



CARING BEHAVIOR OF NURSES IN PEDIATRIC PATIENTS DURING HOSPITALIZATION

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ABSTRACT

Caring is the care of the nurse with all his heart towards the patient. Concern, empathy, gentle communication and compassion for the patient will form a therapeutic nurse-client relationship, thus caring for nurses will make patients feel comfortable, safe and feeling less stressed due to the illness they suffer. Objective: The purpose of this study was to describe the caring behavior of nurses in pediatric patients during hospitalization. Method: This study used a descriptive method, the number of samples in this study were 70 parents of pediatric patients who were treated at Dr. H. Soewondo Kendal selected using a purposive sampling technique. The instrument used is in the form of a questionnaire caring behavior. Data was analyzed using descriptive analysis. Results: The results showed that (54.3%) respondents thought that nurses' caring behavior was in a sufficient category, with sub variable details: knowing behavior (55.7%), being with behavior (45.7%), doing behavior for (88.6%), enabling nurses' caring behavior (50.0%), and belief behavior (74, 3%). Conclusions: of the research conducted on respondents in the Dahlai RSUD DR. H. SOEWONDO KENDAL shows that most of the nurses caring behavior is in the sufficient category 38 respondents (54,3%).

Keyword: behavior; caring nurse; child patient; hospitalization; nurse

INTRODUCTION

Hospitalization is an unpleasant and threatening experience for everyone, especially for children who are still in the stage of the growth and development process. Hospitalization is a process for a planned or emergency reason, requiring children to stay in the hospital, undergoing treatment therapy until returning home (Supartini, 2012). Result interviews conducted with 6 families the patient partly said the beginning when his son came in often crying and panick, It's because the son is afraid of the condition a new environment, a sense of pain felt and feared the nurse. Lack of visits or meetings children-nurse and nurses rarely introduce themself to the child. Based on this background, then researchers interested in taking the title "An overview of the nurse's caring behavior pediatric patients during hospitalization at RSUD Dr. H. Soewondo Kendal "

Caring in spiritual and family care, there are ten factors in charative elements, namely humanistic-altruistic values, instilling enthusiasm and hope, cultivating sensitivity to self and others, developing a helping attitude, encouraging and accepting experiences or feelings of good or bad, being able solving problems and being independent in decision making, teaching and learning principles, encouraging, protecting and improving physical, mental, socio-cultural and spiritual conditions, meeting basic human needs, and being responsive in face every change that occurs (Nolo, 2012). Potter (2009) Caring in nursing practice can be demonstrated by presence, touch, listen, understand the patient. Thus, caring for nurses will make the patient feel comfortable, safe and reduce the feeling of stress due to illness. Based on the results of a preliminary study conducted at Dr. H. Soewondo Kendal dated 18 October 2018. The number of respondents who underwent hospitalization in the children's room in 1 month an average of 85

children. The results of interviews conducted with 6 patient families partly said that when their children came in, they often cried and panicked, this was because children were afraid of new environmental conditions, felt pain and feared nurses. Lack of nurse-child visits or meetings and nurses rarely introduce themselves to children. Based on this background, the researcher was interested in taking the title "Description of nurse caring behavior in pediatric patients during hospitalization at Dr. H. Soewondo Kendal"

METHOD

Research design is children who were treated in Dr. H. Soewondo Kendal was selected using a technique purposive sampling. This research using deep research instruments the form of a questionnaire that is a behavior questionnaire caring nurse. Data were analyzed using descriptive analysis. The number of samples used in this study were 70 parents of child patients who were treated at Dr. H. Soewondo.

RESULTS AND DISCUSSION

Table 1, the results of data analysis shows that the nurse's caring behavior at Dahlia room Dr. H. Soewondo Kendal most of the categories are sufficient, namely as many as 38 respondents (54.3%). Table 2, the results of data analysis shows that knowing behavior (knowing) the nurse in the Dahlia hospital room Dr. H. Soewondo Kendal mostly respondents with the sufficient category, namely as many as 39 respondents (55.7%).

