

## Health Learning Management at Samratulangi Hospital Minahasa Regency

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**Abstract:** This study aimed to analyse and describe Health Learning Management in health centres in Minahasa Regency. Health learning management is a form of learning management that focuses on nursing services in their role as educators, where nurses are responsible for non-medical as well as medical matters, namely educating patients and patients' families through health learning. The results showed that health learning management was carried out by Samratulangi Hospital Regency, which is the current research site. The stages of health learning are through planning that is carried out by nurses before carrying out nursing tasks, implementation of learning that refers to the planning that has been done, and evaluation of learning by monitoring the implementation of health learning management. Regional General Hospital Samratulangi has sufficient resources both human resources to implement Health Learning Management as stated in the guidebook and has been planned in accordance with the medical duties of nurses in nursing care, however, there are still weaknesses and shortcomings that need to be addressed, especially by the hospital and especially the hospital director, so that Health Learning Management can be further optimised to support improving the quality of health services.

**Keywords:** Learning Management; Health; Education; Nursing; Hospital

### INTRODUCTION

The world of nursing in Indonesia is currently undergoing rapid development. The health sector has become an industry with tremendous growth, and naturally the need for professional and competent nurses in their fields is also increasing. On the one hand, this development is an opportunity for nurses in Indonesia to increase their presence in the world of healthcare and to compete with other professions. On the other hand, this development is also a challenge for Indonesian nurses to prove their skills. If Indonesian nurses do

not improve their skills and management immediately, they will not be able to take full advantage of this opportunity, and Indonesian midwives will be left behind by international trends.

Nurses in their roles and functions have many obligations towards the health services provided. One of the obligations is to provide the health information (health education) needed by the patient or in this case the nurse acts as an educator. Nurses have a duty to increase or develop the patient's level of understanding. This is in line with the rights that patients should have, namely to receive information related to their illness, starting from an understanding of the illness, the procedure of action that will be carried out, to preparing the patient's return (Garnham, 2016: 7748). Meeting the information needs of clients, in this case health education, is an indicator of the quality of health services in hospitals. The higher the success rate of health education provided, or the higher the level of patient satisfaction with health education provided by nurses, the higher the quality of health services in the hospital (Herzberg, 2011). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has established standards for patient health education. This is a crucial aspect of patient care, given that not all patients are hospitalised. By providing health education, patients and their families can be equipped with the knowledge and skills to manage their own care at home. Yuliani (2018) points out the acquisition of knowledge is contingent upon the act of sensing a specific object. The process of sensing occurs through the five human senses, namely the senses of vision, hearing, smell, taste and touch. The majority of knowledge is acquired through the senses, particularly vision and hearing. The domain of knowledge, or cognitive, plays a pivotal role in influencing an individual's actions. Empirical evidence and scholarly research indicate that actions informed by knowledge are more enduring than those lacking such guidance. The results of the Health Service Medical Corporation, Inc. study, conducted in 1993, indicate that approximately 80% of all health needs and problems can be resolved at home. Consequently, there is a clear need to educate people on how to care for themselves. Furthermore, studies have demonstrated that informed patients are more likely to adhere to medical treatment plans and to find innovative ways to cope with illnesses, become better able to cope with symptoms, and are less likely to experience complications. This is in accordance with the objective of health education, which is to facilitate the promotion of an optimal level of health. However, the actual implementation of health education and its resulting outcomes are not as effective as they should be. A mere 20% of the 1,500 nurses surveyed were found to be adequately prepared to provide health education, with the resulting outcomes deemed satisfactory. A survey of 1,230 nurses in staff, administrative,

and educational positions regarding their perceptions of the extent of nurses' responsibility for health education and its achievement revealed that they strongly believed that patient education was essentially the responsibility of 10 nurses. However, researchers also found that the overall health education activities undertaken by nurses were unsatisfactory. The extent to which nurses in Indonesian hospitals provide health education and the level of satisfaction with this provision remain unknown. However, 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 S2 non-nursing 0.9%, it can be seen that the majority of nursing staff in Indonesia still have SPK education. This has a significant impact on the provision of health education in hospitals by nurses.

