



(RESEARCH ARTICLE)



Experience of nurses in homecare foreign patients at the Bali multinational clinic: An action research study

Niluh Nyoman Tantri Swastikaningtyas *, Blacius Dedi and Susi Nurhayati

Nursing program, Karya Husada University Semarang, Central Java, Indonesia.

World Journal of Advanced Research and Reviews, 2023, 19(01), 978–986

Publication history: Received on 27 May 2023; revised on 04 July 2023; accepted on 06 July 2023

Article DOI: <https://doi.org/10.30574/wjarr.2023.19.1.1330>

Abstract

The phenomenon of homecare nurses' problems in service regarding service governance has not yet found the right solution, judging from the complaints from foreign patients. Patient complaints that arise due to the service system at several multinational homecare clinics in the Bali area, the management team office is separate from the service department. For example, patients who complain and ask for payment negotiations must also wait for an answer from the management team, the process of rules that have not been standardized on standard governance procedures in carrying out comprehensive services requires an exploratory study that can reduce an early-stage design in the formation of multinational clinic service governance with a homecare approach to foreign patients. The purpose of this study was to develop a draft service governance design for a multinational clinic with a homecare foreign patient approach. The first stage of qualitative research design is exploratory phenomenology, an action research approach. Data collection techniques used focus group discussion, literature review, and expert discussion. The thematic analysis results found four themes: 1) Exploration of homecare visit service planning for foreign patients. 2) Preparation of nurses for homecare visit services in multinational clinics. 3) The need to assess the evaluation of handling complaints of foreign patients. 4) Evaluation of foreign patient satisfaction in assessing the performance of home care services for foreign patients. The results of this study illustrate that multinational homecare nursing services still require a lot of evaluation to develop a more structured and systematic service function to increase the satisfaction value of foreign patients who receive services.

Keywords: Nurses; Homecare; Experience; Foreign patients; Multinational clinic

1. Introduction

Homecare nurses visiting foreign patients in Bali certainly have a different platform in nursing services in Indonesia. Armed with the foreign tourist sector, homecare visiting nurses in Bali are in the spotlight of foreign travelers. Nowadays, tourists show a high interest in health care [1]. Around 130 countries around the world are competing to be the winner in the global business share of medical tourism. On a global scale, it is estimated that the profit earned has increased by an average of 20% per year or reached 40 billion US dollars [2].

Nurse services in multinational clinics focus on providing care for patients who are tourists who come to clinics in the tourism sector, on the basis of nurse tourism. Medical tourism services are regulated in Permenkes number 76 of 2015, which is the basis for hospital top leaders (head/director) in managing medical tourism services as well as for policymakers in the tourism sector [3]. Homecare nursing services for foreign patients in Bali have a highly competitive value in the trend of services in Bali. This is shown from the clinic data in the Badung area of Bali according to the data from the Central Statistics Agency in 2020, the Health Center / Medical Clinic for the Badung area which is officially recorded, there are 42 clinics [4].

* Corresponding author: Niluh Nyoman Tantri Swastikaningtyas

The preliminary observation study obtained data on the results in service, that the Thursday routine policy uses Balinese traditional clothing which was carried out before the covid-19 period. This certainly brings a cultural image to homecare services in nurse services to foreign patients. In addition, the fluent English communication competence possessed by nurses in Bali attracts the attention of tourism actors about the difference in the Balinese atmosphere into a beautiful form of service in the eyes of tourists. Research by Winata et al [5] found that successful tourism promotion strategies, the emergence of alternative tourism, and government awareness are factors triggering increased tourism in Bali Alternative tourism in the form of medical tourism is growing rapidly in the world of academics and practitioners today. Based on the results of a preliminary study at Clinic X on Jalan Padma Kuta, the results of patient visits to the clinic starting from 2018-2019 were quite high up to 719 patients. Patient visits themselves every day are up to 1-10 patients per day, with an average visit from various countries. Among them are Russia, Australia, England, Germany, China, the USA, Korea, and several tourists from Asian countries.

