Research Paper

Assesing Experience the Implementation of *Pre* and *Post Conference* in Patient Wards: On Observasional Study

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ABSTRACT: *The pre-conference discusses clinical aspects before implementing nursing care for patients. At the same time, the post-conference discusses the clinical aspects of providing nursing care to patients. Both pre and post-conferences are managerial functions that influence the delivery of quality nursing care. The aim of the study is to identify the experiences of nurses regarding the implementation of pre-and post-conference nursing in a hospital ward in Banda Aceh. The research method used is a descriptive study. Twenty-three nurses were involved by distributing questionnaires online through Google Forms and observation sheets regarding the implementation of pre- and post-conferences, adopted from Maryanti (2019) and modified by the author. Interpreting the observation sheet and questionnaire used simple processing formulas from Azwar (2012). Interpretation for the observation sheet is optimal ($x > 50\%$) and not optimal ($x < 50\%$). Meanwhile, the interpretation of the questionnaire is good category ($x > 50\%$) and less ($x < 50\%$). Data collection was conducted during morning, afternoon, and night shifts, totalling 12 times. The observation results explain that pre- and post-conference implementation has been carried out but has yet to be optimal (100%). In the questionnaire results, 16 (69.6%) nurses stated that implementing pre-and post-conference is a good category, while 7 (30.4%) stated that the implementation could be more satisfactory. The author suggests continuous supervision during each shift to implement pre and post-conference, and hospitals should always strive to build nurses' self-awareness by providing professional services as a working culture.*
KEYWORDS: Pre Conference, Post Conference, Nursing, Team Leader

I.   INTRODUCTION

Nursing Services is a form of professional care that is an integral part of health services. One form of nursing service is nursing care provided around the clock, divided into 3 (three) shifts consisting of morning, afternoon, and night [1]. Nursing management is one of the professional nursing services that utilizes team methods to be organized in order to carry out management functions, ensuring that goal achievement can be optimized [2].

Based on the principles presented by Fayol and Gullick, it is revealed that the stages of nursing management functions form a cycle of management processes consisting of planning, organizing, staffing, directing, and controlling. One of the most crucial of the five management functions is the directing process [3]. The directing process involves motivating, addressing conflicts, supervision, communication methods, delegation, and time management to facilitate collaboration. Communication is a vital element in guiding subordinates and can be carried out vertically (top-down) or horizontally (sideways). The implementation of communication can take various forms, such as operational/takeover activities, conferences (pre, middle, post), case discussions, and nursing rounds [2].

The managerial function that influences the delivery of quality nursing care is directing. The implementation of the directing function includes pre and post-conference activities [1]. Pre-conference is communication between the team leader and the attending nurse after completing tasks to plan activities for that shift, led by the team leader or shift supervisor. Meanwhile, post-conference is communication between the team leader and attending nurse about the outcomes of activities throughout the shift and before handing over to

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the next shift. The content of post-conference includes the results of each nursing care plan and important information for the upcoming shift [4].

The discussion process during pre and post conferences can result in effective strategies and sharpen critical thinking skills to plan activities in subsequent nursing services for continuity. Proper implementation of pre and post conferences supports optimal nursing services as it serves as monitoring and control efforts for the care provided to patients, including aspects that have not been implemented and potential obstacles. Poor implementation of pre and post conferences can lower the quality of nursing services to patients, where the immediate care that should be provided to patients may be delayed or not carried out at all, leading to patient complaints[5].

According to previous research, pre and post conferences have an impact on the implementation of nursing care. Suboptimal pre and post conferences affect the smoothness of nursing care delivery due to the lack of organization in the distribution and planning of nursing care. As a result, nursing care is not systematically structured[4]. Similarly, in previous literature, it has been stated that pre and post conferences affect the performance of nurses because the implementation of pre and post conferences has an impact on the performance of attending nurses. If the implementation of pre and post conferences is good, then the performance of attending nurses will be good as well, and vice versa [6].

According to the observation results from a case study conducted by Harvia, Wardani, & Maurissa (2022), it was found that the implementation of pre and post conferences in Zamzam 3 Ward at Dr. Zainoel Abidin Regional General Hospital in Banda Aceh has been carried out but not in accordance with the applicable Standard Operating Procedures (SOP). During the pre-conference implementation, not all team leaders (katim) conduct pre-conferences after nursing rounds. Also, not all team leaders explain the plan for further nursing care that should be carried out by attending nurses, evaluate the activities performed, and provide suggestions/corrections for nursing care that is not in line with the standard. During post-conference implementation, the head of the ward only attends the post-conference at the beginning of the morning shift and does not participate in post-conferences during the afternoon shift. While the post-conference implementation has been done well according to SOP, at times it is still not optimal. [7].

