

# Development of Clinical Learning Model : Continuity of Care (COC)

## Maternity Nursing Stage for Ners Profession Program

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### ABSTRACT

**Background:** MMR from Central Java Health Office is quite high 619 per 100,000 live births. Maternity nursing services by students have not been implemented continuously (Continuity of Care). The objective of the study was to develop a CoC clinical learning model in the maternity nursing profession. **Method:** The research method used *mixed* method with *quasi experiment one group design* to know the quality of maternity nursing care with CoC model. Qualitative research through FGD to explore the understanding of CoC learning model. The sample is 30 people. Instruments were used *tool kits* assessment, assessment forms and interview guides. **Results:** There were significant differences between the intervention group and the control group in the evaluation, documenting the nursing care with p value 0,000. The CoC learning model shows a positive experience of clinical learning in providing nursing care, enhancing competence and being developed on an ongoing basis. **Conclusions and Recommendations:** The CoC learning model improves students' understanding of nursing care. Research can be continued to improve maternal and fetal health, child birth safety, maternal and infant health.

*Key Words:* Continuity of Care, practice of maternity nursing, ners profession.

### INTRODUCTION

Based on the result of Indonesia Demographic and Health Survey (IDHS) in 2012, maternal mortality (MMR) and infant mortality rate (IMR) is still high. MMR of 208 / 100.000 live birth, while IMR 32/1000 live birth (DoH RI, 2012). The target of MDGs in 2015 is expected to decrease MMR to 102 / 100,000 live births and IMR 23/1. 000 live births (MOH, 2012). Data from the Central Java health profile in 2015, an unreported MMR of 619 per 100,000 live births, while the reported MMR was 111.16 per live birth. An unreported IMB of 5,571 per 1,000

survivors, while 10 per 1,000 live births were reported.

Until the time stipulated, MDGs can not reach the target, finally the agreement on Sustainable Development Goals (SDGs) until the year 2030 the number of MMR and IMR is expected to decline. The Government of Indonesia has enacted decentralized development to improve the quality of life of citizens. This can be seen in performance practices starting from environmental hygiene to school quality and health care (Hoelman Mickael B, et al; 2015).

Quality of health services can be realized if the health team, that is the nurse

get a provision of science and knowledge that qualified. Nursing is a profession that devoted to human and humanity, prioritizing the health interests of the client, a form of humanistic service, using a holistic approach and implemented on the basis of nursing science and tips, and using the nursing ethics code as the main guidance in implementing nursing care. Referring to the concept of nursing services that are humanistic and holistic, then the students need to be equipped with quality clinical education. This is in line with one of the strategic plans billed by the International Council of Nursing (ICN) 2011-2014, that nursing actions must be qualified to all patients, the advancement of nursing knowledge (ICN, 2011). In the provision of quality nursing care of maternity, it requires continuous care action (continuity of care).

Maternity nursing is one form of continuous care professional care directed to Women of Childbearing Age (WCA) relating to the reproductive system, pregnancy, labor, childbirth, between two pregnancies and newborns up to the age of 40 days, along with her family, focuses on meeting basic needs in adapting physically and psychosocially to achieve family welfare using the nursing process approach. The philosophy of nursing maternity, that the provision of family centered maternity care, family-oriented,

community-oriented, and nursing care based on the theory of nursing. Through tracing the learning process of nursing profession at maternity nursing stages in the academic year 2015-2016 in some hospitals (RS) cooperation with Stikes Karya Husada Semarang, that students get assignment in the form of target nurse care in period of antenatal care, intranatal care and postnatal care. The result of the assignment is that the students only do the assignment targets, then the responses are done by clinical and academic supervisors. The result of the responses showed that the students do not mastering the cases and nursing care that has been given to the patient, while the sustainability of maternal and child health from the provision of nursing care is no longer known. This is a problem because in sustainability the students do not know the progress of the patient's health. The target assignment model in the maternity nursing stages is considered irrelevant to the outcome of the optimization of the students' ability in managing nursing care in plenary. The target assignment model is already fragmented in the clinical education setting. The target assignment model of the case without being accompanied by a continuous experience of nursing care (*Continuity of Care*) is also contrary to the content and philosophy of nursing maternity. Thus, A clinical learning model

for maternity nursing is need to be done as an alternative solution to answer the problem. Through the development of clinical learning model (CoC) inspired by the philosophy of maternity nursing by adapting students to the CoC model, is expected to be a solution to the problem of clinical learning model. So this CoC learning model can also contribute acceleration of MMR and IMR decrease. The aim of the study was to develop a model of clinical learning in ners profession stages of maternity that is inspired by the philosophy of nursing care. Urgency of this research was to increase student's clinical learning competency in giving nursing care to contribute in decreasing MMR and IMR.

## MATERIALS AND METHODS

Type of research using *mixed methode* that was combining kinds of quantitative and qualitative research. The design of this research were used *quasy experiment* method that was a design that aims to reveal causal relationship by involving control group in addition to experimental group but group selection does not use random technique (Nursalam, 2008). The approach were used *two group posttest design only*, in where the design using comparison group / control (Notoatmodjo, 2012). Meanwhile, to explore students' understanding of CoC

learning model, the researcher used qualitative research method with phenomenology approach through FGD. The population of this study were all students of Ners Profession STIKes Karya Husada Semarang who practice in the Maternity Nursing Stage at partner hospital, as many as 30 students. The sample of this research were professional students who were practicing in the Maternity Room at RS Panti Wilasa Citarum Semarang and RS Bhakti Wira Tamtama Semarang each of 15 students. The sampling technique were used purposive sampling.