The perception of foreign tourists who get special services at a clinic in Indonesia is a benchmark for describing the quality of service at a multinational homecare clinic that specializes in foreign tourists. Clinic services that do not have proper governance designs as guidelines for the standard operating procedure, Clinical Pathways, patient admission, and discharge systems, both supervision evaluations of complaints will certainly weaken the quality of a clinic service, especially in multinational clinics that provide services to non-domestic patients. The quality of health services at the level of clinics in tourism areas that are the eyes of the world, of course, is a good potential for the Indonesian people in line with the WHO principle that Indonesian health workers must be able to keep up with the health service sector with other countries. One potential adaptation that can be done is of course by pointing to one of the areas that is the target of foreign tourists, namely the island of Bali. It is necessary to get an assessment of the description of views in accordance with service quality standards in the views of foreign patients who get services at tourism clinics around the Kuta area of Bali. Based on the description above, the formulation of the problem obtained is "How is the Experience Service Quality Homecare Foreign Multinational Kuta Bali Home Care Foreign Patient Approach through Study Action Research?"

2. Material and methods

2.1. Research method

This research uses qualitative methods because researchers want to explore phenomena that cannot be quantified which are descriptive in nature with action research studies that focus on a clinic design and the perceptions of patients who receive services. The definition of the term from the design of the Homecare Governance of the Foreign Patient Clinic at the Multinational Clinic in the Kuta Region of Bali with an Action Research Study is a design plan or application model for clinical homecare governance for foreign patient services in a good and standardized tourism environment.

2.1.1. Location and time

The research was conducted at a multinational homecare clinic in Kuta Bali within the Denpasar City area meeting room in June 2022.

2.1.2. Participants

In this study, the participants involved were nurses working in the Kuta area tourism homecare clinic as many as 8 nurses/participants with the criteria of caring for foreign patients both male and female with a length of work of more than 2 years, nurses with a minimum education of DIII nursing, with experience caring for foreign patients who have at least 5 different countries and have overcome several problems in governance and handling complaints from foreign patients who have been treated.

2.2. Data collection

Data collection through focus group discussion (FGD) aims to identify and obtain information about the grand design of foreign patient clinic homecare governance design. The process began with a time contract in advance with the participants regarding the time and place of implementation, then the researcher conducted a group discussion with a circular sitting position, then introduced the names of both researchers and research assistants and participants, conveyed the purpose and objectives, then the researcher asked questions to participants according to the research topic and continued until the desired participants (8 participants).

After completing the FGD, the researcher then contracted time to validate the results of the FGD and provide an opportunity for participants to ask questions. The FGDs used an implementation module, to be tailored to the FGD topic

in the form of open-ended questions and contained process guidelines. Expert consultations and discussions were conducted related to action research design, explorative phenomenology, and FGD implementation to obtain a suitable grand design.

2.2.1. *Instrument*

Qualitative researchers as human instruments function as data sources, conduct data collection, assess data quality, analyze data, interpret data and make conclusions on their findings by internalizing the main ideas in the formulated governance design.

2.2.2. *Tools*

Researchers use tools in the form of notes and voice recorders via handphones to help smooth data collection and before conducting research the handphone will be tested for functionality and feasibility. Notes are used to see the expression or non-verbal communication of participants, all notes related to this research will be kept confidential.

2.3. **Data processing**

The qualitative data processing method begins with making transcripts (verbatim) of all observations and in-depth interviews or FGD. Verbatim transcripts are detailed and complete written descriptions of what was seen and heard either directly or from recordings. After making the transcripts, the analysis process has begun to analyze the transcripts in three stages: 1. Capturing the meaning of the text to show the dominant meaning in the text and the specific contradictory meaning; 2. Showing the meaning inherent in a text, especially the hidden meaning contained in the text; 3. Analyzing how the text relates to the life, experience, reality, and meaningful things about the research subject. Thematic analysis was made from the keywords and categories of each theme. The theme became the grand design of good homecare governance design for foreign patients which was adjusted by searching the literature review.

3. **Results and discussion**

The demographic data of the participants in this study were nurses working in homecare clinics for foreign patients in the Kuta Seminyak area. 10 participants with 20% aged 27 years, 50% aged 28 years, 20% aged 29 years, and 10% aged 30 years. On average, they have 2-7 years of working experience. The data obtained in the FGD process was then organized in the form of direct sentences and made transcripts of the results of the statements as well as determining keywords and categories from the statements of participants P1 to P10. The results of these findings obtained four themes about Service Quality (Servqual) exploration of home care foreign patient nurse services at the multinational clinic in Kuta Bali. The results of the thematic analysis are presented in the form of a theme analysis scheme, theme narrative data description, and category narrative data description, as follows:

3.1. **Exploration of homecare visit service planning for foreign patients.**

The results of FGD obtained exploration data from 8 nurses from different clinics, on service methods they still do not have an understanding of the standard rules of nursing services officially. The exploration process carried out through the FGD process with 10 nurses provided a view of the service process in each clinic that was different. Some clinics have different standard operating procedures, and some are almost the same, but the process of service flow in homecare visits for foreign patients still follows the one-day service system. The nurse comes to the patient together with the doctor with medicines that have been prepared through a telephone call process. There is no standardized reference for homecare services such as this, and there is still no specific regulatory space for the special handling of foreign patients, regarding the appropriate system to be carried out within the scope of homecare visits for foreign patients.

