

HEALTH LEARNING MANAGEMENT AT NOONGAN HOSPITAL, MINAHASA REGENCY

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ABSTRACT

The purpose of this study is to analyze and describe the management of health learning in the community health center at Noongan Hospital, Minahasa Regency. Health learning management is a form of learning management that focuses on nursing care services in its role as an educator. The results showed that health learning management has been carried out by Noongan Hospital, which is the current research location. The stages of health learning are through the assessment carried out by the nurse through the assessment of patients, the planning made by the nurse referring to the results of the assessment, the implementation of learning carried out by the nurse using demonstration methods, instructions and videos and evaluations carried out by the supervision team as well as periodic evaluations carried out by the head of the room. Noongan Hospital has sufficient resources in the implementation of health learning management, however, there are still weaknesses and shortcomings that need to be addressed, especially by the hospital and especially the head of the hospital so that health learning management can be more optimized to support the improvement of more optimal health service quality.

Keywords

*Health; Learning; Management;
Hospitals*

INTRODUCTION

The hospital is a means of providing health services to the community. Hospitals as institutions providing comprehensive individual health services have a very strategic role in realizing the highest degree of health (Law of the Republic of Indonesia No. 44 of 2009; Ministry of Health of the Republic of Indonesia [DEPKES RI] 2009). Hospitals are required to provide quality services in accordance with established standards and can reach all levels of society (Decree of the Minister of Health No. 129 of 2008). Quality health services are one manifestation of the demands of society in the current era of globalization. People who are increasingly critical and educated are increasingly strengthening so that health services are more responsive to community needs, implementing transparent management, participatory and accountable (National Development Planning Agency [BAPPENAS], 2011 in Komapo, 2013). In addition, the community demands that hospitals must be able to provide health services related to patient needs that must be served by hospitals easily, quickly, accurately, at affordable costs (Yaslis, 2013).

The increasing demands of the community for health facilities, especially in hospitals, continuously make hospitals have to make efforts to improve the quality of health service delivery. One of the quality of health services that must be continuously improved is the quality of nursing services in hospitals (Depkes RI, 2012). Every effort to improve the quality of hospital services must also be accompanied by efforts to improve the quality of nursing services (Abdullah et al., 2013) Nursing as a profession and professional staff is responsible for providing nursing services according to the competence and authority possessed independently or in collaboration with other members of the health team (Oyoh et al., 2017). In the free market and liberalization

era, professionalism is a superior instrument to win competence, for this reason nursing staff must be more competent and have high competitiveness regionally and globally (Ministry of Health of the Republic of Indonesia [KEMENKES RI], 2010). Therefore nursing services must be managed professionally in order to improve service quality which is one indicator of nursing service management in hospitals.

Currently the world of nursing in Indonesia is experiencing very rapid development. The health sector has become an industry with extraordinary growth and by itself the need for professional and competent nurses in their field has also increased (Surbakti, 2020). On the one hand, this development is an opportunity for nursing staff in Indonesia to increase their existence in the world of health, so they can stand side by side with other professions. However, on the other hand, this development is also a challenge for Indonesian nursing personnel to prove their abilities. If Indonesian nursing staff do not immediately improve themselves both in terms of competency and administration, then this opportunity cannot be used as effectively as possible so that Indonesian nursing midwives will be left behind compared to international trends.

