The Effect Inayah Outpatient Nursing Care (IONC) Model on Self Care and Client Satisfaction in Outpatient General Hospital

[1]Iin Inayah*, [2]Budi Anna Keliat, [3]Rr. Tutik Sri Haryati, [4]Besral

[1] *School of Health Sciences Jenderal Achmad Yani Cimahi*
[2,3] *Faculty of Nursing, University of Indonesia*
[4] *Faculty of Public Health, University of Indonesia*
*Email: driininayahmkep@gmail.com

Abstract

Application of nursing care in outpatient general hospital is not optimal. Problems found are clients still do not have the ability to self-care, have not been satisfied with the nursing care, and no information on self-care. This study aimed to identify the effect of Inayah outpatient nursing care (IONC) models against self-care and client satisfaction in outpatient public hospital. This study uses a quantitative method with quasi-experimental design and analysis of test-T, multiple linear regression and R Square to assess the suitability Fit Model. Interventions conducted on 9 nurses in medical-surgical outpatient trained to use the model, after the nurse implements at 1000 client as the intervention group and the control group of 1000 clients in outpatient. The results showed an increase in the ability of self-care and client satisfaction were significantly higher than those who did not. The most influential factor is the implementation IONC model, and the model proved to be fit. Model IONC should take place in a outpatient general hospital.

Keywords: IONC models, self care, satisfaction

Introduction

Outpatient nursing services currently require outpatient nurse, as a satellite outpatient hospital-based community (Blessington, 2013). Health Ministry's Strategic Plan 2015 - 2019 focuses on promotive and preventive, rather than curative and rehabilitative. Based on that outpatient care is health care that are directly related to public health services and is the first door, a marketing and development program focused on the goal of public health is very important and will determine the brand image of a hospital in delivering client satisfaction.

External customer satisfaction as a client on outpatient services will determine the loyalty of clients to continue treatment at the hospital or not. Client satisfaction is one indicator of the quality of services delivered to clients in addition to the services provided in accordance with established standards. The level of client satisfaction is a feeling that arises as a result of the performance of health services obtained after comparing it with the client what she expected (Qiaoli, 2009). Aspects of client satisfaction include the satisfaction of physical, mental and social clients. Satisfaction with the hospital environment, namely convenience, speed, accuracy of service, friendliness, attention, privacy, and so on.

Preliminary studies on clients in outpatient carried out through observation and interviews at the two hospitals, namely RS and RS Dustira Cimahi Cibinong, Bogor regency. On December 12 to March 14, 2012 to the 12 respondents in the Outpatient Installation consists of the client General, Department, Askes and Contractors, conveyed client complaints regarding the quality of health services, especially in the outpatient Hospital Level II Dustira Cimahi which causes the client not satisfied,

namely the lack of information obtained from the nurse, unclear nursing actions, nurses less friendly and responsive to client complaints, and the length of waiting time of inspection.

The results of the interview 10 clients in outpatient installation in Cibinong Hospital, a client complained about the lack of information the client's health problems, the role of nurses is minimal and the client does not know the role of nurses. Clients said that the role of nurses in outpatient care, which looks duties of nurses is calling clients and measure blood pressure. Nurses rarely seen health counseling on an outpatient clients. Most clients say nurse outpatient less responsive to the client's problem. Clients also complain of frequent recurrence of the same health problems due to ignorance in caring for him after receiving hospital treatment. This is in contrast to the concept of primary care, as a frontline hospital, the nurse must always be ready, quick to respond to any client problems and exercise authority in carrying out clinical nurse nursing care on each unit, including a hospital outpatient department.

Preliminary study on nurse outpatient observation and interviews at 12 hospitals, namely Cibabat Hospital, Dustira Hospital, RS Rajawali, Eka Hospital, Sukabumi Hospital, Cianjur Hospital, Subang Hospital, PMI Hospital, Lung Hospital Cisarua, Cengkareng Hospital, Hermina Jakarta Hospital and Syloam Hospital. Outpatient nurse at the hospital said some not yet providing nursing care on an outpatient basis. Description of the tasks of nurses in outpatient installation, just call the client, the client administration and measuring blood pressure and body weight clients. Outpatient nurses perform tasks appropriate job description hospital, while the outpatient nurse job descriptions set MoH RI in which there is health education. Based on this, the role of the professional nurse in the outpatient yet implement nursing care.

At installation outpatient public hospital, according to hospital nursing field Cibabat, some nurses who want service in the outpatient department because they want the morning only. Based accreditation and job descriptions of nurses outpatient nursing care is required to make, but generally not done, caregivers generally confused in working and also documenting nursing care is very complicated, difficult to put together in a client cards, and often lost and rejected at the medical record. From the description can be perceived nursing management is not optimal on an outpatient basis.

According to discussions conducted on 57 nurses from seven hospitals in West Java (Cibabat Hospital , Dustira Hospital, Rajawali Hospital, Eka Hospital, Sukabumi Hospital, Cianjur Hospital, and Subang Hospital) on 23 September 2012 in which 6 of them are nurses care roads and emergency services to discuss the lack of the role of nurses in outpatient care that can reduce nurse competence. At another meeting with 30 nurses from three hospitals in West Java (PMI Hospital, Lung Hospital Cisarua), at a meeting in Santosa Hospital on September 19, 2012, in which four of them are room nurse outpatient and emergency department, said that nurses in space outpatient nursing skills tend to decrease, as a result of the lack of nursing care in outpatient, his task more for treatment and routine measurement of vital signs, as well as nurses rarely recognized health education. This statement is recognized by other nurses, where there are no standards of nursing care in the outpatient hall. Nurses in outpatient more of a role as the administration, there has been no standard format or nursing care nursing notes and input raw professional nursing role in outpatient installation.