The homecare process planning method in the service flow uses a system that has been implemented by the rules of the local clinic. The obstacle that may occur is the process of planning readiness in the service process can pose a risk that leads to patient satisfaction. The appropriate planning indicators will lead to service excellence in service, especially homecare services that prioritize emergency handling, and first aid to patients.

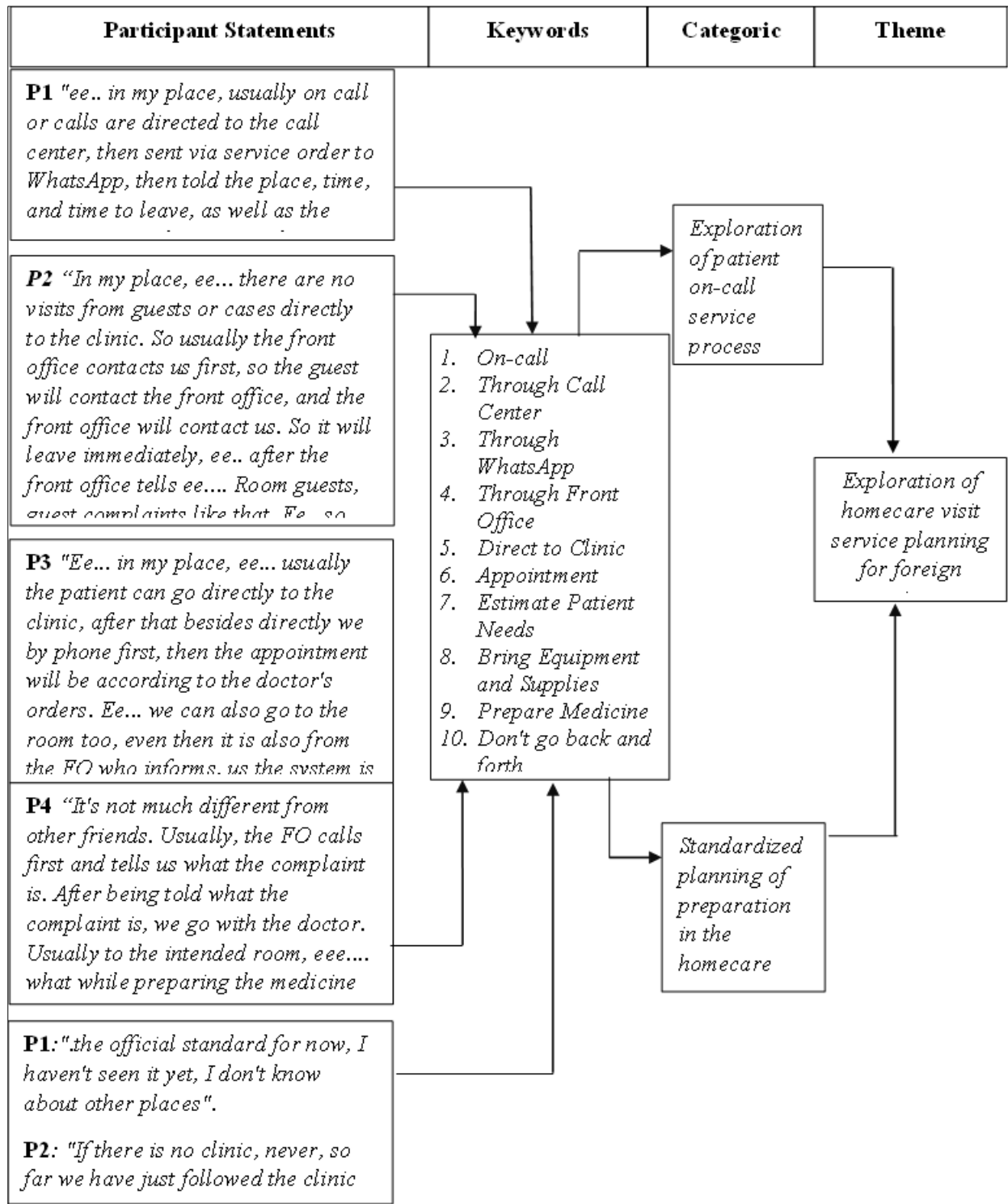


Figure 1 Data analysis for Theme 1

According to the Ministry of Health, Home Care is a sustainable and comprehensive health service provided to individuals and families in their place of residence which aims to improve, maintain or maximize the level of independence and minimize the consequences of disease [6]. PERMENKES Number 76 of 2015 concerning medical tourism services article 19 paragraph 1) Medical Tourism Services are carried out in accordance with the flow of special services for Medical Travelers; 2) The special service flow for Medical Travelers aims to provide quality, fast and friendly service; 3) The flow of special services for Medical Travelers must be written and determined by the head/director of the hospital. So it can be concluded that the flow of special services in treatment for foreign tourists can be made specifically through the head or owner of the business, which is still adjusted to the rules of service and licensing that

are adjusted to the standards of the Ministry of Health in general. Quoting Nursing Law Number 38 article 37, Nurses in carrying out nursing practice are obliged to: b. provide nursing services in accordance with the code of ethics, nursing practice standards, professional standards, standard operating procedures, and provisions of laws and regulations [7]

3.2. Preparation of nurses for homecare visit services in multinational clinics

Nursing planning is the process of organizing the various nursing interventions needed to prevent, reduce, and alleviate client problems. This planning is the third step in creating a nursing process. Planning is part of the organizing phase of the nursing process as a guide to direct nursing actions in an effort to help, alleviate, and solve problems or to meet client needs. A well-written plan will give direction and meaning to nurse care because the plan is a source of information for all involved in the client's nursing care (Figure 2)

