in public hospital have high commitment in providing patients care. According to Al-Hamdan, Radky and Al-Ramadneh (2017), professional commitment has received a great deal of interest worldwide. Nurses constitute the largest group of health care professionals that spend a majority of their time at the bedside in direct patient care. Nurses have an important role in improving patient safety and providing quality of care. Good collaboration was one of factor which can be influenced nurses in performing their roles in a positive way. Coordination of care and collaboration among clinicians in different disciplines is now the expectation, and nurses are responsible for defining their role in this process (Interprofessional Collaboration). Interprofessional collaboration and can be used to prepare the health care team to deal more effectively with the chronic complex cases we see in this setting. It would be invaluable to work as part of a multidisciplinary team, in which each member is willing to listen to a colleague's rationale and values the patient's needs above the needs of the health care team (Hurt, 2015). The study also found that in some settings in the public hospital, nurses who work in better resources and better incentive expressed work satisfaction. This result has similarity with previous findings of study conducted by Dar, Ahsan-ul-Haq and Quratulain (2015), Factors were named as honor and

award, professional status, autonomy, interaction, emotional exhaustion, depression, professional associations and found positively correlated. Study reveals that (51.5%) nurses were satisfied with their job and consider they receive honor and reward for their work from colleagues also from hospital administration and doctors. They were not satisfied with working hour and salary respectively.

Clinical nurses in public hospital also have been influenced by inhibiting factors which made nurses could not perform their roles effectively. Nurses were experienced the difficulties to contact with the specialist doctors or even general practitioners regarding the emergency situations with the patients in the wards or units, especially in the afternoon and night shift. The study also found that there were no specialist doctor or general practitioner who standby in the wards in the afternoon and night shift. In emergency situation in the wards or units, nurses called general practitioner who on duty at the Emergency room. The impact to nurses in the wards, often nurses have to carried out an action which is not the authority for nurses to perform. Nurses took actions based on their experiences and report to doctor latter. Lack of human resources, especially nursing personnel was the significant finding as the factor that influence nurses in performing their roles optimally. The situation resulting incompatibility with nurse-patients ratio in the wards and resulted high workload for nurses in patients' care, especially for inpatients wards. Although this study was not tried to find the impact of lack of human resources, especially nurses in the hospital, but there was study conducted by Haddad and Toney-Buttler (2019) which shown that lack of nursing staff led to errors, high morbidity and mortality rate. In the hospital with high patients to nurse ratios, nurses experienced burnout, dissatisfaction, and the patients' experienced higher mortality and failure to rescue when compared to lower patients to nurse ratios. Lack of facilities as one of factor influencing nurses in performing their roles and even though nurses manage to find the way to solve the issue by modification the equipment or tools, it was not following the standard of best practice. Payment system also caused significant influence for nurses in performing their roles. Since BPJS was implemented nationwide in Indonesia and added with the transformation in hospital financing system which the hospital must manage their own financial budgeting. Nurses have stated that there was unclear payment system related to remuneration fee or service fee. The new system indeed has influenced nurses in the hospital in the way that produce social jealousy among nurses who work in wards that have different amount of service fee. Furthermore, it caused nurses' experiencing decreased of motivation. This supported by previous study conducted by Corsalini (2012), which found that there was statistical significant relationship between rewards and the nurse work motivation and a payment is the most important and more influential variable. Finally, nurses work satisfaction was split into both sides, satisfy and dissatisfy. Nurses who have expressed the dissatisfaction revealed that the feeling was regarded nurses' welfare, high workload due to lack of nurses, unclear remuneration system, and lack of facilities. In term of professional authorities, nurses experienced dissatisfaction due

to performing more of medical interventions and professional relationship with few doctors who still considered nurses as their subordinates. According to Dar, Ahsan-ul-Haq and Quratulain (2015), majority of nurses were unsatisfied according to pay and increasing number of patients. Satisfaction can be increase by the improvement of salary and working environments of public hospitals and reasonable work can increase the job satisfaction of nurses and their quality of health.

VI. CONCLUSION

Clinical nurses' roles in public hospital can be described as the whole activities of nurses in various clinical settings which created a set of roles that might have strengths and weaknesses. As the conclusion of this study, based on the findings, the clinical nurses' roles in public hospital have commonalities and differences, depends on the situations and the settings in the public hospital. Those roles are direct care roles, ward managerial roles, roles in research study and supporting roles. Considering public hospital has a unique situation related to regulation and service system could generated factors influencing clinical nurses in performing their roles. Identified influencing factors from this study are difficulty to contact some doctors, lack of human resources, lack of facilities, unclear of payment system, and nurses work satisfaction. Hence, to improve clinical nurses' roles in public hospital, it is important to provide nursing profession with better support system from national level, local government level and hospital level which enable clinical nurses to develop and to improve their roles which mean will improve the quality of public hospital as healthcare services agency.

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