Table 3, the research results show that the nurse's caring behavior in Dahlia's room RSUD Dr. H. Soewondo Kendal on indicators the knowing behavior of nurses on pediatric patients during the hospitalization show the answer is never the most high on the question point "the nurse is nothave good and friendly relationships with family "as many as 29 respondents (41.4%).

Table 1.
 Nurse Caring Behavior in Pediatric Patients during Hospitalization (n=70)

Category	f	%
Good	28	40,0
Enough	38	54,3
Less	4	5,7

Table 2.
 CaringKnowing Behavior (knowing) Nurses in Pediatric Patients during Hospitalization (n=70)

Category	f	%
Good	18	25,7
Enough	39	55,7
Less	13	18,6

Table 3.
 Behavior Indicators of Caring Knowing (knowing) Nurses in Pediatric Patients during Hospitalization (n=70)

Questions	Questionnaire									
	Never		Rarely		Sometimes		Often		Always	
	f	%	f	%	f	%	f	%	f	%
Nurse not having a relationship well and friendly with family	29	41,4	8	11,4	15	21,4	8	11,4	10	14,3
The nurse asked back explanation which is given to the family	4	5,7	7	10,0	30	42,9	13	18,6	16	22,9
Nurse assured the patient's family related to willingness in giving information that needed family and patient	5	7,1	6	8,6	23	32,9	19	27,1	17	24,3
Nurse delivers difficult explanation understood by family and patient	14	20,0	1	14,3	9	12,9	15	21,4	22	31,4

Table 4.
 Behavior of Caring Being With (attendance) by a nurse in pediatric patients during hospitalization (n=70)

Category	f	%
Good	18	25,7
Enough	32	45,7
Less	20	28,6

Table 4, the results of data analysis shows that the behavior of being with the nurse in the Dahlia room Dr. H. Soewondo Kendal in the enough category is 32 respondents (45.7%). Table 5, the research results show that the nurse's caring behavior in Dahlia's room RSUD Dr. H. Soewondo Kendal on indicators perilaku being with (attendance) which show the answer is never the most high on the question "Nurse expressing his pleasure because he can help care for families and patients" as many as 38 (54.3%) respondents.

Table 5.
 Behavior Indicators of Caring Being With (attendance) by Nurses in Pediatric Patients during Hospitalization (n=70)

Questions	Questionnaire									
	Never		Rarely		Sometimes		Often		Always	
	f	%	f	%	f	%	f	%	f	%
The nurse ignored family complaints	50	71,4	7	10,0	8	11,4	1	1,4	4	5,7
Nurse show attitude empathy and sympathy to family and patient	37	52,9	11	15,7	11	15,7	5	7,1	6	8,6
Nurse expressing taste happy because can help take care of the family and patient	38	54,3	7	10,0	8	11,4	8	11,4	9	12,9
Nurse not show attitude be patient in facing complaints family and patient	34	48,6	11	15,7	9	12,9	4	5,7	12	17,1

Table 6.
 Behavior of Caring Doing for by a nurse in pediatric patients during hospitalization (n = 70)

Category	f	%
Good	62	88,6
Enough	7	10,0
Less	1	1,4

Table 6, the results of data analysis, it shows that the behavior of doing for (doing) nurses in the Dahlia room Dr. H. Soewondo Kendal majority of respondents with good category as many as 62 respondents (88.6%).

Table 7.
 Indicators of Caring Doing For Nurses in Child Patients when Hospitalization (n=70)

Questions	Questionnaire										Total
	Never		Rarely		Sometimes		Often		Always		
	f	%	f	%	f	%	f	%	f	%	
Nurses perform nursing actions appropriately	4	5,7	7	10,0	8	11,4	1	1,4	50	71,4	70
Nurses are less responsive to what the family needs	37	52,9	11	15,7	11	15,7	5	7,1	6	8,6	70
Nurses help meet patient needs	2	2,9	3	4,3	22	31,4	12	17,1	31	44,3	70

Table 7, the results of the study showed that the caring behavior of nurses in the Dahlia room Dr. H. Soewondo Kendal on the indicator of the behavior of doing for (doing) nurses in child patients during hospitalization which shows the answer is never the highest on the question point "nurses are not responsive to what is needed by the family", namely 37 respondents (52.9%).