Nursing services form an integral part of the healthcare system in healthcare centres, which are designed to maintain the quality of service. This is often used as a barometer by the community to assess the quality of healthcare centres, thus demanding the professionalism of nurses at work, which is indicated by the results of nurse performance, both in implementing and managing nurses in providing nursing care to clients. The optimal implementation of nursing care in quality health services is contingent upon the nursing care implementation system's capacity to support professional nursing practice in accordance with established standards (Wahyuni, 2007: 73).

A preliminary investigation at Noongan Regional General Hospital revealed that nurses seldom engaged in health education for patients. The health education that has been conducted is typically haphazard and improvised, with unsatisfactory outcomes. Regional General Hospital Samratulangi also lacks a specific format for health education documentation. Furthermore, the heads of the rooms and team leaders, in this case, rarely supervise or evaluate the implementation of health education either directly or indirectly. The inadequate and suboptimal provision of health education frequently gives rise to a number of issues, including patients expressing feelings of anxiety and fear regarding their illness or impending medical procedure, given that they were not previously furnished with the requisite health education about their illness. Consequently, many patients are compelled to return to the hospital with an exacerbation of their illness, due to the fact that previously, nurses did not provide health education about the treatment of their illness while at home. Furthermore, it is challenging to ascertain or assess the quality of health education provided indirectly, due to the absence of comprehensive or even any documentation. A review of the research findings and observations presented above reveals a number of factors influencing nurses' decision to provide health education in hospitals. This motivation will determine and influence the quality

and quantity of health education provided. A lack of motivation will inevitably result in suboptimal outcomes and a reduction in the quality of health services provided by a hospital. This phenomenon piques the interest of the researcher, who seeks to ascertain the motivation of nurses at Regional General Hospital Samratulangi in conducting health education to patients. An education system comprises a number of key elements, including educational goals or objectives, students, educational managers and the structures or levels within which the system operates. Each component of the educational system is interrelated and exerts an influence on the others. The following data was obtained from BPS Kabutapen Minahasa regarding the number of nursing staff in public health service centres, with a particular focus on Regional General Hospital Dr. Sam Ratulangi.

**Table 1. Nursing Personnel**

Nursing Personnel		
No	Work Unit / Regency / City	Total number of personnel
1	Regional General Hospital Dr. Sam Ratulangi Minahasa Regency	71

The data presented in the table above indicates that the number of nurses at Regional General Hospital Dr Sam Ratulagi is 71, distributed across various inpatient and outpatient facilities. In this study, the term "health learning management" is used to refer to the clinical learning management aspect, whereby a nurse is able to apply the clinical learning management theories acquired during their education, both in lectures and in practice periods. During this period of transition from education to employment, nurses often experience difficulties in applying the clinical learning management theories they have acquired in practice. This is particularly evident in the context of nursing care. The learning management system is concerned with how a nurse is able to plan, organise, implement and evaluate clinical learning activities conducted during the performance of their professional duties. Sabudu et.al (2021) pointed out that Management is a process or framework, which involves guiding or directing a group of people toward organizational goals or tangible goals. If implemented correctly, the nursing care task will be optimised, as nurses are also educators who should have designed the process or stages that will be carried out during their professional duties.

Inadequate nurse knowledge can be attributed to a number of factors, including barriers from both nurses and patients. One barrier to nurses assuming the role of educators in health learning for patients is their lack of preparation. This lack of preparedness can be attributed to inadequate

education, personal character traits, and time constraints. Inadequate education and a lack of creativity and initiative on the part of nurses result in a reduced ability to provide health education in accordance with the needs of individual patients.

It is not uncommon to hear reports of substandard practice by health workers in relation to the provision of services to the community. It is not uncommon to encounter instances where health workers fail to adhere to the expected standards of practice. Additionally, there are instances where health workers engage in activities that fall outside the scope of their authority or competence. Furthermore, it is frequently observed that the personnel, particularly the nurses at the Minahasa Regency Community Health Centre, lack the requisite competence in human resources. It is hypothesised that the lack of competence of nurses at the Minahasa Regency Community Health Centre is a significant contributing factor to the ineffectiveness of health service delivery in supporting the implementation of the organisation's operational activities, decision-making processes and the ability to take appropriate actions. Furthermore, it is postulated that this lack of competence impedes the organisation's ability to develop in a smooth and effective manner, as well as hindering the provision of administrative services to the community. Nevertheless, the veracity of this assumption remains to be established through further research. Furthermore, the quality of service is said to be effective when the community receives straightforward service, as well as a rapid, efficient, and precise process. In order for this to be achieved, it is essential that the stages of nursing care learning management are carried out properly and planned by nurses. The success of improving the quality of public services is contingent upon the government's capacity to enhance the compliance of service provider employees with applicable rules and norms. In consideration of the aforementioned circumstances, the researcher conducted research at health service centres in Minahasa Regency, with a focus on the subject of Health Learning Management at Samratulangi Hospital, Minahasa Regency.