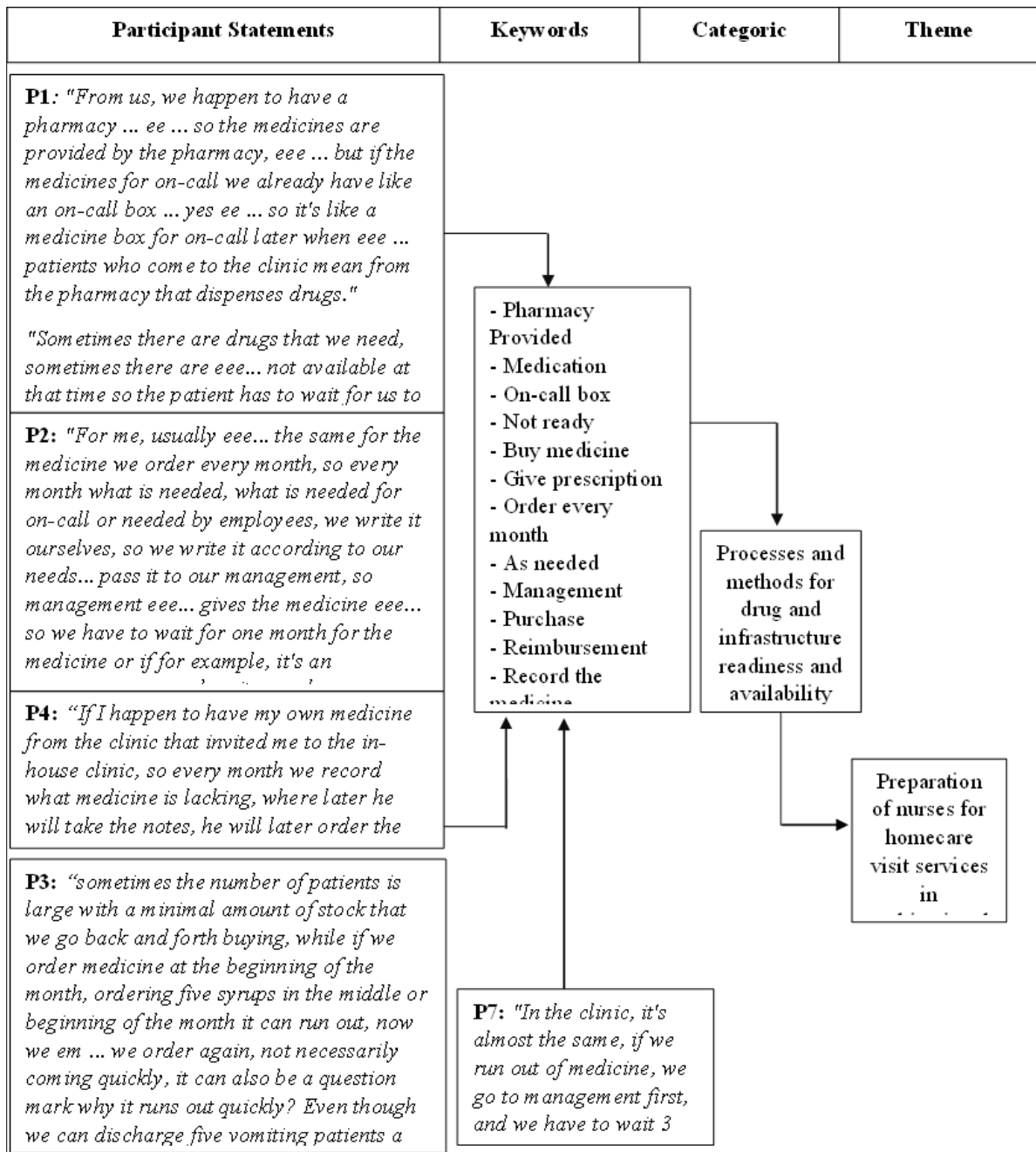


Figure 2 Data analysis for Theme 2

The homecare planning process can begin with contacting patients via smartphone. Technology experts estimate that 90% of adults will have access to smartphones by 2020 [8]. This condition greatly allows the application of telehealth technology to support the remote communication system between nurses and patients, besides that the concept in planning care actions does not experience obstacles if communication can run with remote communication media as a tool. Preparation of medical devices and drugs according to doctor's advice, along with the feasibility of PPE to forms for informed consent, and satisfaction, requires high responsibility, where nurses and doctors will come together in providing care to patients. Thus, nurses are required to have the readiness and accuracy to carrying the necessary medical devices, in accordance with the SOP of nursing care, and the possible actions that will be taken by the doctor in charge.

According to Eva [9] that The Home Checklist Visit Plan is needed in handling homecare and requires preparation that is divided into 2 things, namely, before the visit and during the visit. The mechanism of visiting the patient certainly begins with communication through telecommunication aids to discuss the situation and prepare tools and items before visiting the patient. Then the visit is also carried out in accordance with the procedure and ends with the outcome results in the form of the next plan. If there is a special assessment for referral and others, immediately inform the patient.

The results of the researcher's review of the section that regulates the rules in planning homecare visits in emergency and first aid there are still standard operating procedure rules. According to the rules of the Bali Governor Regulation, Article 56 explains that the development of Community Health Center services includes tourist medical services. Where it becomes a description of the regional regulation that oversees the rules in the homecare visit tourism service, where the content also suggests that the method of service can follow the standards of the head of the relevant agency. As for the service rates themselves through Perbup No.9 [10] concerning medical service tariffs Article 37 that foreign national services apply a rate of 2 (two) times the domestic rate.

3.3. The need to assess the evaluation of handling complaints of foreign patients

