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Factors Affecting the Nurse's Caring Behaviors in Surabaya Jemursari Islamic Hospital

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ABSTRACT

Caring is a central nursing practice. However, many nurses are still found to have less care for their patients' condition. Some of them are still inhospitable, harsh and less sensitive to the patient's condition. This study aimed to analyze the factors affecting the nurse's caring behavior in hospital. The design of this study was descriptive and observational, done using the cross-sectional approach. This study involved the population of all nurses working in the medical and surgical rooms of Surabaya Jemursari Islamic Hospital, totaling 44 nurses. The sample of 40 respondents was chosen using the simple random sampling technique. The independent variable was the nurse's individual characteristics: age, sex, level of education and emotional intelligence. The dependent variable was the nurse's caring behavior. A questionnaire was used to collect the data which was analyzed using the Chi-square Test. The nurse's individual characteristics, namely age, sex, and level of education, did not affect the nurse's caring behaviors ($p \geq \alpha: 0.05$), whereas emotional intelligence affected the nurse's caring behaviors ($p = 0.00 \leq \alpha$). The factor affecting the nurse's caring behavior was emotional intelligence. Therefore, hospitals need to provide nurses with training for better self-management and caring behavior.

Keywords: caring, emotional intelligence, empathy, self-management, self-control

Introduction

Caring is the trend in this era because the current wave of healthcare marketing has shifted from excellent service based on standard operating procedures or minimum service standard to care with character, which sets the values of caring as the principles of healthcare.^{1,2} Caring is a basic concept of nursing.³ High quality nursing care supported with good caring can affect the quality of healthcare because the caring performed by nurses may influence patient satisfaction.^{1,4} In fact, many nurses are still found to have a lack of caring for the patient's condition while showing their inhospitality, anger, unfriendliness, unresponsiveness to the client's

complaints and poor communication with their clients. Among the 10 people obtained through the interviews in the preliminary data stage, it showed that 7 people complained about the nurse's behavior. They stated that some of the nurses showed inhospitality, that they ignored the complaints from the patient's family and that they gave less of an explanation and information when performing nursing care. This condition may affect the healing process and patient satisfaction.⁵

The research conducted by Koll et al claimed that the nurse's skills and care about the patient's privacy were the satisfying factors for the patients.⁵ The research conducted by Abdulrouf et al stated that there was an effect of perceived disconfirmation consisting of reliability, assurance, tangibility, empathy and responsiveness on patient satisfaction in RSI Sultan Agung Semarang.⁶ The patients need nurses who listen to their complaints willingly, who share their feelings and who give suggestions with care. In addition, they need nurses who make frequent visits voluntarily, who

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ask about the patient's condition and feelings, and who give clear and complete information about all actions done to the patients.

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Caring behaviors are actions that are concerned with the well-being of a patient, such as sensitivity, comforting, attentive listening, honesty and nonjudgmental acceptance.⁷ Caring behaviors are affected by several factors, such as the nurse's and patient's perception, age, sex and so forth.

Based on these problems, the researchers are interested in investigating the factors affecting the caring behavior of the nurses working in Surabaya Jemursari Islamic Hospital. The factors being investigated were the individual characteristics comprising age, sex, level of education and emotional intelligence

Method

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The design of this study was analytical and observational done using a cross-sectional approach.⁸ The population involved in this study was all of the nurses and clients hospitalized in the medical and surgical room of Surabaya Jemursari Islamic Hospital. The population comprised of all nurses working in the medical and surgical room of the above stated hospital, totaling 44 people in which 40 respondents were chosen as the samples using simple random sampling technique. The independent variables comprised of the age, sex, level of education, and emotional intelligence of the nurses, whereas the dependent variable was the nurses' caring behavior.

The independent variables comprised of age, sex, level of education and the emotional intelligence of the nurses, whereas the dependent variable was the nurses' caring behavior.

This study used a questionnaire as the instrument to collect the data. The data of the independent variables, such as age, sex, level of education and emotional intelligence, was filled in by the nurses. Emotional intelligence refers to the dimensions of emotional intelligence developed by Goleman.⁹ The questionnaire consisted of 40 statements, comprising of 8 statements about emotion recognition, 8 statements about emotion management, 8 statements about self-motivation, 8 statements about empathy, and 8 statements about

building a relationship with others. Moreover, a Likert scale 1-4 was used to score the answers. The scoring criteria for the positive statements was as follows: score 1 was very inappropriate, score 2 was inappropriate, score 3 was appropriate and score 4 was very appropriate. For the negative statements, scoring was done the other way around. This questionnaire has been tested resulting in the value of validity item (rit) being 0,332-0,665 and the value of Cronbach's alpha was 0.893.