## **RESEARCH METHODOLOGY**

### **Research Design**

Furthermore, the quality of service is said to be effective when the community receives straightforward service, as well as a rapid, efficient, and precise process. In order for this to be achieved, it is essential that the stages of nursing care learning management are carried out properly and planned by nurses. The success of improving the quality of public services is contingent upon the government's capacity to enhance the compliance of service provider employees with applicable rules and norms. In consideration of the

aforementioned circumstances, the researcher conducted research at health service centres in Minahasa Regency, with a focus on the subject of "Health Learning Management at Samratulangi Hospital, Minahasa Regency".

Qualitative research was selected as the most appropriate methodology for this study, as it aligns with the research objectives, facilitating the formulation of research questions and the preparation of research reports. Moreover, the descriptive method was selected due to the nature of the data, which was in the form of statements. Additionally, the descriptive method was selected to assist researchers in the collection of data and to provide a descriptive account of the data obtained from the field in the form of non-numerical, qualitative data. The objective of this research is to provide a descriptive account of a study that pertains to the management of nursing services in Minahasa Regency.

### **Research Location**

The author selected Some Hospital as the site for this research, having previously conducted an initial survey of the nursing service management issues observed at the facility. The author was motivated to investigate this topic further and thus selected the Regional General Hospital as the subject of their research. The chosen location is Regional General Hospital Samratulangi Tondano.

### **Research Instrument**

The research methodology employed is qualitative, with the researcher acting as the primary instrument. This is complemented by the use of interviews and questionnaires.

### **Data Sources**

The data source of this research comprises two distinct categories: primary and secondary data sources. The primary data sources were obtained through interviews with the Head Nurse of Sam Ratulangi Hospital. Additionally, primary data sources were derived from the observation of the nursing service process conducted within the hospital. Secondary data sources were obtained from various documents related to nursing services carried out at Sam Ratulangi Hospital. The documents include patient care schedules, schedules of personnel duties, documentation of nursing service activities, profiles of Regional General Hospital, and circular letters.

## **Data Collection Technique**

This research will employ a triangulation technique, whereby the researcher will integrate three distinct techniques: participant observation, in-depth interviewing, and document analysis.

The data collection for this research employs three distinct methods, namely:

- 1) An interview is a meeting between an informant (i.e., an individual who provides information) and an interviewer (i.e., an individual who seeks information). This method will be employed by the author to ascertain data pertaining to the implementation of learning management and nurse education for patients in hospitals. The subjects of the interviews will be the head of the Regional General Hospital, the Chief Nurse, and nurses.
- 2). Observation. Sutrisno Hadi (2016) posits that observation is a complex process, comprising a range of biological and psychological processes. Two of the most significant processes are those of observation and memory.
- 3) Documentation. Document study can be employed as a supplementary methodology to observation and interviews in a study. It is therefore hoped that the research method employed by the author is complete and supports the research. The documents collected by researchers include images and data on learning activities sourced from Zoom, learning tools, interview results, and learning media such as videos.

## **Data Analysis Technique**

Bogdan, RC dan Biklen, SK (2007) defines data analysis as a systematic process of searching and compiling data obtained from interviews, field notes, and other materials, with the objective of facilitating comprehension by both the analyst and the intended audience. The data analysis conducted by the author in this instance will utilise techniques that are in accordance with the nature of the data to be collected, namely qualitative data.

The data collected from interviews, observations, or documentation notes and field notes will be processed by researchers through descriptive methods. The objective is to provide a systematic description and explanation of the event in question, based on the actual circumstances and employing language that is readily comprehensible. The systematic analysis of data is conducted in the following manner:

- 1) A comprehensive examination of all data from a variety of sources.
- 2) A further stage in the process is data reduction, whereby the core elements and essential processes are identified and a summary is produced. This summary should also include any outstanding questions that require further investigation.
- 3) The collation of data in accordance with the research procedures employed.
- 4). A further examination of the data to ascertain its validity.