Nurses in their duties and functions have many obligations towards the health services provided. One of their obligations is to provide health information (health education) needed by the patient or in this case the nurse acts as an educator. The nurse is in charge of increasing or developing the patient's level of understanding. This is in accordance with the rights that should be received by patients, namely receiving information related to their illness, starting from an understanding of the disease, the procedure to be carried out to preparing the patient to go home (Fatubun et al., 2022). Fulfillment of client information needs, in this case health education, is an indicator of the quality of health services in a hospital. The higher the level of success in providing health education given or the higher the level of patient satisfaction with the health education provided by nurses, the higher the quality of health services in the hospital (Noprianty, 2019). The Joint Commission on Accreditation of Healthcare Organizations has set standards for patient health education. This is important because remembering that patients are not always hospitalized so it is hoped that with health education, patients and their families can carry out care at home. According to the research results of the Health Service Medical Corporation, Inc., 1993, it is estimated that around 80% of all health needs and problems can be addressed at home, so the need to educate people about how to care for themselves does exist. In addition, various studies note the fact that informed patients are more likely to adhere to medical treatment plans and find innovative ways to deal with the disease, to be better able to cope with the symptoms of the disease, less likely to experience complications. This is in accordance with the goal of health education, which is to help increase the degree of optimal health. But in reality, the implementation of health education and the results are not satisfactory. Only one-fifth of the 1500 nurses made preparations in providing health education and with satisfactory results. A survey of 1,230 nurses in staff, administration and education positions regarding their perceptions of the extent of nurse responsibility for health education and its achievements found that they strongly believed that patient education was basically the responsibility of 10 nurses, on the other hand the researchers also found that health education activities that performed by nurses as a whole the results were not satisfactory. In Indonesia, the frequency and satisfaction of the results of providing health education by nurses in hospitals are not known with certainty. It's just that if the frequency and results of providing health education are associated with the percentage of nursing staff in Indonesia (2004), namely SPK 49.2%, D3 44.5%, S1 5.4% and Masters non-nursing 0.9%, it can be seen that the majority of nurses in Indonesia are still educated in SPK. This greatly affects the provision of health education in hospitals by nurses. it can be seen that the majority of nursing staff in Indonesia are still educated in SPK. This greatly affects the provision of health education in hospitals by nurses. it can be seen that the majority of nursing staff in Indonesia are still educated in SPK. This greatly affects the provision of health education in hospitals by nurses.

Nursing service is part of the health service system in health service centers which has the function of maintaining the quality of service, which is often used as a barometer by the community, in assessing the quality of health service centers, thus demanding the professionalism of nurses in their work as shown by the results of nurse performance, both the implementing nurse and manager in providing nursing care to clients. Maximum implementation of nurse work in quality health services occurs when the system of implementation of nursing care that is carried out supports professional nursing practice according to standards (Wahyuni, 2007).

Based on observations and interviews at the initial data collection at the Noongan Regional General Hospital, it was found that nurses rarely conduct health education on patients. Health education that has been carried out so far has always been unprepared or spontaneous and the results have been unsatisfactory. RSUD Noongan also does not have a specific format for health education documentation. In addition, supervisors, in this case the head of the room and the team leader, rarely supervise or evaluate the implementation of health education, either directly or indirectly. Provision of health education that is low and not optimal, often causes problems, including: patients complain of anxiety and fear about their illness or when a procedure will be carried out because previously they were not given health education about their illness, many patients return to the hospital with worsening disease conditions because previously nurses did not provide health education about treating their illness while at home and it is difficult to identify or evaluating the provision of health education indirectly due to incomplete documentation or even no documentation. Seeing the various research results and observations above, of course there are drivers or motivations for nurses in providing health education in hospitals. This motivation will determine and influence the provision of health education in terms of both quality and quantity. Low motivation will certainly produce unsatisfactory results and will ultimately reduce the quality of health services in a hospital. This phenomenon attracted the interest of researchers to find out the motivation of nurses at Noongan Hospital in conducting health education to patients. Education is a system consisting of various elements, namely educational goals or objectives, students, education administrators, and structures or levels. Every component in the education system is interrelated and influencing each other. The following data was obtained through the Minahasa Regency BPS regarding the number of nursing staff in community health service centers, especially at Noongan Hospital:

Table 1. Number of nursing staff in community health service centers at Noongan Hospital

No	NURSING WORKERS	
	Work Unit/Regency/City	Number of Personnel
1	Noongan Hospital	168
	Total	168

The community has the right to get health services with the best performance from health administrative staff and other health workers (Syahrul et al., 2021). However, affordable and quality health services at the Minahasa District Community Health Center are still difficult to implement. A nurse should be able to apply the knowledge she has learned in carrying out her health service duties, including being able to implement learning management in health service centers.