Evaluation in services to foreign patients is certainly based on the results of the types of complaints experienced by nurses in health services. The service process will certainly give an end to the results of satisfaction that will launch from the service process. The lack of understanding in handling complaints, especially in foreign patients, with language communication functions that are certainly different from our native language, will certainly make the elements of lobbying and handling patients require a little effort to prevent poor communication.

The context of the problems that become complaints in the results of FGD conducted by nurses, obtained results where at least the problems in patient complaints are almost the same, related to payment at a price that is quite different from the expectations of foreign tourists, then apart from that for foreign patients who consider while in Bali is their opportunity to travel tourism and have to wait a long time for treatment and the recovery process which ultimately makes them force themselves with unstable conditions. Thus, it becomes a problem when service reliability is considered less than optimal.

The home care nurse's tasks, roles, and functions module explains some of the patient's rights; 1) Obtaining information about their rights and obligations, including the financing of services. 2) Receive professional services. 3) Receive an explanation of the service plan to be provided. 4) Participate or refuse the determination of plans, implementation of actions, and changes in care that can affect their health. 5) Receive proper treatment from service providers who have a clear identity. 6) Have the right to express opinions about changes in services or changes in service implementers who serve without fear of being rejected or receiving discriminatory treatment. 7) Get legal protection for actions that are received and felt to be detrimental and deviate from the agreement. So that part of the complaint is a standard that patients who receive homecare are entitled to [11].

Supriadi [12] said that complaints from patients are very useful for institutions to restore and improve services. Service complaints are a sense of dissatisfaction with the services provided, so an institution needs to maximize how to facilitate customer access to make complaints. So in this case accommodating patients to get space to submit complaints is very important. According to the problems in the study above, complaints and ways to resolve them have not been done properly. The management, and case management functions have not been properly utilized to blow up the problems that exist in every clinical patient complaint. According to Swanburg (2000) in Parellangi [13], nursing management is a group of nurse managers who manage the organization and business of nursing which ultimately nursing management becomes the process by which nurse managers carry out their profession.