The results of a case study conducted by Amalia (2023) in Mina 1 Inpatient Ward at Dr. Zainoel Abidin Regional General Hospital indicate that the majority of nurses have insufficient knowledge regarding the implementation of pre and post conferences. Similarly, the execution of pre and post conferences in the ward is not yet optimal. This can be influenced by the characteristics of the nurses, such as age, gender, education level, length of service, motivation at work, and the training they have undergone. Therefore, there is a need for follow-up and specific attention from the hospital to optimize the implementation of pre and post conferences by conducting training, socialization, and periodic evaluations. This can enhance the knowledge and motivation of nurses in conducting pre and post conferences before and after providing care to patients [8].

Based on the observation results during pre and post conferences, the author found a phenomenon where the head of the department opens the discussion during the pre-conference, and the reporting of information for each patient is done inside the nurses' room. However, during the implementation, there were interruptions such as phone calls, doctor visits, and the arrival of family members asking questions. The communication process during handover does not reflect the situation, background, assessment, and recommendations but rather focuses more on the doctor's therapy or instructions. Additionally, the documentation recording is also incomplete.Based on the results of a previous case study on the documentation of the nursing process in the Women's Surgery Inpatient Ward at Banda Aceh Hospital, it can be concluded that the documentation of the nursing process is incomplete, with 18 documents (100%) being incomplete. In the nursing assessment phase, 10 documents (55.5%) are incomplete, in the nursing diagnosis phase, 15 documents (83.3%) are incomplete, in the planning and implementation phase of nursing care, 7 documents (38.9%) are incomplete, and in the nursing care evaluation phase, 18 documents (100%) are incomplete [9].

This results in nurses being less effective in conveying information and less focused in receiving information, posing a risk of communication failure and jeopardizing patient safety. Furthermore, post-conferences are only conducted by the head of the department during the morning shift, while they are not carried out during subsequent shifts. As a consequence, the results of nursing care provided are not communicated. Consequently, during handovers, nurses only convey instructions and plans from doctors for patients on the next shift.

Therefore, the author is interested in identifying the experiences of nurses in implementing pre and post conferences in an inpatient ward at Dr. Zainoel Abidin Regional General Hospital in Banda Aceh through observation and questionnaires distributed by the author.

II.   METHOD

This study uses a descriptive study method to present an overview of the experiences of nurses in implementing pre and post conferences in the inpatient ward of Dr. Zainoel Abidin Regional General Hospital in Banda Aceh. The data collection technique in this case study employs total sampling involving 23 nurses by distributing online questionnaires through Google Form and observation sheets regarding the implementation of pre and post conferences adopted from Maryanti (2019) and modified by the author. Data collection occurred during morning, afternoon, and night shifts. Subsequently, 12 observations were conducted over 4 days, with each nurse being observed once during pre and post conference activities. The interpretation of observation sheets and questionnaires used a simple formula processing by Azwar (2012). Interpretation on the observation sheet considers optimal (x > 50%) and not optimal (x < 50%), while interpretation on the questionnaire considers good (x > 50%) and insufficient (x < 50%).

In the data collection preparation stage, the author obtained permission from the head and deputy head of the department. After obtaining permission, the author proceeded to the data collection stage, which involved seeking assistance from the head or deputy head to distribute the Google Form questionnaire link regarding nurses' experiences in implementing pre and post conferences to nurses via a Whatsapp Group. Subsequently, the author observed the implementation of pre and post conferences during morning, afternoon, and night shifts using observation sheets adopted from Maryanti's research (2019) and assisted by two enumerators who were practicing in the inpatient ward. Observations of pre and post conference implementations were conducted with the duty team leader for 12 times over 4 days, with a total of 12 team leaders. During the pre and post conference activities, the author paid attention to the content of the information conveyed by the team leader. The author then provided a checklist on the observation sheet to mark whether the implementation was in accordance with the set criteria.

III.   FINDINGS

Table 1, demographic data of nurses in the inpatient ward is as follows: 23 nurses participated. It was found that the majority were female, with a total of 23 nurses (100%), in the early adulthood age range (26-35 years) with a frequency of 18 nurses (78.3%), holding a DIII Nursing degree as their highest education level with a frequency of 12 nurses (52.2%), employed on a contract basis with a frequency of 15 nurses (65.2%), an average work experience of less than 5 years with a frequency of 12 nurses (52.2%), and the majority had participated in Basic Trauma and Cardiac Life Support (BTCLS) training with a frequency of 6 nurses (26.1%).