Health learning management in question is clinical learning management in which a nurse is able to implement all the clinical learning management theories she has acquired while studying in lectures and practical periods. So far, when nurses start to enter the world of work, they experience distraction about how the management of clinical learning that they learn can be implemented in their work, especially in nursing care. This learning management concerns how a nurse is able to plan, organize, implement and make evaluations regarding clinical learning carried out during the implementation of her professional duties.

Nurses' poor knowledge can be associated with barriers from nurses and patients. Barriers from nurses and patients include nurses not being ready to provide health education. This unpreparedness can be caused by the inadequate education of nurses, the personal character of nurses and time constraints. Inadequate education, lazy and uncreative personal character make nurses less able to provide health education according to patient needs.

It is not uncommon to hear about the bad practice of services provided by health workers to the community. There are health workers who do not do what they should do and there are health workers who do something that they should not have the authority or competence to do. It also often happens that apparatus or staff resources, especially nurses at the Minahasa District Public Health Center do not have or lack the competence of Human Resources. organizational operative work, to make decisions or take appropriate actions, and help the smooth development of the organization as a whole, and also in providing administrative services to the community. However, to what extent this assumption is true, further research is needed. In addition, the quality of service is said to be effective, when the community gets easy service, as

well as a short, fast, precise process and the community as the recipient of the service is satisfied. Success in improving the quality of public services is based on the government's ability to improve the work obedience of service-providing employees, and of course it must be carried out based on applicable rules or norms. Moreover, the purpose of this study is to analyze and describe the management of health learning in the community health center at Noongan Hospital, Minahasa Regency.

METHODS

This research is classified as a qualitative research, as stated by Sugiyono (2017) that qualitative research is a research method based on the philosophy of positivism, used to research on natural object conditions, (as opposed to experiments) where the researcher is the key instrument, data collection techniques are carried out by triangulation (combined), data analysis is inductive/ qualitative and the results of qualitative research emphasize meaning rather than generalization (Abdussamad, 2022). In line with Creswell's statement (2017), qualitative research is methods to explore and understand the meaning that a number of individuals or groups of people ascribe to social or humanitarian issues.

Qualitative research was chosen because this method is in accordance with the research objectives so that it will be easier for researchers to determine the formulation of problems and prepare reports. Furthermore, the descriptive method was chosen because the data sought was in the form of a statement. In addition, the descriptive method was chosen to make it easier for researchers to collect data and to describe the data obtained from the field in the form of descriptive data (not numbers or statistics). This research seeks to describe a study which is a phenomenon or relationship related to how management of nursing services in Minahasa District.

The location chosen by the author for this research is Sam Ratulangi Hospital and Noongan Hospital. Where previously the authors had conducted an initial survey of the problems the authors observed related to the management of nursing services. The author feels interested in researching this matter, for that, the two RSUDs were chosen.

This research is a qualitative research so that the key instruments are the researchers themselves and the supporting instruments in the form of interviews and questionnaires.

The data sources of this research consist of two kinds of sources, namely primary and secondary data sources. The primary data source comes from interviews with the Head Nurse of Sam Ratulangi Hospital and Noongan Hospital. Primary data sources also come from observations of the nursing service process carried out in the two hospitals. Secondary data sources in this study were obtained from various documents related to nursing services carried out in Sam Ratulangi Hospital and Noongan Hospital. These documents include patient care schedules, division of duty schedules, documentation of nursing service activities, profiles of hospitals, and circular letters. This study will use a triangulation technique in which researchers will combine three techniques, namely observing participants, conducting in-depth interviews, studying documentation.