At another meeting on 21 and May 24, 2013 at Hermina Hospital outpatient nurse said that the act of nursing in outpatient yet optimal. Nurses outpatient Cengkareng Hospital, Eka Hospital and Syloam Hospital said that in the existing format outpatient nursing care but the nursing actions were not there for outpatient care, nursing actions in the new outpatient health education, there is no other nursing actions.

Nurses in implementing nursing services, also affected the comparison between the nurse and the number of clients. Based on reports from several hospitals in preliminary studies, said that the comparison of the nurse and the client is 1: 20 in each shift. In this case the need for effectiveness of nursing care services are really needed by the client outpatient with limited time. Conditions of this limited time can not be a reason not nursing care provided to clients of outpatient hospital.

Conditions such as these can make the quality of outpatient care and less than optimal client satisfaction. Aspects of quality is an issue that must be considered by the hospital. While in 2014 the user's client hospitals began to use health insurance for free, and is necessary to guarantee the quality of outpatient hospital optimal. While the hospital has been using international standards accreditation, outpatient services already using the documentation of nursing care, health education, but the role of nurses have not had autonomy in providing nursing actions. The phenomenon that makes the researchers

are interested to conduct further research on the application of the model of outpatient nursing care to self care and client satisfaction in the hospital.

Method

Implementation of the study consisted of three phases. The first stage is the stage of exploratory research (client satisfaction outpatient observation outpatient nursing services and nursing diagnoses ten priorities in outpatient). The second stage is the stage of development of the model. The third stage is the stage of trial models of Nursing Outpatient Inayah (IONC). The results of this study describes the results of the three stages of the research.

Stage Exploration Results Client Satisfaction Research on Nurse Outpatient Services, Overview Implementation of Outpatient and Nursing Diagnosis Big Ten Priorities in Outpatient Hospital
The study consisted of three exploratory research is on client satisfaction towards nursing care in outpatient clients received, the implementation of nursing care in outpatient and research on the most common nursing diagnosis experienced by clients.

Results

1. Client Satisfaction in Nursing in Nursing Care in the Outpatient Hospital

Based on Table 1, 100 clients who visited the General Hospital of Integrated Outpatient Bogor, the highest satisfied 30% on two items, ie on several nurses mentioned the problem of nursing clients, and some nurses motivate the client attempts to recover. Lowest satisfaction of the client in the amount of 10% seen in some clients expressed continuing nursing education for themselves at home. The average satisfaction is 22%, still low, so all indicators of satisfaction assessment was included in model development IONC. Other exploration results of observation implementation of services performed by nurses outpatient.

2. Observation Nurses in Nursing Care in the Outpatient General Hospital

Based on Table 2, from 9 nurses who worked in the medical-surgical outpatient public hospital, the highest ministry as 100% on the second item, on all nurses to collect data on the client and measure vital signs and body weight clients. Nursing services at 10% low seen in some of the nurses carry out stages of orientation, work and evaluation, some nurses carry out the education of nursing in home as well as some nurses examined data for client focus. But the average nursing services only reach 37%. Results observation nursing services is still low, so that all the indicators included in the model IONC. The results of that picture ten other exploration priorities nursing diagnoses, performed on 100 clients who visited the outpatient General Hospital, is shown in Table 3.

3. Nursing Diagnosis Clients Big Ten Priorities in Outpatient General Hospital

The third study explores the most common nursing diagnosis experienced by clients based on the primary complaints.

Based on Table 3 of 100 clients in the adult medical-surgical outpatient public hospital, there are 25 major complaint, and taken 10 main complaint most. The main complaint is almost entirely client complained of pain (90%). This is in accordance with the national accreditation policy (KARS, 2012) and international (JCI, 2014) which makes the pain as part of the accreditation assessment indicators. The main complaint is the seventh lowest 30% are in their wounds are difficult to heal the diabetic client / gangrene, burns, cancer and injuries from skin allergy. Most of the 10 major complaint, along with the assessment results of physical examination data is client focus, analyzed based classified in the 2015-2017 NANDA nursing diagnoses.

Based on Table 3, the pain is the highest rating that is generally always complained of outpatients. More ratings of nursing diagnoses complained of outpatients complained appropriate client other than the chief complaint of pain, namely airway clearance less effective, less effective breathing patterns, decreased peripheral tissue perfusion, hiperthermi, physical mobility barriers, and damage to skin integrity.

The nursing diagnosis nutrition, anxiety and lack of knowledge, generally accompanying a nursing diagnosis of any major emerging nursing diagnosis. Each outpatient clients generally have one to seven nursing diagnosis can occur concurrently. Ten priorities diagnosis is incorporated into the model IONC.

Results Development Phase Model IONC
The results of the development phase of this model consists of models IONC, groove IONC and training curriculum IONC Model.