## **RESULTS AND DISCUSSION**

### **Assessment of Learning Materials**

In order to facilitate the learning process in an educational context, it is necessary to adopt a multi-modal approach that incorporates visual and electronic formats, as well as various distance education techniques and other techniques adapted to the needs of the technology-based 4.0 era. The data obtained from PR-B.1 indicates that:

Prior to the implementation of any plan of action, it is essential to conduct an assessment of the educational needs of patients and their families. This assessment should include the preparation of tools and resources in accordance with the specific requirements of the patients and their families.

In the context of nursing care, the assessment stage represents the initial phase preceding the formulation of learning plans for patients and their families. This stage is designed to ascertain the specific needs that must be addressed in order to facilitate an effective learning process. KR-B.1 states that:

A SPO for the assessment of patients' and families' educational needs is already in place. Previously, the hospital had provided SPOs covering the provision of education to patients and families of patients, regardless of whether they were inpatients or outpatients.

The nursing sector at Regional General Hospital Samratulangi has the following roles and responsibilities:

1. SPO for assessing the educational needs of patients and families.
2. SPO for providing patient and family education for learning, both in the inpatient and outpatient rooms.

### **Lesson Planning**

Planning basically determines the activities to be carried out in the future to achieve goals. This activity is intended to organize various resources so that



the results achieved are as expected (Sabudu, D. et.al, 2023). The objective of the educational programme is to ensure that each patient receives instruction commensurate with their individual requirements. Hospitals implement effective and efficient organisational structures for educational resources. It is therefore incumbent upon hospitals to establish a Hospital Health Promotion (HHP) organisation, create educational services and manage the assignment of all staff providing education in a coordinated manner. The organisation's approach to providing patient and family education is decentralised, with the authority that was originally centralised being divided into several responsible individuals. Each nursing staff member is assigned a specific role and responsibilities in accordance with their clinical authority. Clinical authority is a recommendation for assignment authorised by the hospital director. Clinical authority serves as a reference point for the delineation of nursing staff job descriptions, which are then utilized in the provision of patient and family education. The discrepancies in the provision of educational coverage are classified according to the PK of the nurses in question. Pre-Clinical Nurses (PK Pre-Clinical) are responsible for the initial stages of the basic needs education process, under the supervision of their superiors. Clinical Nurses 1 (PK I) are then responsible for carrying out basic needs education independently. Clinical Nurses II (PKII) is tasked with educational needs in specific areas, followed by the evaluation and formulation of follow-up plans. Finally, Clinical Nurses III (PKIII) is responsible for the same duties as PK II, with the additional responsibility of developing learning plans in specific areas. As stated by a senior nurse (KR-B.2):

As nurses, it is our duty to be prepared to take action when necessary to provide information and education for patients and their families. This is to ensure that they feel comfortable and confident in the medical actions that will be taken, while also providing them with the knowledge that medical staff carry out their duties in accordance with standard operating procedures.

The results of the data collection indicate that the hospital has already developed a plan for the provision of patient and family education. Furthermore, KR-B.2 highlighted the following:

Regional General Hospital Samratulangi adheres to a standard of work implementation that encompasses the provision of education for patients and their families. This is explicitly delineated in the work implementation plan for medical personnel. In addition to performing medical procedures, the hospital also offers education related to non-medical aspects.

In accordance with the stages of nursing care, planning is a stage that is of equal importance to the assessment that was carried out earlier. In order to

ascertain the educational requirements of each patient and their family, it is necessary to conduct an assessment process. This should identify the type of surgery, other invasive procedures, an action plan, care needs and the continuity of care after discharge. This assessment enables the professional caregiver (PPA) to plan and implement the requisite education. Consequently, the determination of learning methods and techniques can be conducted at an early stage during the planning process, with subsequent adaptation during the implementation phase.