The data about the nurse's caring behavior was measured based on the patient's perception after the patients received nursing care 2 x 24 hours at minimum. Each nurse was judged based on his/her caring behavior by three former patients. The score for caring behavior was the average score accumulated from the three patients. The questionnaire used to score caring was based on Watson's ten carative factors.^{10,11} The questionnaire about caring was adopted from the *Caring Behaviors Inventory* (CBI). This questionnaire contained 42 items and it had been tested resulting in the value of validity item (rit) of 0.155-0.696. The value of Cronbach's alpha was 0.934. This questionnaire was based on Watson's ten carative factors. This instrument had 5 dimensions, namely 12 statements about respect⁷ deference through to the other 12 statements about the assurance of a human presence,⁹ statements about positive connectedness, 5 statements about professional knowledge and skill and 4 statements about attentiveness to the other's experience. All statements have been made in the positive form. The questionnaire used in this study was a Likert scale of 1 - 4. Score 1 is very inappropriate, score 2 is inappropriate, score 3 is appropriate and score 4 is very appropriate.

The preliminary data was analyzed using univariate analysis using percentages. Further, they were analyzed using the Chi-square test with a significance level of $\alpha = 0.05$.

Results

Nurse's Characteristics: The nurse's characteristics comprised of age, sex, level of education and emotional intelligence have been shown in Table 1. Based on Table 1, most of the respondents (75%) were females, nearly all were (80%) > 25 years old, most (67.5%) had graduated with a Diploma 3 and most (60%) had high emotional intelligence.

Table 1: Frequency distribution of the respondents by age, sex, level of education and emotional intelligence for the nurses in the medical and surgical room of Surabaya Jemursari Islamic Hospital in March 2018

Variable	Frequency	Percentage (%)
Sex		
Male	10	25
Female	30	75
Total	40	100
Age (Year)		
<= 25	8	20
>25	32	80
Total	40	100
Level of Education		
Diploma 3 Nursing	27	67,5
Ners Profession Program	13	32,5
Total	40	100
Emotional Intelligence		
Low	16	40
High	24	60
Total	40	100

Nurse's Caring Behaviors: The nurse's caring behaviors based on Table 2 showed that most of the nurses (55%) had good caring behavior.

Table 2: Frequency distribution of the nurse's caring behaviors based on the patient's perception in the medical and surgical room of Surabaya Jemursari Islamic Hospital in March 2018

No.	Nurse's Caring Behaviors	Frequency	Percentage (%)
1.	Poor	18	45
2.	Good	22	55
	Total	40	100

Factors of the Nurse's Characteristics Affecting their Caring Behaviors: The correlation between sex, age, level of education, emotional intelligence and the nurse's caring behavior was presented in Table 3. Based on Table 3 for the sex factor, for the 10 male nurses,

most of them (70%) had good caring behaviors. Among the female nurses, half of them (50%) showed good caring behavior, whereas the other half had poor caring behavior. Furthermore, the Chi-square test obtained the result that $p = 0.464 > \alpha (0.05)$, which meant that H_0 was accepted. There was no difference between the caring behaviors possessed by either the male or female nurses.

Based on Table 3 for the age factor, it was illustrated that among the 8 nurses ≤ 25 years old, most of them (75%) had good caring behavior. Of the nurses >25 years old, half of them (50%) also possessed good caring behavior, whereas the other half had poor caring behavior. Moreover, the Chi-square test obtained the result that $p = 0.258 > \alpha (0.05)$, which meant that H_0 was accepted. There was no difference found between the caring behaviors possessed by nurses in late adolescence (≤ 25 years old) and those aged >25 years (in early adulthood).

Based on Table 3, the level of education factor showed that among the 13 nurses who graduated from a Diploma 3 Nursing Program, most of them (54%) had poor caring behavior. For the nurses who graduated from the Ners Profession Program, most of them (59.3%) had good caring behaviors. The Chi-square test resulted in $p = 0.435 > \alpha (0.05)$, which meant that H_0 was accepted. There was found to be no difference between the caring behaviors possessed by the nurses who had graduated from D3 Nursing and those who had graduated from the Ners Profession Program.

The results related to the emotional intelligence factor illustrated that among the 16 nurses with low emotional intelligence, nearly all of them (87.5%) had poor caring behavior, whereas among the 24 nurses with high emotional intelligence, nearly all showed good caring behavior. The Chi-square test obtained a result of $p = 0.00 < \alpha (0.05)$, which meant that H_0 was rejected. There was a difference in the caring behaviors possessed by the nurses with both high and low emotional intelligence. The nurses with high emotional intelligence had a chance of showing good caring behavior 35 times more when compared to those with low emotional intelligence (OR = 35.00).