Model IONC
Model IONC is sintesan results of exploratory research, literature, consul experts, promoters and kopromotor, as well as inputs testers. Model Development IONC produce Nursing Documentation IONC (ND-IONC), Guide Nursing Proccess IONC (GNP-IONC), Guide Operating Procedures IONC (GOP-IONC), Strategic Communication Approach IONC (SCA-IONC) , Evaluation Sheet Self Care IONC (ESSC-IONC), and Client Satisfaction Evaluation Sheet IONC (CSES-IONC).

Table 1 Client Satisfaction in Nursing in Nursing Care in the Outpatient Hospital (n 100)

No	Complaint	%
1	Nurses mentioned the problem of nursing clients	30
2	Nurses not given outpatient treatment at the action	27
3	Nurse explains how self-care clients at home.	10
4	Nurses and families involved in the client's nursing information.	20
5	Nurses provide information supporting a safe environment for clients at home.	15
6	Nurse asks the client's family to help care client.	20
7	Nurse asks the client's family to motivate and increase client confidence to recover her health.	30
	Average	**22**
	Min – Max	**10 – 30**

when the client enters the outpatient hospital. Research results shown in Table 3.

Table 2 Observations Implementation Services Performed by Nurses Nurse Executive Implement nursing care in Outpatient Hospital (n 9)

No	Nursing Process	%
1	Nurses carry out the stages of orientation, employment and termination, in the content of nursing care and edukasinya.	10
2	Nurses to collect data on the client.	100
3	Nurses check vital signs and weight loss clients.	100
4	Nurses educate nursing diagnoses based clients.	10
5	Nurses examined data focus for professional nursing diagnosis	10
6	Nurses and professional nursing diagnosis	30
7	Nurses determine nursing interventions to be performed.	20
8	Nurses do the implementation of nursing	20
9	Nurses perform formative evaluation	30
	Average	**37**
	Min – Max	**10 – 100**

Nursing Documentation in outpatient (ND-IONC), is nursing care documentation with a format that refers to the national and international accreditation standards, comprehensive approach to self-care and client satisfaction, which can be done with limited time in an outpatient hospital. ND-IONC using assessment

data is the focus of the client, with the main complaint based on a client who came to an outpatient hospital. ND-IONC developed by 10 main priority nursing diagnosis outpatient hospital, which are the result of evidence base before ND-IONC developed.

Table 3 Nursing Diagnosis Frequent in Room Ambulatory and Surgical Hospital Poli In Integrated Health Home Dhuafa Wallet Parung Bogor
(N 100)

No	Nursing Diagnosis Priority	%
1	Pain	90
2	Airway clearance less effective	70
3	Breathing patterns less effective	70
4	Hiperthermi	70
5	Decrease in peripheral tissue perfusion	70
6	Barriers to physical mobility	60
7	Damage to skin integrity	30
	Nursing Diagnosis Secondary	
8	Less Knowledge	100
9	Nutritional deficits	90
10	Anxietas	90
	Min – Max	**30 - 100**