Data collection

Interview

The interview is a meeting of the informant (information provider) and the interviewer (information seeker). This method will be used by the author to find out data such as how to implement learning management or nurse education for patients in hospitals. Esterberg stated that an interview or interview is a meeting between two people to exchange information and ideas through questions and answers, so that meaning can be constructed in a particular topic. The informants that the researchers will interview are the head of the hospital, the head nurse, and the nurses.

When viewed from the implementation, interviews can be divided into two, namely; (1) structured interviews are used as a data collection technique if the researcher or data seeker already knows exactly what data or information he will obtain, and (2) unstructured interviews, free interviews, where the researcher does not use various interview guidelines that have been arranged in a coherent and systematic manner to collect the data. This means that the interview guide used is only an outline of the problem you want to ask. This study uses structured interviews to obtain data. This technique was chosen because apart from providing clearer directions it also avoids a lack of required data or obtaining unnecessary data.

Observation

Sutrisno Hadi argued that observation is a complex process and is composed of various biological and psychological processes. Two of the most important are the processes of observation and memory. In terms of the process of implementing data collection, observations can be divided into two, namely: (1) participant observation, namely the researcher is involved with the daily activities of the person being observed or used as a source and research, and (2) non-participant observation, that is, the researcher is not directly involved with the activities of the person being observed. In this type of observation the researcher is not involved and is only an independent observer. Based on the instrument aspect, the observation is divided into two parts, namely structured and unstructured observation. Structured observation is an observation that has been designed systematically, whether it is related to what is being observed or when and where it is carried out. While unstructured observation is an observation that is not prepared systematically about the things to be observed. This study will use non-participant and structured observation. Researchers will observe the process of planning and implementing learning both online and offline as well as in the process of making learning media and learning evaluation. Observations were made on the learning process, teachers, and students involved in the learning.

Documentation

Documentation is a record of events that have passed, in which the forms of documents may include the following (1) writing, for example diaries, biographies, regulations, policies, history alive, etc., (2) images, can be in the form of photographs, live images, sketches, etc., and (3) monumental works, such as sculptures, films, paintings, etc.

Document studies can be used as a complement to observations and interviews in a study. Therefore, it is hoped that the research method used by the author is complete and supports this research. The documents that researchers collect include photos and data on learning activities originating from Google Classroom, Zoom, learning tools, interview results, as well as learning media such as videos and so on.

Data Analysis

Bodgan stated that data analysis is the process of systematically searching for and compiling data obtained from interviews, field notes, and other materials, so that it is easier for both oneself and others to understand, and the findings can be informed to the general public. Data analysis is very important in a research because the results of the analysis will produce information that can later be understood in order to achieve the goal of conducting a scientific research. For this reason, the data analysis that will be carried out by the author this time will use analysis techniques that are in accordance with the nature of the data that will be collected, namely qualitative data.

Data collected from interviews, observations, or documentation and field notes will be processed by researchers using descriptive methods. The results aim to describe and explain an event systematically according to real conditions and use language that is easier to understand. The systematics of data analysis is carried out as follows:

- 1) Read, analyze and study all data from various sources.
- 2) Conduct data reduction which is done by making a core summary
- 3) as well as an abstraction of the process and questions that are still needed in it.
- 4) Compilation of data according to the research procedures used.
- 5) Conduct a re-examination of the validity of the data.

The data collection process was carried out through three stages, namely

- 1) Preliminary stage,
- 2) Screening stage, and,
- 3) Insufficient data completion stage.