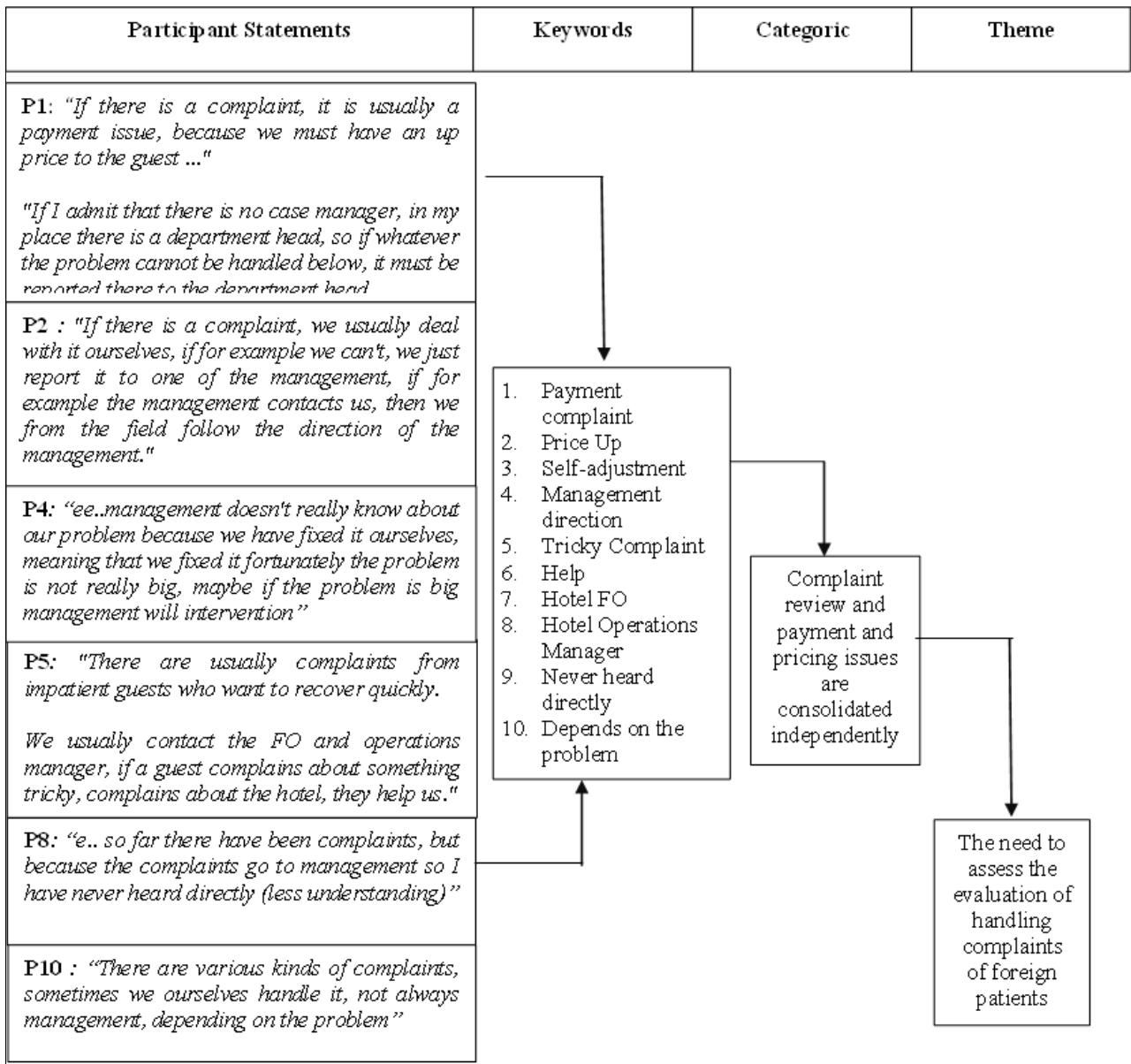


Figure 3 Data analysis for Theme 3

3.4. Evaluation of foreign patient satisfaction in assessing homecare service performance for foreign patients

According to WHO [14], monitoring and evaluation allow program managers to assess the effectiveness of control initiatives and should be carried out continuously. The specific objectives of program evaluation are to measure program achievement and progress, dedicate and solve problems, assess program effectiveness and efficiency, direct the allocation of program resources, and collect information needed to revise policies. Parasuraman, et al (1988) in Gejir et al [15] stated that Servqual can be measured by five dimensions of satisfaction, namely reliability, responsiveness, assurance, empathy, and tangibles.