ND-IONC have a recording system that is practical, where a selection of items assessment, nursing diagnosis, implementation, evaluation of nursing mostly directly diceklist by nurses outpatient. ND-IONC it is possible to be continued into the Nursing System Information Management (SIM) Hospital. ND-IONC have a strong legal aspect, in which the name of the nurse, nursing care processes implemented date, signature nurse. ND-IONC have a record integrated with other medical staff in the outpatient hospital, according to hospital accreditation standards. ND-IONC pay attention to the safety of nurses / staff and clients. ND-IONC have grooves follow-up after hospital outpatient services, a referral from an outpatient hospital, whether the control back, hospitalization, home care, or other reference. Devices nursing care research results have shown attached. IONC models can be seen in figure 1.
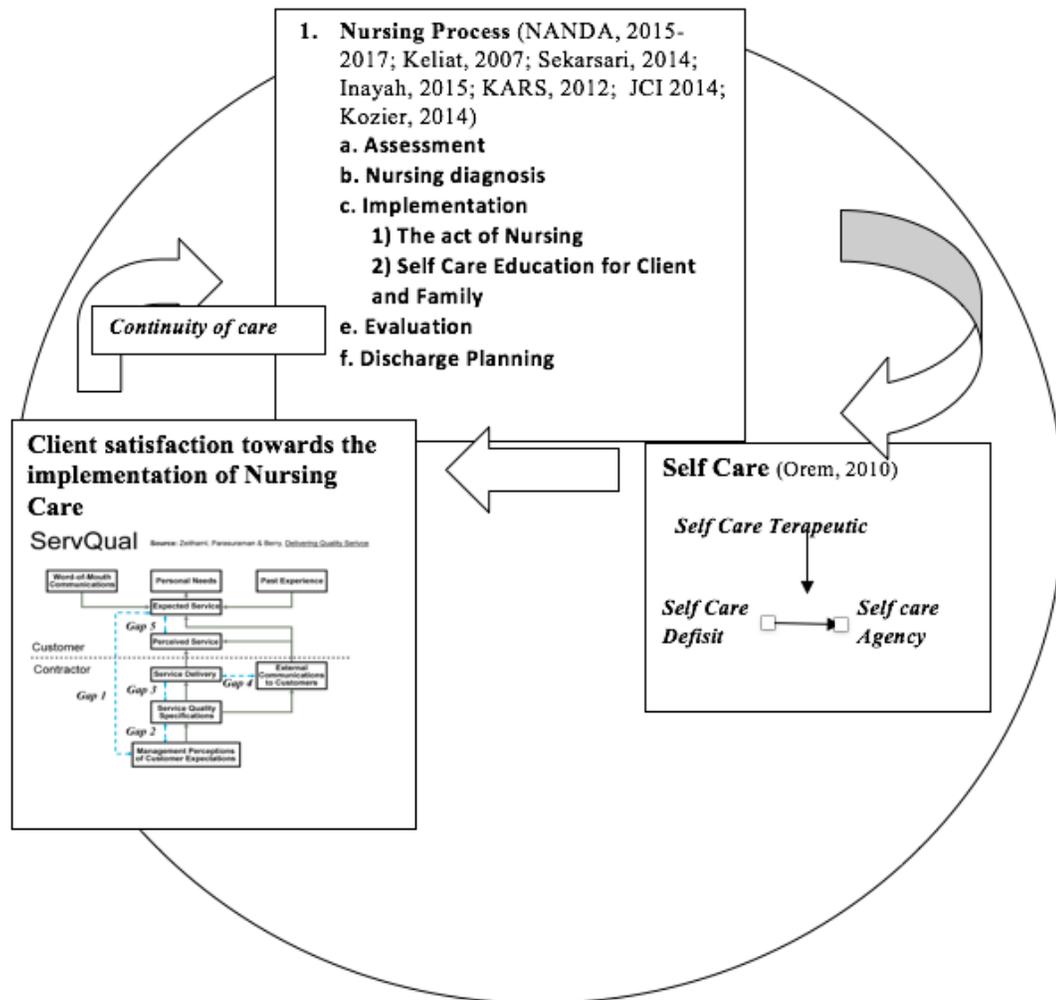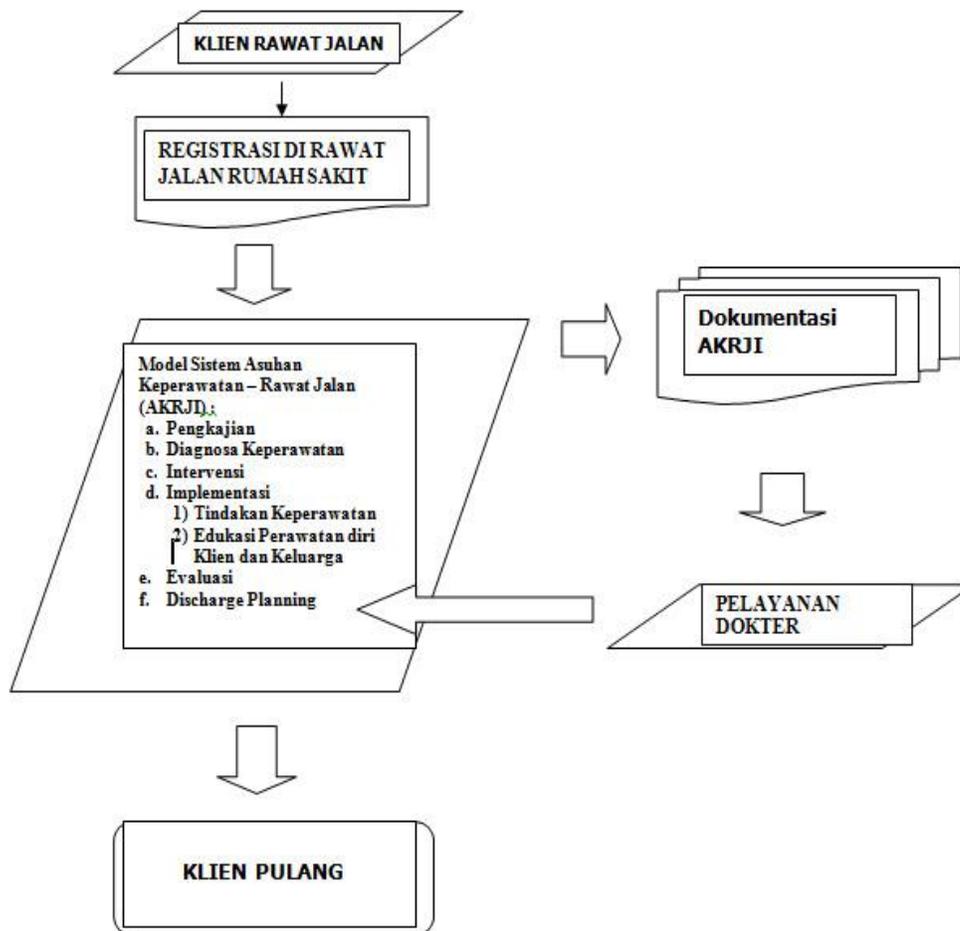
Fig 1. IONC Model

Fig 2. Flow IONC Model

In picture 1 depicted Model IONC, which in this model nurse outpatient clinical exercise authority in implementing nursing care by providing services, education and self-care as the issue of nursing clients and client satisfaction approach. IONC was conducted by 10 major priority nursing diagnoses in the outpatient hall. IONC executed within approximately 15 minutes of each client, and executed when a client after enrollment in outpatient, before the client gets the doctor's services. The nursing diagnosis can be made before the medical diagnosis is made. IONC do with the process of communication, orientation-stage phase-termination of work performed in an outpatient hospital. IONC using therapeutic communication guidelines in accordance with the client's nursing problems. IONC done by providing inform concern, carry out the process of nursing care using data from client focus, provides nursing actions that can be performed in outpatient care, educating self care to clients and families as well as provide a questionnaire client satisfaction after getting nursing care in outpatient, ended with provide follow-up plan (planning return / discharge planning) after doctors in outpatient services.