From this process, checking the validity of the data most often occurs at the data filtering stage. Therefore, if there is data that is less relevant or inaccurate, further data screening will be carried out in the field until it becomes valid data. In research also needed a technique to check the validity of the data. One technique of checking the validity of the data is triangulation. Triangulation is checking the validity of data

that interprets something other than the need to check or compare data. The triangulation technique, which examines through various sources, is the most frequently used technique. The achievement of source triangulation can be achieved through comparing observed data with interview results, comparing someone's words privately and when in public, compare what people say during research and what they say over time, compare opinions between respondents, and compare interview results with related documents. An example of triangulation of data sources is by "comparing and back-checking the degree of trust in information obtained through different times and tools in qualitative methods". Another expression means that if after going through the examination it turns out that the respondents' answers are not the same or there are differences in the data or information found, then the validity of the data obtained is doubtful. In such circumstances, researchers must carry out further examinations, so that they will be able to find out which information is more correct. In this study, researchers will use data sources derived from interviews with the head of the Noongan Hospital, Minahasa Regency.

RESULTS

As much as 90% of services performed in hospitals are nursing services (Fricilia, 2020). Nursing services provided will have an impact on patients as recipients of nursing services. The impact that occurs if the nursing services provided are not good, namely the patient will feel reluctant to return to the hospital for treatment (Pertiwati & Rizany, 2017). Nursing services are efforts made by nurses to meet basic human needs. In addition, there is another role played by nurses in carrying out their duties, namely by carrying out the role of educator. Interpersonal teaching is one of the efforts made by nurses in carrying out their role as educators. The role of the nurse as an educator is to provide education, teaching, training, direction and guidance to clients and their families in overcoming health problems (Simamora, 2009). Nurses as educators play a role in providing knowledge to clients about the medical treatment received (Susanto, 2012). The primary teaching role of the nurse is teaching the patient and the patient's family (Hapsari, 2013). Teaching nurses to patients is very important because the International Council of Nurses (ICN) also argues that patient education is the main fundamental aspect of providing nursing care.

Assessment of Learning Materials

In accordance with the stages of health learning in the hospital, the initial stage is to conduct an assessment. This assessment was carried out for the purpose of analyzing what needs need to be prepared in providing education for patients and their families.

Education is something that is consistently facilitated by the hospital, especially in areas that have a high risk for patients. This is done by the hospital so that health functions return to optimality. Education begins when the patient enters a healthcare facility and continues throughout the treatment period, until after the patient is discharged. Effective education begins with assessing the educational needs of the patient and the patient's family. The implementation of patient education is a challenge for health organizations, because it requires a planned effort to prepare appropriate tools and resources to meet the actual needs of patients. Education is most effective when it is carried out according to the choice of learning and in accordance with cultural values, religion, reading ability and the language used by the patient. Education includes the knowledge needed during the care process as well as the knowledge needed after the patient is discharged to another health service or home. Thus, education can include information on resources in the community for additional services and follow-up services if needed, as well as how to access emergency services if needed. Effective education in a hospital should use visual and electronic formats, as well as a variety of distance education and other techniques. Data obtained from PR-A.1 suggests that:

The assessment is carried out in the early stages before planning the lesson. This study was carried out in the form of an assessment of the educational needs of the patient and the patient's family which included the preparation of tools and resources according to what the patient and the patient's family needed.

In nursing care, the assessment stage is the initial stage before carrying out a learning plan for education for the patient and the patient's family in order to find out what needs must be prepared regarding the learning process that will be carried out. KR-A.1 stated that:

Our hospital already has an SOP regarding the assessment of the educational needs of patients and families, the hospital has earlier provided an SPO which includes providing education to patients and their families both inpatients and outpatients.

The field of nursing at Noongan Hospital already has an SOP for assessing the educational needs of patients and families as well as an SOP for providing patient and family education both inpatient and outpatient.