Al-Assaf (2009) in Gejir et al [15], explains that quality can also be measured. A system usually consists of three components: input, process, and output. The quality of inputs (structure) can be measured. Inputs include the quality of staff, supplies, equipment, and physical resources. The quality of processes can also be measured. Diagnostic, therapeutic, and patient care procedures, as well as protocols, are all measurable and quantifiable. The same is true for the outcomes or results of a system. They too can be measured. Therefore, the system components of inputs, processes, and outcomes have certain quality characteristics that can be measured and are important in measuring quality in a system. Of course, a picture of satisfaction is very important as a medium for evaluation. Feedback from FGD with nurses about the need for a patient satisfaction form, which has not been implemented in the homecare clinic service for foreign

patients, provides an illustration of efforts to create an impetus to assess performance in services, which are tailored to the feasibility and needs of patients, in this case, patients from other countries.

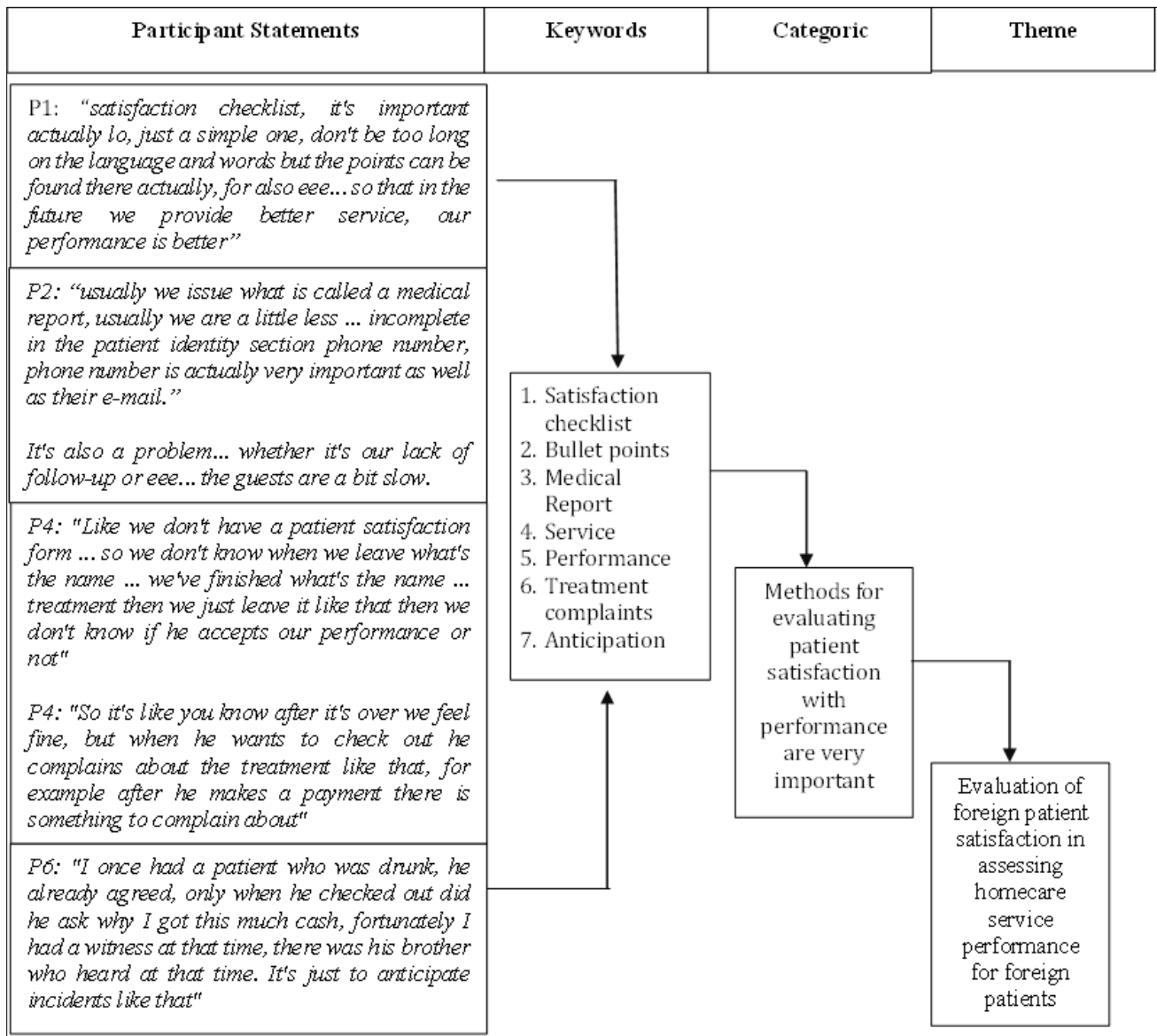


Figure 4 Data analysis for Theme 4

4. Conclusion

FGD through the exploration process produced 4 themes which were followed up in the form of endorsement into a draft design form. The four themes that were successfully explored were 1) Exploration of homecare visit service methods for foreign patients; 2) Preparation of nurses in homecare visit services for multinational clinics; 3) The need for assessment of foreign patient complaint handling evaluation; 4) Evaluation of foreign patient satisfaction in assessing homecare service performance for foreign patients. The design is adjusted to the capacity of the data through a literature review as a guideline which is then discussed with the homecare manager. The results of this study illustrate multinational homecare nursing services that still need a lot of evaluation to develop a more structured and systematic service function, so as to increase the satisfaction value of foreign patients who receive services. Further researchers may wish to develop a mix-methods nursing service to explore satisfaction with a more structured homecare service system.

Compliance with ethical standards

Acknowledgments