IONC filled integrated with other health professionals in the ambulatory space, and evaluate the safety of the client (patient safety) as well as other initial assessment according to the principles of accreditation. in the plan follow-up IONC can proceed with other services in the hospital, or home care / independent practice nurses. IONC optimize promotive and preventive, and rehabilitative besides caretif. This model is implemented by grooves in the diagram 2.

Training Curriculum IONC Model
IONC model training curriculum consists of a pre-test, post-test training materials. Pre and post test consists of a minimum of two trials of three components of the knowledge, skill and atitude. In this study tested the knowledge and skills of participants. The training material consists of training objectives, training benefits, explanations and guidelines and application modules IONC model practices. After the explanation of the material, the participants carried out a post test. Furthermore, participants carry IONC Model practice with mentoring and post test conducted on the extent to pass the gold standard is a minimum value of 80.

Results Stage Trial Implementation IONC Model
The results of the pilot phase of the intervention consisted of training results IONC models and test results IONC Model implementation.

Training Model IONC to Knowledge and Skills Nursing Care Outpatient
Before and after training, outpatient nurses assessed knowledge and ability to run the devices outpatient nursing care (IONC). Picture 3 shows the knowledge of nurses at 3 times the measurement, at 9 nurses in outpatient general hospital.

Based on picture 3, from 9 nurses in outpatient General Hospital, who conducted the knowledge test before, after training and a month after the intervention found that the prior training lowest score is 44 and the highest score is 76. Value after training 64 lowest and the highest grade 80 . Value after one month of intervention, the lowest and highest 90 94. Value shows the nurse has passed the gold standard to continue the implementation of the model IONC.

Tabel 4. IONC Impelentation

Variable	Mean	Difference	Min - Max	p-value	N
Knowledge Nurse					
Pre Test	58	32	44 – 76	< 0,0001	9
Post Test	70	16	64 – 80		9
>1 mounth intervension	92	4	90 – 94		

Based on this research, seen a significant influence on changes in knowledge training nurses in nursing care outpatient hospital. Marked with a p-value <α, ie <0.0001. On average the final value of nurses is 93. In the item of knowledge, a higher value on the role and duties of nurses in outpatient, but the item implementation of nursing care and self-care education and standards of satisfaction in outpatient getting smaller value at the time before training or before the intervention. 1 month after the intervention value nursing care and self-care education and standards of satisfaction in outpatient get value exceeds the limit passed with 88 to 100.

In picture 4 indicates a significant increase nursing skills change in outpatients with p-value <0.0001 (p-value <α). Where the pre-test before the intervention skills of nurses is a minimum value of 64 and a maximum value of 69. In the first months after the intervention, nursing care skills of nurses in outpatient obtain a minimum value of 83 and a maximum value of 90.

Tabel 5 Implementing Nurse Skills in Application of Nursing

Variable	Mean	Diference	Min - Max	p-value	N
Skill Nurse					
Pre Test	58	5	64 – 69	< 0,0001	9
Post Test	70	10	76 – 86		9
>1 mounth	92	7	83 - 90		

intervension

The nurse's ability in applying nursing care after training and after the mentoring process look like in Figure 4 which shows the entire primary nurse on measuring all three have had the ability to apply score nursing care in hospital outpatient required is> 80. Once all nurses have competence in implementing outpatient nursing care, nursing care nurse outpatient implement this with a focus on the implementation of nursing care 10 nursing diagnosis has been made before.

Testing IONC Effect Model to Enhance Self-care and Client Satisfaction

Testing the effect of nursing care hospital outpatient towards self-care and patient satisfaction has five research results. The first part is the effect of the model of the 10 self-care IONC clients. The second part is the effect IONC models to client satisfaction. The third part of self-care relationship with client satisfaction. The fourth section reveals the factors affecting self-care clients and suitability of the model fit. The fifth part reveals the factors that affect client satisfaction and fit model.

Characteristics of clients in this research homogeneous, at the age of middle age and up. Men and women in this study balanced. Client education generally on primary and secondary education. Work clients mostly laborers, merchants and employees.

The Effect of Self Care Before and After the Implementation Model IONC the Control Group and Intervention

In the graph of self-care and intervention control group there were significant changes, in which the control group there was no change. Overall results of data showing the effect of the intervention on self-care change clients in outpatient hospital, shown in picture 3.