Learning Planning

Learning in the framework of education is planned to ensure that each patient is given education according to his needs. The hospital determines the effective and efficient organization of educational resources. Therefore, hospitals need to establish a Hospital Health Promotion Organization (PKRS), create educational services, and arrange the assignment of all staff who provide education in a coordinated manner. The organization in providing patient and family education is decentralized in nature, where the authority that was originally centralized was divided into several persons in charge. Each nursing staff has a job description according to their clinical authority. Clinical authorization is an assignment recommendation authorized by the hospital director. Clinical authority is a reference from the nurse's job description used in providing patient and family education. The difference in coverage in providing education is categorized based on the PK owned by the nurse. Pre-Clinical Nurses (PK Pre-Clinical) carry out the basic needs' education process under supervision from superiors, while Clinical Nurse 1 (PK I) carry out basic needs education independently, for Clinical Nurses II (PKII) carry out educational needs in specific areas, then carry out an evaluation and make a follow-up plan, and for Clinical Nurse III (PKIII) the same as PK II plus preparing a learning plan in a specific area. As raised by a senior nurse KR-A.2:

As nurses we must always be ready to take the actions deemed necessary to provide information and education for patients and even their families so that they feel comfortable and confident about the medical actions that will be taken while at the same time informing them that medical staff are carrying out their duties according to the SOP.

Based on the results of the data collection carried out, it shows that the hospital already has a plan regarding the provision of patient and family education. Furthermore KR-A.2 confirms that:

We at Noongan Hospital have work implementation standards which include providing education for patients and patient families and that has been made in planning the implementation of work for medical personnel, we do not only carry out medical procedures but also provide education related to non-medical aspects.

In accordance with the stages of planning nursing care is a stage that is no less important than the earlier assessment carried out. In accordance with the MKE (Communication and Education Management) guidebook that for planning education is carried out an assessment which includes:

- 1) patient and family beliefs and values;
- 2) reading ability, level of education, and language used;
- 3) emotional and motivational blocks;
- 4) physical and cognitive limitations;
- 5) patient's willingness to receive information.

To understand the educational needs of each patient and family, an assessment process is needed to identify the type of surgery, other invasive procedures, action plans, treatment needs, and continuity of care after discharge from the hospital. This assessment enables the care-giving professional (PPA) to plan and implement the required education.

Implementation of Learning

In carrying out learning activities in the hospital there is a hierarchical system according to the main tasks and functions. The function of direction can be seen in providing directions for Preclinical PK nurses who receive guidance or mentorship from PK I, II, or III nurses in providing patient and family education. New beginner PK nurses will be coached by PPJA and the Head of the Room in carrying out nursing interventions, especially providing patient and family education. The coaching lasts for one year and then novice PK nurses

will follow credentials to obtain clinical authority, clinical assignments, and placements in accordance with the results of the credentials that have been carried out. In accordance with the MKE (Communication and Education Management) guidebook RThe hospital uses standard patient education materials and processes on at least the following topics:

- 1) effective and safe use of medicines that patients get (not just drugs prescribed to take home), including potential side effects of drugs;
- 2) effective and safe use of medical equipment;
- 3) potential interactions between prescription drugs and other drugs including non-prescription drugs as well
- 4) diet and nutrition;
- 5) pain management;
- 6) rehabilitation techniques;
- 7) how to wash hands properly

From the data obtained from interviews with one of the nurses caring for the KR-A.3 room, it was stated that: The implementation of learning, namely the provision of education is mostly carried out by senior nurses, the interpersonal skills of nurses with longer working tenure pay close attention to the implementation of education for patients and patient families, the stages of implementation are in accordance with the planning that has been recorded in the nursing care guide.

A manager in carrying out the control function will evaluate and monitor the job descriptions carried out by the nursing staff. Evaluation and monitoring are based on standards, policies, regulations, and clinical authority set by the hospital.

The control function in providing patient and family education is not optimal. Supervision of educational provision has been carried out but has not been scheduled and has not used tools or instruments in supervising.

The assessment of the provision of education has not been included in the monitoring report on the achievement of quality indicators, patient safety and the performance of work units in the field of nursing services or nursing committees which are evaluated periodically. An assessment of the provision of existing education was carried out by the Infection Control Prevention (PPI) team regarding education about hand hygiene, pre- and post-surgery preparations that can be carried out by patients and families in preventing infection. This report is collected every month, as material for evaluation and verification of education carried out related to infection transmission.