## RESULTS

Learning profession of nursing maternity stages using CoC approach can be described the continuity of nursing and there is quality of nursing care documentation. Documentation of nursing care is one indicator of the success of students in providing maternity nursing care. There is an intervention and control group to know the quality of nursing care documentation. The result of univariate analysis of intervention group obtained data as follows:

Table 3.1 Documentation of Maternity Nursing Care Intervention Group.

Doc. of Maternity Nursing Care	Mean	Media	Min.	Max
	92.07	93.00	80	98
	7			

Table 3.1 shows the mean value of the intervention group documentation is 92.07, with a minimum score of 80 and a maximum of 98.

Table 3.2 Documentation of Maternity Nursing Care Control Group

Doc. of Maternity Nursing Care	Mean	Media	Min.	Max
	69.33	70.00	60	75

Table 3.2 shows the average value of the control group maternity nursing care documentation is 69.33, with a minimum value of 60 and maximum 75. The result of bivariate analysis is obtained as follows:

Table 3.3 Comparison of Maternity Nursing Care Documentation in Intervention and Control Group

Group	N	Mean Rank	P value
Intervention	15	23.00	0.000
Control	15	8.00	

Table 3.3 shows comparison of of Maternity Nursing Care Documentation in Intervention and Control Group, statistical

test results obtained p value = 0.000, with alpha 5% seen there is a significant difference in maternity nursing care documentation in intervention and control group.

Data analysis using qualitative method is used to explore students' understanding of CoC learning model. Results of interviews to 15 students using FGD obtained category: CoC learning model showed positive experience of clinical learning in providing nursing care based on the philosophy of nursing maternity. There are implications in the improvement of competence in providing maternity nursing care. Learning CoC model can be developed continuously and continuously.

## DISCUSSION

Maternity nursing is one form of nursing professional service aimed at Women of Childbearing Age (WCA) related to reproductive system, pregnancy, labor, childbirth, between two pregnancies and newborns until the age of 40 days, along with their family, focusing on fulfillment the basic needs in adapting physically and psychosocially to achieve family welfare by using nursing process approach. Therefore, the maternity nurse must have qualifications in providing maternity nursing care. The decline in MMR and IMR is still a priority health program in Indonesia. Nurses as nursing

care giver have a strategic position to play a role in accelerating the reduction of MMR and IMR. One effort to improve the qualifications of the maternity nurse by applying the Continuity of Care (CoC) model in clinical education.

In providing maternity nursing care, students use the CoC model approach. The results of this study indicate that there are significant differences between the intervention group and the control group in the evaluation, documenting nursing care with p value 0,000. From the analysis to the report of nursing care of students there are differences in the quality of nursing care and its documentation and evaluation conducted by the students through home visit.

Nursing care is a document or record containing data about the state of the patient seen not only from the level of illness but also by the type, quality and quantity of services that the nurse has provided to fulfill the patient's needs (Ali, 2010). In this research there are benefits in documenting nursing care conducted by students, those are: 1) Nursing documentation that made is legal aspect in front of law. Documentation is proof of note from the action provided and as a basis for protecting patients, nurses and institutions. 2). The quality of nursing services can be measured and compared

between the nursing actions given to the standards established by the hospital, so the students can be known in the clinic practice of providing the nursing care in accordance with the established standard. 3). This nursing documentation can be used as a reference for nursing students.

Nursing care is very important for a nurse. The ability of students in providing good service and effectively communicating about patient care depends on how well the quality of the information provided and the documentation provided for all health professionals and across health services. Continuity of care is a very important dimension in providing maternity nursing care to improve the quality of care. The continuity of nursing care is a relationship that is generally highly regarded by patients, nurses, and families. The proof is the quality of evaluation and documentation of nursing care that refers to better patient health outcomes.

The CoC learning model shows a positive experience of clinical learning in providing nursing care based on the philosophy of nursing maternity. Students are able to provide nursing care in plenary to the patient. The strength of the CoC experience is the concept of patient-based learning. Students learn directly from patients, and from other health care providers, then students consolidate their

understanding of the philosophy of nursing maternity into clinical practice. The results of this study were reinforced by a similar study, ie the clinical education model of obstetric students known as the case-loading students at Bournemouth University. This study explores the experience of undergraduate midwifery students, that students appreciate the opportunity to develop relationships with women and identify experiences providing follow-up care.

There are implications in the improvement of competence in providing maternity nursing care. The results of this study are reinforced by a study conducted by Yanti, et al in 2015 entitled "*Students' understanding of" Women-Centred Care Philosophy "in midwifery care through Continuity of Care (CoC) learning model: aquasi-experimental study'*. CoC model contributes positively to Maternal and Child Health (MCH) service that is pregnant mother which become case of treatment group does not happen death so CoC model can be used as one of

#### **KEPUSTAKAAN**

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acceleration effort of MMR and IMR decrease in Indonesia.

CoC Learning model can be developed continuously and sustainable. The development of the CoC clinical learning model is the placement of clinical learning as the ideal setting to explore how the student experience influences their understanding of providing maternity nursing care.

The CoC learning model has been proven to provide a more contextual and professional learning experience for the professional practice of maternity stages.

#### **CONCLUSIONS AND SUGGESTIONS**

CoC learning model can improve students understanding in providing nursing care based on the philosophy of nursing maternity. So as to improve the quality of nursing care and documentation that ultimately can improve maternal and infant health. This study can be continued to improve maternal and fetal health, child birth safety, improving maternal and infant health.

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