### **Learning Implementation**

In carrying out learning activities in the hospital, there is a hierarchical system according to the main tasks and functions. The direction function is seen in the provision of direction for Pre-Clinical PK nurses who receive guidance or mentorship from PK I, II, or III nurses in providing patient and family education. New rookie PK nurses will be mentored by the PPJA and the Head of the Room in performing nursing interventions, especially providing patient and family education. Coaching lasts for one year and then novice PK nurses will follow credentials to obtain clinical authority, clinical assignments, and placement according to the results of the credentials that have been carried out. In accordance with the MKE (Communication and Education Management) guidebook, hospitals use standardised patient education materials and processes on at least the topics listed below:

- 1) The effective and safe use of patient-acquired medicines (not just those prescribed for take-home use), including the potential side effects of medicines;
- 2) The effective and safe use of medical equipment;
- 3) The potential interactions between prescribed drugs and other drugs, including non-prescribed drugs;
- 4) The management of pain;
- 5) The application of rehabilitation techniques;
- 6) The practice of proper hand washing.

In an interview, one of the nursing care nurses in room KR-B.3 stated that:

The role of senior nurses in the implementation of learning for patients is of particular significance, given their proficiency in interpersonal and communication skills. This enables them to optimise the level of achievement of learning objectives. Their commitment to the

implementation of education for patients and families of patients is evident. The stages of implementation align with the planning recorded in the nursing care guide.

The data indicates that nurses who facilitate health learning for patients are predominantly composed of nurses with a longer tenure, or in other words, more senior nurses. These nurses possess a combination of interpersonal and communication skills, as well as a sensitivity to patients, which enables them to identify the most suitable learning method for each individual. The following methods may be employed: demonstration methods, printed instruction methods (e.g. leaflets, pamphlets, etc.), and video methods. These methods are typically adapted to align with the specific needs and circumstances of the patient.

### **Learning Evaluation**

The nurse in a managerial role within the field of health learning is responsible for evaluating and monitoring the job descriptions performed by nursing staff. The evaluation and monitoring processes are based on the standards, policies, regulations, and clinical authority set by the hospital. The control function in providing patient and family education is not yet optimal. The supervision of educational provision has been conducted, but it has not been scheduled and has not employed the use of tools or instruments for the purpose of conducting supervision. The monitoring report on the achievement of quality indicators, patient safety and performance of the work unit in the field of nursing services or the nursing committee does not include an assessment of the provision of education. This is despite the fact that such an assessment is carried out regularly.

The results of the observations indicated that there are multiple avenues for providing patient and family education. These include the assessment of educational needs on the initial assessment form for inpatients, the topic of education provided on the Patient and Family Information and Education Provision form, the evaluation of the implementation of education on the Integrated Patient and Family Information and Education form, and the educational needs of patient preparation for discharge on the Discharge Preparation form. However, these avenues have not been fully applied due to the nurses' primary focus on medical aspects rather than non-medical. The results of an interview with a nurse in charge of the KR-B.3 room indicate that:

In general, the medical condition of the patient is given precedence over non-medical factors. Consequently, the psychological condition and non-medical background of the patient are rarely addressed, on the

assumption that they do not significantly influence the course of treatment during the hospitalisation period.

This assertion is corroborated by the individual in charge of the KR-B.4 room, who has confirmed that:

The psychological state of patients is frequently disregarded due to their reluctance to divulge information about their condition, with the exception of information pertaining to the disease itself.

The psychological condition of patients is regarded as a matter of privacy, with nurses exercising caution in intervening in areas that are considered personal. Moreover, in the process of patient and family learning, educational methodologies must take into account the values and preferences of patients and their families. This necessitates the facilitation of effective communication and interaction between these groups and the clinical staff, ensuring the successful implementation of the educational process.

The opportunity for interaction between staff, patients and their families can provide feedback to ensure that information is understood, useful and usable. Professional caregivers (PPAs) are aware of their respective roles in patient education, which enables them to collaborate more effectively. Such collaboration can facilitate the delivery of comprehensive, consistent and effective information to patients and their families. It is recommended that educational materials be provided in written form. The individual responsible for the inpatient room designated as KR-B.5 is:

It is recommended that general health information be included in the discharge summary. This information encompasses preventive practices pertinent to the patient's condition or health objectives, in addition to educational initiatives designed to address the disease or disability pertinent to the patient's condition.