The new assessment focuses on the quantity of achievement targets resulting from the implementation of education. Recording of the outcomes of providing new education was carried out by the PPI team, there has been no record made by the head of the room, or the committee and the field of nursing services. This is because the implementation of providing education has not yet become an assessment of service quality. The data obtained confirmed through interviews with the person in charge of the KR-A.4 room: In this hospital there has been provision of education through a learning process that has been planned for documentation in the hospital but that has not yet become an assessment in the implementation of performance so that it is sometimes ignored, especially by nurses whose tenure is still relatively short.

Learning Evaluation

The learning evaluation stage is carried out as follows:

- 1) The hospital identifies existing community resources to support ongoing health promotion and education to support ongoing patient care.
- 2) Patients and families are referred to receive education and training needed to support ongoing patient care, in order to achieve optimal care outcomes after leaving home
- 3) This continuous education is given to patients whose discharge plans are complex.

Feedback from patients and families is inseparable from the knowledge provided by nurses to patients and families. Patients and families who initially did not know became aware, as well as changes in healthy lifestyle behavior. In addition, patients and families can be more careful in every action, both prevention and treatment. This is illustrated in the PR-A.3 statement: "Patients who don't know know, for example hepatitis patients, so that can be taken care of, how to prevent infection and so on."

Changes in patient and family behavior are also one of the feedbacks after the patient and family get knowledge from the nurse. This can be seen in the nurse's statement PR-A.3: "Yes, the goal is to know more,

and there is a change in healthy behavior. Maybe the husband is sick, the wife is more careful to prevent the husband's illness from recurring. For example, be careful in terms of food or daily life so that the quality of the patient's health improves and is maintained.

From the statements of all the nurses above, it can be seen that there is a picture of knowledge towards an understanding of the benefits of the role of educator for patients and their families. Nurses also expect feedback from patients and families even though in this process no evaluation is carried out using certain guidelines or standards. This is inseparable from how nurses perceive the implementation of learning in providing education for patients and families.

To control the quality of learning services, supervision is also carried out. Supervision is a process of supervising, providing direction, correcting, guiding, evaluating carried out by nursing supervisors in order to improve the ability of nursing staff so that they can provide quality nursing care to patients. Most nursing staff accept that supervision is important in supporting the implementation of quality nursing care.

The conceptualization of nursing supervision is basically related to the professional development of nurses and always considers the concept of quality care provided to patients. Supervision is a management function in controlling which is carried out to direct nurses to behave effectively and efficiently in providing services. Managers need to have a specific strategy in providing quality services, one of which is by implementing the supervision of providing patient education. Education or education is the basis of all learning processes whose implementation is the responsibility of managers in an organization.

Education provided by nurses will affect patient adherence in treatment, satisfaction with the services patients receive during treatment, as well as understanding information that is easier to understand which has an impact on reducing hospitalization rates and patient readmissions. It is important for the health team to be able to work closely with patients and families in identifying educational needs needed to improve the patient's ability to care for himself. Many studies and trends show that providing education and increasing patient and family knowledge does not necessarily affect clinical outcomes or influence how a person can use the information obtained to manage the patient's illness. The results of the analysis of health learning management in the form of interviews and observations of providing patient and family education at Noongan Hospital were then analyzed, so it can be described as follows:

Table 2. Health Learning Management at Noongan Hospital

Aspect	Focus	Findings
Health Learning Management in Hospitals	Assessment	1. SOP for providing education is available
		2. The educational needs assessment forms are still overlapping
		3. The availability of learning media and teaching aids in each room is still minimal, it needs to be optimized
		4. The results of observations of the completeness of the documentation of the provision of education are still limited to medical needs
	Planning	1. Lesson planning has not been systematically planned
		2. Have an SOP for learning needs assessment
	Implementation	1. The implementation of learning in the context of education can be seen from the documentation of patient and family education that has not been optimal
		2. There are no entries in the nurse's log book for the implementation of patient and family learning
		3. The implementation is still voluntary because the provision of education has not yet become an assessment of the performance of nurses at the hospital
		4. Non-nursing duties are still carried out by nurses
		5. The mobility of room attendants is high so that the implementation of learning is often neglected
	Evaluation	1. Take follow-up steps by collecting feedback from patients and families
2. Assess changes in behavior and attitudes of patients and families after learning		