Table 1: Demographic Data of Nurses in the Inpatient Ward

Demographic Data	f	%
Gender:		
- Male	0	0
- Female	23	100
Age (Amin, 2017):	18	78,3
- Early adulthood (26-35)	4	17,4
- Late adulthood (36-45)	1	4,3
- Early elderly (46-55)		
	12	52,2
Highest Education:	11	47,8
- D-III Nursing		
- Nurse (Ners)	15	65,2
	8	34,8
Employment Status:		
- Contract	12	52,2
- Civil Servant (PNS)	11	47,8
Work Experience:		
- Less than 5 years	5	21,7
- More than 5 years	6	26,1
Training Attended:		
None	5	21,7
Basic Trauma and Cardiac Life Support (BTCLS)	6	26,1
APAR (Automated External Defibrillator)	2	8,7
Public Speaking	2	8,7
Pain Management	2	8,7
BHD	2	8,7
Hand Hygiene	2	8,7
Dicharge Planning	2	8,7

Based on the results in Table 2, it is shown that 16 nurses (69.6%) in the inpatient ward believe that the implementation of pre and post conferences is good. However, 7 nurses (30.4%) also express the opinion that the implementation of pre and post conferences is still insufficient.

Table 2: Questionnaire Results on the Experience of Implementing Pre and Post Conferences

No.	Category	Pre dan Post Conference	
		f	%
1.	Not Good	7	30,4
2.	Good	16	69,6

Based on the observation results, it is noted that there are several stages in the implementation of pre and post conferences that were not conducted by the team leader. For instance, the team leader never provided reinforcement during pre and post conferences (100%), the team leader never inquired about challenges in the care provided (100%), and the team leader never opened and closed the post-conference session (100%).

Table 2: Results of the Observation of the Implementation of Pre and Post Conferences

No.	Category	Pre dan Post Conference	
		f	%
1.	Not Optimal	12	100
2.	Optimal	0	0

IV. DISCUSSION.

In the nursing pre and post-conference activities, the optimization of the team leader's function has been carried out well, but there are still some aspects that are not optimal, such as the presence of the head of the department in every post-conference. The head of the department only attends the morning shift pre-conference, and there is no attendance observed during the afternoon shift when the official working hours are still in place. This is also supported by the answer to question number 8, "The team leader initiates the post-conference," with the response "sometimes" from 9 nurses (39.1%).

The optimization of the team leader during the post-conference runs well but still needs improvement. This is evident from question number 11, "The team leader summarizes the content of the post-conference," with 9 nurses responding "always," 7 nurses responding "often," and 7 others responding "sometimes." This result is also supported by question number 5, "The head of the department discusses strategies for implementing nursing care or actions," with the responses: 8 nurses (34.8%) "always," 7 nurses (30.4%) "sometimes," 6 nurses (26.1%) "often," and 2 nurses (8.7%) responding "never.

Based on the analysis of the questionnaire results, the author found that the experience of nurses in conducting pre and post conferences in the inpatient ward of RSUDZA Banda Aceh yielded that 16 nurses (69.6%) believe that the implementation of pre and post conferences is good. Meanwhile, 7 other nurses (30.4%) feel that the implementation of pre and post conferences is still lacking. These findings align with a study conducted by Amalia, Akmal, & Sari (2015), which found that the pre-conference implementation at RSUD dr. Achmad Mochtar Bukittinggi was rated as less good by 58.1% of respondents and good by 41.9%. Additionally, the post-conference implementation was considered less good by 80.6% of respondents and good by 19.4% [4].

During the implementation of nursing pre and post-conference activities, the team leader has made efforts to adhere to the Standard Operating Procedures (SOP), as evidenced by the nursing care provided by the practicing nurses. However, there are some aspects that are not optimal in the execution of these activities. The procedure for conducting pre-conferences, according to MPKP (2006), includes the team leader opening the pre-conference, then creating the daily plan for practicing nurses, providing follow-up and feedback based on the current nursing care, giving reinforcement, and concluding the pre-conference [10].

This theory differs from the actual field practices. Not every day pre and post-conference activities are conducted in the inpatient ward of RSUDZA. This is evidenced by observations conducted 12 times during morning, afternoon, and night shifts, which showed that several task stages were not carried out by the team leader. These shortcomings include the team leader not providing reinforcement during pre and post-conference (100%), not inquiring about obstacles in the care provided (100%), and not opening and closing the post-conference event (100%). Therefore, it can be concluded that the implementation of pre and post-conference in the inpatient ward is still not optimal (100%). According to the researcher's assumption, this happens because when pre and post-conference activities are carried out by the team leader and nurses, there is no supervision. Since this case study was conducted on holidays, there is no ward head overseeing the implementation of pre and post-conference. Therefore, the author hopes for delegation from the ward head to one of the nurses to

supervise the implementation of pre and post-conference when there is no ward head in the room, ensuring that it complies with standard operating procedures.

The results of the previous research indicated that more nurses perceived that the head of the ward had carried out the control function well. The implementation of patient safety among nurses who perceived the control function as less satisfactory had a lower percentage compared to those who perceived it as good. The better the nurses' perception of the control function, the better they were in implementing patient safety. When the control function is well executed by the head of the ward, it ensures that the practicing nurses under their leadership have implemented patient safety in nursing care according to guidelines [11].