The implementation of learning in nursing care is carried out in accordance with the SPO established by the hospital, with the objective of ensuring its routine and systematic implementation and facilitating accountability, particularly in the context of supervision. Feedback from patients and families is inextricably linked to the knowledge provided by nurses to patients and families. Patients and families who initially lacked awareness became aware, as well as exhibiting changes in healthy living behaviours. Furthermore, patients and families can be more cautious in their actions, both in terms of prevention and treatment. This is exemplified by the expression PR-A.3:

"Patients who are unaware of a condition can become aware of it, for example, patients with hepatitis can now take care of how to prevent transmission and others." "Patients or families can become aware of information that they were previously unaware of."

The acquisition of knowledge by patients and families from nurses also results in behavioural changes. This is exemplified by the statement made by nurse PR-A.3:

The objective is to enhance one's knowledge base and to effect a change in one's lifestyle. It is possible that the husband is unwell, and the wife is therefore more cautious in order to prevent a recurrence of the husband's illness. For instance, the patient may be encouraged to adopt a more prudent dietary regimen or to engage in other lifestyle modifications designed to enhance their overall health and quality of life.

The statements of the nurses above demonstrate an understanding of the benefits of the educator role for patients and families. Furthermore, nurses anticipate feedback from patients and families, despite the absence of evaluation conducted in accordance with established guidelines or standards. This is inextricably linked to how nurses perceive the implementation of learning in providing education for patients and families.

In order to ensure the quality of learning services, supervision is also carried out. Supervision is a process whereby nursing supervisors provide direction, guidance, and evaluation to nursing staff, with the objective of enhancing their ability to deliver quality nursing care to patients. The majority of nursing staff recognise the importance of supervision in supporting the implementation of quality nursing care. .

## Discussion

The results of the aforementioned research illustrate a number of significant and highly pertinent findings with regard to future health learning management. The following table provides a detailed account of these findings.

Aspec	Focused	Findings
Health Learning Management at Hospital	Assessment	<ol style="list-style-type: none"> <li>1. SPO for providing education is already available in the system Form pengkajian Kebutuhan edukasi masih tumpang tindih</li> <li>2. The availability of learning media and teaching aids in each room still varies so it needs to be optimised.</li> <li>3. The results of observations of the completeness of documentation of the</li> </ol>

	provision of education are still incomplete
Planing	<ol style="list-style-type: none"> <li>1. Learning planning has been contained in hospital documents and nurses only carry out according to SPO</li> <li>2. Have a learning needs assessment SPO</li> </ol>
Actuating	<ol style="list-style-type: none"> <li>1. The implementation of learning in the context of education is not optimal as seen from the documentation of the provision of patient and family education.</li> <li>2. Nurses' logbooks are not yet available on the implementation of patient and family learning</li> <li>3. Implementation is still voluntary because the provision of education has not been assessed on the performance of nurses in the hospital.</li> <li>4. Nurses are still doing non-nursing tasks</li> <li>5. High room nurse mobility</li> </ol>
Evaluation	<ol style="list-style-type: none"> <li>1. Carry out follow-up steps by collecting feed back from patients and families</li> <li>2. Assess changes in patient and family behaviour and attitudes after learning</li> <li>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.</li> </ol>

The results of the analysis presented in the preceding table demonstrate that the hospital has effectively implemented a system of SPO for educating patients, thereby eliminating the need for nurses to independently create SPO. Instead, nurses are simply required to carry out SPO in accordance with the established guidelines. The implementation of the SPO will result in an improvement in the quality of health services. The provision of high-quality health services will have a positive impact on the hospital and on patient and family satisfaction, which in turn will encourage clients to return to the hospital. Client satisfaction can be defined as the level of a person's feelings after comparing the performance (results) to their expectations (Kotler, 2007). Walean et.al (2022) points out that humans can be seen as a determining factor because it is in the hands of humans that all innovations will realize in an effort to realize the company's goals. (The implementation of services within a hospital exerts a significant influence on client satisfaction. The assessment of service

quality in relation to patient satisfaction is concerned with the functional aspects of the service process, namely the tangible aspects, reliability, responsiveness and assurance. Empathy (Supranto, 2001). In contrast, Azwar (1996) posits that the dimensions of satisfaction can be categorised into five distinct areas: the officer-patient relationship, service comfort, freedom of choice, knowledge and technical competence, and service effectiveness. Additionally, safety of action is also a crucial aspect to consider. The dimensions of satisfaction with health services include the following: availability, reasonableness, continuity, acceptance, accessibility, affordability, efficiency, and quality.