Based on the results of T-test analysis, found that there were significant differences based on the results mean and p-value less than 0.005 (p-value = <0.0001) on the difference before and after the intervention of nursing care outpatient (IONC) on 10 diagnosis the main nursing in outpatient hospital. In this case, the client's self-care in outpatient care can increase self-care after nursing care and education by nurses outpatient home sick. The highest difference in clients with pain, where the pain, almost always perceived client on each client's health problems experienced. In the interventions nurses, clients feel the pain perceived change in pain scale clients generally there are at least one pain scale changes after the intervention. Similarly, changes which greatly helps the client on changes in breathing patterns. Diagnosis is experienced with symptoms of shortness of breath, which generally occurs because of asthma. Clients greatly assisted by nursing actions that help facilitate clients to loosen airway client, so the client gets easier to breathe.
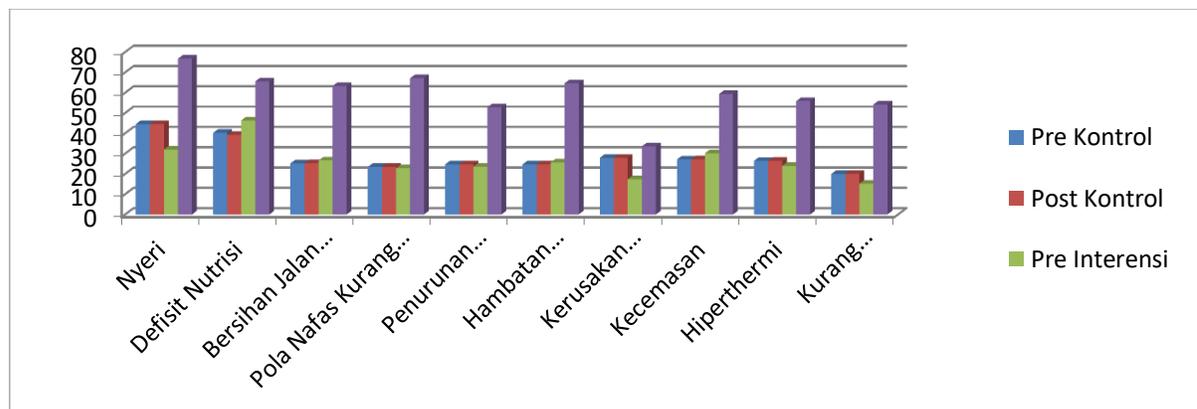

Fig 3. Graph Pre Post Control and Intervention IONC Models
to Self Care Clients

Mean the smallest difference in this intervention nutritional deficiencies seen on the client, where the mean was already high before the intervention. This can occur where healthy nutrition information and ways of processing nutrients and diets for clients with a variety of health problems, the client can get from a variety of sources of information. Unlike the mean difference the smallest, namely on clients with damage to skin integrity, nursing actions focused self-care for nursing wounds and change dressings on the clients very rarely obtained and are taught by nurses to self-care independence of clients in her home, with the effective procedure for nursing skin integrity in non-infectious tissue / red network. Actions (manual operating procedures) nursing care self care in clients with damage to skin integrity is longer procedure skills compared to other procedures, so the act of nursing damage to skin integrity should be several meetings nurse with clients in outpatient, before the client can be removed independently to perform nursing self skin integrity. Basically all self-care in ten major nursing diagnosis, wholly experienced significant changes in self-care.

Differences Satisfaction Before and After the Implementation IONC Model the Control Group and Intrvensi
Based on picture 6, shows that before the intervention data showed the lowest satisfaction with 21 almost entirely in terms of giving consent form (inform concern) outpatient signed. The highest difference in clients with pain, where the pain, almost always perceived client on each client's health problems experienced. On the results of the intervention 10 major nursing diagnosis results obtained entirely undergo significant changes in satisfaction, comes from changes increase the mean and p-value less than 0.005 (p-value   =
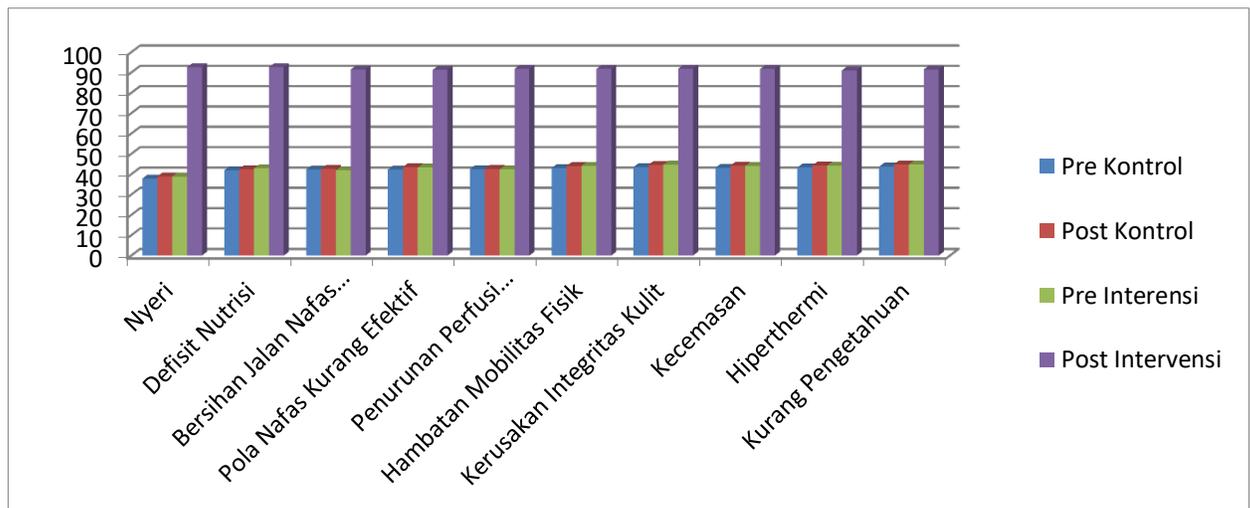

**Fig 6 Graph Pre Post Control and Intervention IONC Model
to Client Satisfaction**

4. <0.0001). This shows that nursing is a part that can increase client satisfaction in an outpatient hospital.
5. Factors that Influence the self-Client Care and Compliance Fit Model
6. The characteristics of the client is the category that can not be separated from the client's ability to perform self-care. Then the characteristics of the client to do the analysis to see which factors can affect the ability of self-care clients, with multiple linear regression is education, occupation, gender and age. In Table Model Summary, looks coefficient of determination (R square) indicates a value, which means that the regression model obtained could explain variations in the dependent variable self-care.