Aspect	Focus	Findings
		3. Supervision of the assessment of the implementation of patient and family learning that is not optimal based on the standards set by the hospital

The cause of the problem is not optimally providing patient and family education seen from the aspects of man, money, environment, material, method and machine. Aspects of man include not optimal preparation of nurses in providing education, implementation of educational supervision that is not routine, the qualifications of nurses who are mostly educated are D3 Nursing (65%). Nurses still do a lot of non-nursing tasks and the mobility of room nurses is high. The SPO for providing education already exists in the Accreditation Documentation Management Information System (Sismadak) in hospitals, overlapping educational forms, the availability of different educational media in each room, and incomplete documentation. The aspect of the method is not yet optimal in implementing documentation and supervising the provision of education, filling in the nurse's logbook which has not focused on providing education.

Nursing is a health profession that considers patient education to be an important component of nursing interventions by nurses. Florence Nightingale is the founder of modern nursing and also a great educator. Not only being the first person to establish a school of nursing, Florence Nightingale also devoted most of her career to educating nurses, doctors and other health workers about the importance of creating proper hospital and home environmental conditions to improve the health status of patients.

The care giver (PPA) must have the ability to provide education effective and efficient treatment for patients and families. Increasing PPA compliance in conducting education as needed is expected to be able to reduce the readmission rate and provide a good understanding for patients and families regarding conditions and further care which is the patient's right. Nursing care includes a series of processes consisting of assessment, data analysis, intervention, implementation, and evaluation. There are 4 types of interventions carried out by nurses, namely observation, education, therapeutic and collaboration. Nursing interventions are all treatments carried out by nurses who have a basic knowledge and clinical judgment in realizing expected results. Improving patient compliance is an important factor in care that nurses can do by providing education regarding their condition. Education carried out by nurses is an implementation that has a positive impact on patient compliance. For example, in pulmonary TB patients, the education provided makes the patient and family understand how to carry out care during recovery, and in improving the quality of life after treatment is complete.

CONCLUSION

Learning in the context of providing patient and family education is one of the intervention activities carried out by the health team including nurses at Noongan Hospital, Minahasa Regency. The phenomenon raised is the management of health learning in the context of providing education. Having guidelines, SOPs and instruments is a way that can be done in optimizing the implementation of providing education. The support and commitment of every managerial staff as well as the concern and commitment of clinical nurses can build change for a hospital. Implementation of supervision providing patient and family education can improve the quality of nursing services so that it can be concluded that: (1) the study of patient and family health learning at Noongan Hospital has been carried out although it is still at a limited level and is still internal, (2) patient and family health learning planning in two hospitals, namely Noongan Hospital, has been carried out although it is still centralized and still very limited at the hospital level, it has not yet reached the level of rooms, (3) the implementation of patient health learning in two hospitals, namely Noongan Hospital, is still not optimal because nurses see that in the activity log book there is no menu entry about patient and family health learning/education so this activity is considered as an activity that is not mandatory, especially since this activity is not yet an assessment. performance for nurses, (3) evaluation of patient and family health learning has been carried out although it is still very limited because learning planning is not made at the room level so this activity still does not answer the needs of each room, although feedback from patients is often also asked to get feedback that must be followed up for next activity, and (4) the challenges and obstacles found are in the form of opposition from the health institution itself, namely the lack of support from both the administration and the service system provided as well as from the human resources in the hospital, there is still limited knowledge about the management of health learning in the hospital so that in the future the

hospital is advised to can provide health learning management guidelines so that all elements with an interest in health services have a reference in implementing health learning management.

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