This study is consistent with the research by Amalia (2023), indicating that there are several stages not performed by nurses in the implementation of pre-conference, making it still not optimal (100%). Some task stages not carried out by the nurses include the team leader never opening and closing the pre-conference event, never providing reinforcement (100%), and the team leader not giving the opportunity for the practicing nurses to discuss related to the nursing care to be provided (60%) [8].

According to the research by Harvia, Maurissa, & Wardhani (2022), the pre-conference conducted by the team leader only involves assigning responsibilities for specific rooms without specifying the subsequent nursing interventions for the patients or providing input on the appropriateness of the actions taken if they do not align with the patients' needs. During the execution, the team leader simply continues the nursing interventions based on the doctor's orders according to the patients' requirements. There is no provision of a nursing care plan based on the nursing diagnosis experienced by the patient. This is influenced by the busyness and workload experienced by both the team leader and the practicing nurses in the ward [7].

The Bali Provincial Mental Hospital has implemented the Professional Nursing Practice Model for all inpatient rooms, including the Graha Nisadha room, where one of the routine activities is pre and post-conference. However, based on the researcher's observations, during the pre and post-conference activities, the focus is on understanding the nurse's plan for providing care to the managed patients. During post-conference, discussions are conducted regarding the achieved activity plans and the challenges faced while providing care. However, there has been no implementation of the SOP (Standard Operating Procedure) socialization during pre and post-conference activities [12].

This is supported by a study conducted by Rezkiki (2019), which found significant influence on the implementation of pre and post-conference activities on the workload experienced by nurses [13]. The issues related to pre and post-conference activities can be addressed optimally, and one approach is through the use of methods like sharing and role-play to enhance nurses' knowledge. Nursing pre and post-conferences are part of the directing function, aiming to monitor deviations, provide motivation, enhance emotional control, and build independence in the process of providing nursing care, ensuring smooth and controlled operations [14]. The study conducted by Mua and colleagues in 2011 states that supervision carried out during pre and post-conference activities is considered to influence the performance of nurses [15].

The increasing demands of scientific and technological advancements should be a concern for nurses. By implementing professional nursing service methods, nurses can optimize their roles and functions [16]. The research results from Permatasari, Suryani, & Wulandari (2014) on the Effectiveness of post conference on the shift turnover in the inpatient ward of RSUD Ungarang, show an influence between post conference and shift turnover. If post conference is conducted well, it will affect the shift turnover, and the shift turnover will proceed optimally with clear communication of information. [17].

There is an improvement in nurses' knowledge about the training material, covering the understanding, objectives, requirements, and mechanisms of implementing bedside handover and conference. There is an enhancement in the nurses' performance in terms of quality, quantity, and timeliness. Additionally, there is an increase in nurse satisfaction in aspects such as feeling valued, important, needed, appreciated, positive influence of colleagues, emotional response, job, responsibility, supervision, and work relationships. [18].

The research conducted by Amalia, Akmal, & Sari (2015) investigates the relationship between nursing pre and post conferences and the implementation of nursing services at RSUD DR. Achmad Mochtar Bukittinggi. The study suggests that the execution of nursing care by the team leader and nursing supervision by the head of the department will be more effective if the pre and post conference activities are carried out effectively. Nurses on subsequent shifts will have a better understanding of the planned nursing services to be provided [4]. Supervision is part of the directing function in the management process, playing a role in ensuring that all programmed activities are carried out effectively and smoothly. Direct supervision enables nursing managers to identify various obstacles or issues in the implementation of nursing care in the ward by comprehensively examining the influencing factors. Together with nursing staff, they work to find solutions to these challenges [19].

Based on the case study results from Ukar's research (2022), it can be concluded that the implementation of post-conference is very effective during the shift handover conducted in the room. This is

evident from the increase in the average scores of pre-tests (before the intervention) and post-tests (after the intervention) over 5 consecutive days. Observations show that the team leader and nurses in Ward 16 and Ward 21 performed all the mandatory items during the post-conference. Therefore, it is expected that the hospital can follow standard operational procedures in conducting handovers to improve nursing care services for patients [20].

V.   CONCLUSION

The results of the research conducted in the Inpatient Ward of the Regional General Hospital dr. Zainoel Abidin show that the implementation of pre and post-conference in the room has not been carried out optimally. Observations conducted 12 times yielded results indicating that the pre and post-conference had been conducted but not optimally (100%). Meanwhile, the questionnaire results revealed that 16 (69.6%) nurses believed the implementation of pre and post-conference was good, while 7 (30.4%) nurses thought it was still lacking. The author hopes that this case study can raise nurses' self-awareness through supervision or oversight during pre and post-conference activities. This way, it can be implemented according to SOP, leading to optimal nursing care and improved service indicators.

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