And then on the 'ANOVA; we see the F test results that show the value of p (sig) = <0.0001, meaning at alpha 5% we can state that the regression model fit (fit) with the existing data, or can be interpreted both these variables can significantly to predict variables self-care clients. In the box 'Coeffident' similarities we can obtain the line, in column B (in baglan Variable In Equation) above, we can see the regression coefficient of each variable. From the above results, the regression equation obtained after, one by one each of attempted variable excluded from the model, the results for the top ten diagnoses formula is:
1. Model IONC against Client Care with Pain:
a. Self care Pain = 16 559 + 43 641 + models IONC self care Previous 0682 - 9046 advanced adulthood
b. Based on the R Square = 0.866. Then this model explains the model fit as much as 86.6%.
2. Model IONC to Self-Care Clients with nutritional deficits:
a. Nutrition personal care = 15 388 + 0593 + 33 083 self-care Previous models IONC

[1] Based on the R Square = 0655. Fit this model explains 65.5%
1. Model IONC the Client with Impaired Care Airway Clearance:
- Self-care Airway Clearance = 9021 + 0644 + 43 905 self-care Previous models IONC
- Based on the R Square = 0755. Fit this model explains 75.5%
2. Model IONC to Self-Care Clients with Pattern Breath Less Effective:
a. Self-care Ineffective breathing pattern = 14 853 + 0693 + 51 113 Previous personal care IONC models - 11 969 age
b. Based on the R Square = 0804. Fit this model explains 80.4%
3. Model IONC to Self-Care Clients with Impaired Physical Mobility:
a. Impaired Physical Mobility self care = 17 424 + 0551 + 55 438 Previous personal care IONC models - 9772 age
b. Based on the R Square = 0827. Fit this model explains 82.7%
4. Model IONC to Self-Care Clients with Perfusion Decreased Network:
a. Decreased perfusion self-care network = 14 013 + 0576 + 49 320 Previous personal care IONC models - 5547 age
b. Based on the R Square = 0.729. Fit this model explains 72.9%
5. Model IONC to Self-Care Clients with Integrity Damage Skin:
a. Self-care Damage Skin Integrity = 20 925 + 0562 + 49 920 Previous personal care IONC models - 12 646 age
b. Based on the R Square = 0.757. Fit this model explains 75.7%
6. Model IONC to Self-Care Clients with Hiperthermi:
a. Self-care Hiperthermi = 8.750 + 0.670 + 55 666 self-care Previous models IONC
b. Based on the R Square = 0769. Fit this model explains 76.9%
7. Model IONC to Self-Care Clients with Anxiety:
a. Anxiety self-care treatment = 23 011 + 0490 + 51 273 Previous self IONC models - 13 499 age
b. Based on the R Square = 0722. Fit this model explains 72.2%
8. Model IONC to Self-Care Clients with Less Knowledge:
a. Less self-care knowledge = 4652 + 0743 + 63 959 self-care Previous models IONC
b. Based on the R Square = 0814. Fit this model explains 81.4%

This equation model fit and help us be able to estimate the self-care clients by taking into account the age of the client. As for the meaning of the coefficient B for each variable is as follows: the client is older than 1 year, then the treatment itself higher value according

to the value after controlling for age, on some models, such as the self treatment of pain, breathing pattern is not optimal, anxiety , decreased tissue perfusion, and damage to skin integrity. In this case the nurse should also in providing nursing care and self-care, also need to consider the age of the clients, especially the elderly. Where on some models of the client's self-care ability decline in clients with advanced age. Beta column can be used to determine which variable The greatest role (influence) in determining the dependent variable (self-care clients). The larger the beta value the greater its influence on the dependent variable, and therefore the greatest self-care factors in this model is the model that is implemented by nurses IONC outpatient.

Factors that Influence the Client Satisfaction and Compliance Fit Models
The results of the bivariate analysis of self-care relationship to client satisfaction can be seen in Table 6.

Table 6 . Effect of Self Care Client to Client Satisfaction after the intervention (n 1000)

Variable	Mean	Diference	Min – Max	p-value	N
Self Care	57,31	55	30 – 85	< 0,0001	1000
Satisfaction	91,58	12	84 – 96		1000

In Table Model Summary, looks coefficient of determination (R square) indicates a value, which means that the regression model obtained could explain variations in the dependent variable of satisfaction, or in other words, three independent variables can explain the variation of the variable self-care by 3%. And then on the 'ANOVA; we see the F test results that show the value of p (sig) = <0.0001, meaning at alpha 5% we can state that the regression model fit (fit) with the existing data, or can be interpreted these three variables can significantly to predict variables client satisfaction.