Table 3: Factors of the Nurse's Characteristics Affecting the Caring Behaviors in the Medical and Surgical Room of Surabaya Jemursari Islamic Hospital in March 2018

	Nurse's Caring Behaviors						p	OR
	Poor		Good		Total			
	F	%	f	%	F	%		
Sex								
Male	3	30	7	70	10	100	0,464	
Female	15	50	15	50	30	100		
	18	45	22	55	40	100		
Age (years)								
<=25	2	25	6	75	8	100	0,258	
>25	16	50	16	50	32	100		
	18	45	22	55	40	100		
Level of Education								
D3 Nursing	7	54	6	46	13	100	0,435	
Ners Profession Program	11	40,7	16	59,3	27	100		
	18	45	22	55	40	100		
Emotional intelligence								
Low	14	87,5	2	12,5	16	100	0,000	35,00
High	4	16,7	20	83,3	24	100		
	18	45	22	55	40	100		

Discussion

Sex has no correlation with caring behavior. The result of the Chi-square test showed that $p = 0.464$ describes that there is no difference in the caring behaviors possessed by male and female nurses, despite the tendency of the male nurses having better caring behavior than the females. This opposes the theory claiming that women have a maternal instinct, a soul for love and a mother's affection for her family.¹²

Age also has no correlation with caring behavior ($p = 0.258$). In fact, the nurses aged 25 years or under and those aged above 25 years showed no difference in performing caring behaviors, even though those in late adolescence (≤ 25 years) had a bigger opportunity to possess better caring behaviors than those aged above 25 (in early adulthood). The average age of the nurses working in Surabaya Jemursari Islamic Hospital was 30 years, in which the lowest age was 20 and the highest age was 35 years. All of the respondents were classified as being of a high productive age. BPS (Statistics Indonesia) differentiates people in Indonesia into 2 categories. The first group was for people of a high productive age (15 – 49 years), whereas the second refers to those of

a productive age (50 – 64 years). At a high productive age, a person has the ability to make both products and services. To a nurse, the services will be better if they are balanced with good caring behavior. This is because it gives the patients satisfaction.⁸

Similarly, level of education does not affect caring behavior. No difference in the caring behaviors was found between the nurses holding a Diploma level 3 for Nursing and those had graduated from the Ners program ($p = 0.435$). It is not in line with the results of the research conducted by Sunardi (2014), who stated that a higher level of education provides better caring behavior. Nurses possessing high education have careful considerations because of their wider knowledge and perception compared to those with a lower level of education. Higher education will correlate positively with the nurse's caring behaviors.¹²

Emotional intelligence has a correlation with the nurse's caring behavior ($p = 0.000$). Table 65.10 shows that among the 24 nurses who have high emotional intelligence, nearly all of them (83.3%) had good caring behaviors. High emotional intelligence covers the abilities of knowing one's own emotions, controlling their

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emotions, self-motivating, supporting and understanding other people's emotions as well as maintaining a relationship with others. These are important abilities which must be possessed by each individual, especially nurses.⁹ An individual who has the ability to know his/her emotions will have more of an ability² to know and anticipate how his/her actions influence others. A nurse with good sensitivity will be more sensitive to the needs of other people in turn. A nurse who has the ability to understand his/her own feelings will have more of an ability to control his/her own emotions so then he/she can perform actions and communications correctly and full of care. The nurse's unawareness of being frustrated, disgusted, annoyed, angry or depressed resulting from a patient's condition emerges from the inability to control their emotions. It may give negative impacts to patient. Good understanding and self-emotion acceptance will enable a nurse to understand the differences and uniqueness of their patients.⁶

The nurse's ability to understand and support other people's emotion will create a nurse-patient relationship with an open atmosphere, where they trust and understand each other and share experiences between the nurse and his/her patient. Emotional intelligence is highly needed by a nurse for good interactions. During an interaction, a nurse must have empathy, control their emotions and know his/her and other people's emotions to trust and help each other. By offering empathy to their patients, a nurse has the ability to give them affection in every decision and action that is taken, which is an important aspect of nursing care. Developing a relationship of trusting and helping each other is very important in transpersonal caring. Nursing care requires the figure of a nurse who has high emotional intelligence. From the patient's perception, nursing care performed with perfect skills without good emotions is inadequate; it causes dissatisfaction. Caring behaviors that are supported by good emotional intelligence will create the healthcare expected by the patients.⁹

Conclusion

The factor affecting the nurse's caring behaviors was emotional intelligence. The nurse's characteristics such as age, sex, and level of education did not affect the nurse's caring behaviors. The nurses need self-training for better emotion control by recognizing and managing their emotions, by having the motivation to do their best,

by developing empathy, by maintaining a relationship with others, and by learning from others who have succeeded in controlling their emotions.

The management of the hospital needs to carry out training programs in order for the nurses to manage their self-control and to provide their services with sincerity.

Ethical Clearance: This research proposal was ethically reviewed by the research ethics committee of Surabaya Jemursari Islamic Hospital (ref: Certificate No. 00010/KEPK-RSI JS/II/2018) and it was certified as being ethically eligible. This research was beneficial. Each candidate received a sheet of information explaining the nature, reasons behind and volunteerism aspects of this research, as well as an informed consent and complaint form to provide the respondents' confidentiality and code number.

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Conflict of Interest: The authors have declared there to be no conflict of interest within this publication.

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