It can be posited that patients will feel satisfied if they receive good service and according to their needs. Patient satisfaction can be defined in terms of several factors, including communication, the manner in which nurses convey information to patients, friendliness and the speed with which services are provided, the location of the room layout and the environment, which collectively determine the choice of hospital. Furthermore, the completeness of facilities and the cost of treatment are important considerations in determining the quality of a hospital and achieving patient satisfaction (Budiastuti, 2002). All of these aspects are closely related to the role of nurses as educators in the context of implementing health learning for patients and families in hospitals.

With regard to the existing assessment process in the hospital, which is designed to facilitate patient and family learning, it is observed that there is still considerable overlap. This is due to the fact that each room makes an assessment independently, with no coordination between them. Consequently, there are elements that should be universally applicable to the entire room that are repeated when the assessment is carried out separately and not integrated.

In terms of planning, the document outlines that learning planning is embedded within hospital documents and that nurses adhere to SPO, already having SPO for assessing learning needs at this level. From the perspective of learning planning, this is evident. The hospital has devised a plan of action based on the findings of the assessment, with the objective of implementing a structured and systematic approach to the delivery of healthcare services. However, the planning process remains centralized, with each room adhering to a uniform set of standards that are not tailored to the specific needs of patients in that particular setting. Consequently, there is a clear necessity for a future-oriented approach to learning, one that is grounded in the unique requirements of each room.

In terms of actuating, it is evident that the stages were carried out in accordance with the role of nurses as educators, who function to provide learning or education to patients. However, the implementation of learning in

the context of education is not optimal, as evidenced by the documentation of the provision of patient and family education. Ginting, D et.al (2024) stated that motivated students with a sense of ownership over their learning are more likely to effectively utilize student control options. Motivation plays a vital role in the success of these options as it drives students to engage with the material, explore different choices, and actively participate in the learning process. Documentation is of great importance in the learning process, as it provides a reference for nurses and patients regarding the activities that have been and will be carried out in the future. Meanwhile, the nurse's logbook does not yet contain any information about the implementation of patient and family learning. This is a significant factor contributing to nurses' lack of attention to the educational aspects of patients and families.

In order to facilitate the voluntary implementation of learning as Nasution, S (2019) pointed out that The process of learning can be defined as a pattern of interaction and communication between teachers and learners with the intention of acquiring knowledge, developing attitudes, acquiring skills, or exploring what is learnt., it is necessary to assess the performance of nurses in hospitals with regard to the provision of education. The term "voluntary" implies that nurses perceive the provision of education or learning to patients as a discretionary act, which is often overlooked or even absent unless prompted by the patient. Furthermore, it was discovered that nurses were still engaged in non-nursing tasks that could potentially impede the delivery of their primary responsibilities. This was compounded by the high mobility of nurses, who were frequently required to attend to urgent or vital matters.

The evaluation aspect represents a pivotal stage of the management function, as it serves to determine the extent to which health learning can be effectively managed in accordance with the health learning management function. It is necessary to implement follow-up steps by collecting feedback from patients and families and assessing changes in the behaviour and attitudes of patients and families following the learning process.

## **CONCLUSION**

The assessment of patient and family health learning in Regional General Hospital Samratulangi, has been conducted, although it is still at a limited level and is still internal. The planning of patient and family health learning in two hospitals, namely Regional General Hospital Samratulangi, has been initiated, although it is still centralised and still very limited at the hospital level. It has not yet been implemented at the level of the rooms. The actuating of patient health learning in Regional General Hospital Samratulangi, is not yet optimal. Nurses perceive that the activity logbook lacks content on learning and



health education for patients and families, which leads to the conclusion that this activity is not mandatory, particularly given that it is not a performance assessment for nurses. The evaluation of patient and family health learning has been conducted, albeit in a limited manner. This is due to the fact that learning plans are not created at the room level, which means that the activity does not address the specific needs of each room. Furthermore, feedback from patients is often requested in order to obtain feedback that can be used to inform further activities. The challenges and obstacles encountered in the form of challenges from the health institution itself, namely the lack of carrying capacity both from the administration and the service system provided as well as from the human resources in the hospital, have limited the knowledge about health learning management in hospitals. Consequently, it is recommended that the hospital be advised to provide health learning management guidelines so that all elements concerned in health services have a reference in implementing health learning management.

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