1) In the box 'Coeffident' similarities we can obtain the line, in column B (in the Variables In Equation) above, we can see the regression coefficient of each variable. From the above results, the regression equation obtained after, one by one each of attempted variable excluded from the model, the result of the formula is:

1. Pain Satisfaction Model:
a. Satisfaction Pain = 14 283 + 0678 + 47 907 models previously satisfaction IONC
b. Based on the R Square = 0.889. Then this model explains the model fit as much as 88.9%.
2. Nutrition Satisfaction Model:
a. Satisfaction Nutrition = 14 093 + 0689 + 46 841 Satisfaction Previous models IONC
b. Based on the R Square = 0.889. Then this model explains the model fit as much as 88.5%
3. Satisfaction Model Airway Clearance:
a. Satisfaction Airway Clearance = 14 093 + 0689 + 46 841 Satisfaction Previous models IONC
b. Interpretation: This nutrition pure satisfaction from the results of the intervention, because no interaction from the client characteristics
4. Satisfaction Model Ineffective breathing pattern:
a. Ineffective breathing pattern Satisfaction = 21 806 + 0524 + 45 695 Satisfaction Previous models IONC.
b. Based on the R Square = 0828. Then this model explains the model fit as much as 82.8%
5. Satisfaction Model Impaired Physical Mobility:
a. Satisfaction Impaired Physical Mobility = 31 729 + 0187 + 47 321 Satisfaction Previous models IONC + 5874 age
b. Based on the R Square = 0.805. Then this model explains the model fit as much as 80.5%
6. Perfusion Decreased Satisfaction Model Network:

a. Perfusion Decreased Satisfaction Network = 12 457 + 0722 + 44 677 Satisfaction Previous models IONC

b. Based on the R Square = 0892. Then this model explains the model fit as much as 89.2%

7. Satisfaction Model Damage Skin Integrity:

a. Satisfaction Damage Skin Integrity = 31 822 + 0169 + 47 524 Satisfaction Previous models IONC + 6668 age

b. Based on the R Square = 0803. Then this model explains the model fit as much as 80.3%

8. Satisfaction Model Hiperthermi:

a. Satisfaction Hiperthermi = 13 337 + 0786 + 43 396 Satisfaction Previous models IONC

b. Based on the R Square = 0884. Then this model explains the model fit as much as 88.4%

9. Anxiety Satisfaction Model:

a. Satisfaction Anxiety = 11389 + 0765 + 43 367 Satisfaction Previous models IONC

b. Based on the R Square = 0882. Then this model explains the model fit as much as 88.2%

10. Less Satisfaction Model Knowledge:

a. Less Satisfaction Knowledge = 22 793 + 0487 + 42 126 Satisfaction Previous models IONC

b. Based on the R Square = 0804. Then this model explains the model fit as much as 80.4%

This equation model fit and help us be able to estimate the clients' satisfaction by using variables and self-care education. As for the meaning of the coefficient B for each variable is as follows: each increase by 1 year of age client, then the client's satisfaction will increase by value after controlling the age variable in the model damage to skin integrity and physical mobility constraints. In both models, in conditions of clients with physical mobility as well as damage to the integrity of the skin, generally a much-needed nurses or family help, either early adulthood or older adults, so satisfaction in this model has the interaction of age. Beta column can be used to determine which variables are most roles (influence) in determining the dependent variable (customer satisfaction). The larger the beta value the greater its influence on the dependent variable. On the results of the above means that the variable greatest effect on the determination of client satisfaction is the implementation of the model implemented IONC outpatient nurse.

Implementation of the model should be implemented IONC nurses, thus becoming work culture. Work culture can be obtained by carrying out this IONC models at least 6 months, in which the first 3 months with close supervision, and three months later was minimal supervision.

Conclusion

IONC Model significantly improve self-care Clients in Outpatient General Hospital. IONC Model significantly increase client satisfaction in the Outpatient General Hospital. Self-care and client satisfaction IONC Model get significantly higher compared with those not getting the intervention models. Departement Outpatient Hospital implementing IONC Model, then the self-care clients in 10 major nursing diagnosis can be increased by 26.333 to 63.959 times and this Model Fit explained by 54% - 87.3%. Departement Outpatient Hospital implementing IONC model, the client satisfaction can be increased 42,126- 47.907 times and this Model Fit explained by 80.3% - 89.2%. The more the client is able to self-care, the more satisfied clients. Self-care and client satisfaction is most affected by the implementation of the Model IONC. This model Fit in explaining the suitability of the model. IONC recommended to be applied in nursing care in hospital outpatient credentials performance as a nurse in an outpatient hospital. IONC socialization needs to be done to outpatient hospital to its application. For the hospital this model is expected to answer hospital accreditation standards which focus on client service became one of the targets of the application IONC.

The results of this study, namely the mastery of clinical skills of nursing care and nursing skills are given to clients outpatient capable resolved nurses every day and every month, and terekap in the system manual recording mapun computer information system of outpatient hospital, can be used for performance assessment nurses and other nurses reward. IONC can be used as a policy for the health ministry to be applied in outpatient hospital in an effort to meet the accreditation standards related to quality hospital services that focus on the client. IONC Model can be evidance base of the health ministry in setting the standard nursing care services in an outpatient hospital. Insurance with IONC models will help to reduce dependence clients will

facilities outpatient hospital care, and as baseline studies budgeting nursing services in insurance. IONC concept can be a material that is taught as a science enrichment nursing management on the functioning and implementation process. IONC concept is the development of human resource management function in developing credibility outpatient nurse who must implement nursing care nursing services in each unit.

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