We greatly appreciate all those who have participated in this research so that we can complete this research. We would like to thank Dr. Ferry Agusman Motuho Mendrofa and Rita Dewi Sunarno MKep, Sp. Mat who motivated, advised, and encouraged us. Thank you also to the nurses who have become informants in this study.

Disclosure of Conflict of interest

Authors should also disclose conflicts of interest with products that compete with those mentioned in their manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Connell J. Medical tourism: Sea, sun, sand and ... surgery. *Tour Manag* 2006;27. <https://doi.org/10.1016/j.tourman.2005.11.005>.
- [2] Singh N. HEALTHCARE TOURISM: AN EMERGING CONCEPT. *International Journal of Management and Review* 2014;4.
- [3] Permenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 76 Tahun 2016 Tentang Pedoman Indonesian Case Base Groups (INA-CBG) Dalam Pelaksanaan Jaminan Kesehatan Nasional 2016.
- [4] BPS. Badan Pusat Statistik Provinsi Bali 2020. <https://bali.bps.go.id/subject/16/pariwisata.html> (accessed June 19, 2022).
- [5] Winata IGKA, Prastiwi NLPEY, Sanjaya NMWS. Tourism Experience Design dan Penciptaan Nilai Pelanggan Pada Pariwisata di Bali. *ARTHA SATYA DHARMA* 2018;11:245–62.
- [6] Depkes RI. Standar akreditasi rumah sakit. Jakarta 2011.
- [7] Kementerian HAM RI. Undang-Undang Republik Indonesia Nomor 38 Tahun 2014 tentang Keperawatan. Indonesia: 2014.
- [8] Jessica B. Teknologi Penanganan Kesehatan Jarak Jauh. <https://WwwVoaindonesiaCom/a/Teknologi-Penanganan-Kesehatan-Jarak-Jauh/3428471Html> 2016.
- [9] Eva Lopez. The Home Visit Checklist. 2011.
- [10] Pergub. Peraturan Gubernur Bali Nomor 9 Tahun 2020 – JDIIH Pemerintah Provinsi Bali 2020. <https://jdih.baliprov.go.id/produk-hukum/peraturan-perundang-undangan/pergub/26832> (accessed June 27, 2023).
- [11] Yulianti. Modul Keperawatan Hospice Home Care. <http://esaunggul.ac.id/>; 2020.
- [12] Supriadi S. Faktor-faktor Yang Berhubungan Dengan Pelaksanaan Dokumentasi Keperawatan. *Husada Mahakam: Jurnal Kesehatan* 2012;3:128–43.
- [13] Parellangi A. Home Care Nursing: Aplikasi Praktik Berbasis Evidence-Base. Penerbit Andi; 2018.
- [14] WHO. Global Evaluation Report 2017. Geneva, Switzerland: 2017.
- [15] Gejir IN, Ratih IADK, Sumerti NN, Perawati DA. Gambaran Tingkat Kepuasan Wisatawan Asing Terhadap Mutu Pelayanan Kesehatan Gigi Dan Mulut Di Bali Dental Klinik 911 Denpasar Tahun 2020. *Jurnal Kesehatan Gigi (Dental Health Journal)* 2021;8:7–14.