Table 8.
 Indicators of Caring Enabling Behavior (enabling) Nurses in Child Patients when Hospitalization
 (n=70)

Category	f	%
Good	35	50,0
Enough	33	47,1
Less	2	2,9

Table 8, the research results show that the nurse's caring behavior in Dahlia's room RSUD Dr. H. Soewondo Kendal on indicators enabling behavior (enabling) the indicating the highest answered no never on the point of the question "the nurse is not provide information about which conditions will happen to patients "that is as many as 35 (50%) of respondents.

Table 9.
 Indikator Perilaku Caring *Enabling* (memampukan) Perawat Pada Pasien Anak Saat Hospitalisasi
 (n=70)

Questions	Questionnaire									
	Never		Rarely		Never		Rarely			
	f	%	f	%	f	%	f	%		
Nurse motivate family and patient in facing the condition /disease experienced	5	7,1	3	4,3	23	32,9	14	20,0	25	35,7
Nurse did Build Relationships Mutual trust (BHSP)	23	32,9	7	10,0	13	18,6	12	17,1	15	21,4
Nurse not give information about conditions to be happens to the patient	38	54,3	7	10,0	8	11,4	8	11,4	9	12,9
Nurse give opportunity rather than family to decide action nursing ones will be given to the patient	2	2,9	1	1,4	15	21,4	13	18,6	39	55,7

Table 9, the research results show that the nurse's caring behavior in Dahlia's room RSUD Dr. H. Soewondo Kendal on indicators enabling behavior (enabling) the indicating the highest answered no never on the point of the question " Nurse not give information about conditions to be happens to the patient " that is as many as 38 (54,3%) of respondents. Behavior of Caring Maintaining

Table 10.
 Belief (maintaining trust) by Nurses in Child Patients When Hospitalization (n=70)

Category	f	%
Good	52	74,3
Enough	15	21,4
Less	3	4,3

Based on the results of data analysis shows that behavior is maintaining belief (maintain trust) nurse on Dahlia room Dr. H. Soewondo Kendal the majority of respondents are in good category as many as 52 respondents (74.3%)

Table 11. Indicators of Caring Enabling Behavior (enabling) Nurses in Child Patients when Hospitalization (n=70)

Questions	Questionnaire									
	Never		Rarely		Never		Rarely			
	f	%	f	%	f	%	f	%	f	%
Nurses do not pay attention to family satisfaction with the services provided during treatment	41	58,6	8	11,4	7	10,0	4	5,7	10	14,3
The nurse introduces herself when she first meets family and patients	28	40,0	6	8,6	9	12,9	6	8,6	21	30,0
The nurse pays full attention when with family and patients	1	1,4	2	2,9	17	24,3	15	21,4	35	50,0
The nurse is serious about listening to the family when she is talking	1	1,4	1	1,4	13	18,6	16	22,9	39	55,7
The nurse does not show caring attitude to families and patients	42	60,0	11	15,7	8	11,4	3	4,3	6	8,6

Table 11, the research results show that the nurse's caring behavior in Dahlia's room RSUD Dr. H. Soewondo Kendal on indicators maintaining belief behavior (maintaining trust) the nurse in the current pediatric patient hospitalization which shows the highest answer never to the point of the question "The nurse does not show caring attitude to families and patients "as many as 42 respondents (60.0%).

Nurse's Caring Behavior in Patients Children During Hospitalization

The results of this study indicate that description of nurse caring behavior in the room Dr. Dahlia Hospital Dr. H. Soewondo Kendal mostly sufficient, namely 38 respondents (54.3), with sub variables: knowing behavior, behavior being with in the enough category, and behavior doing for, enabling behavior, behavior maintaining belief in the good category. Watson (2008) argues that caring is the essence of nursing. Watson also noted that response each individual to a problem unique health, meaning in practice nursing, a nurse must be able understand each different response from clients against the suffering they experience and provide proper health services in each different response. Other than that, caring can only be shown in relationship interpersonal, namely the relationship that occurs between the nurse and the client, where the nurse show caring through attention, interventions to maintain client health. The results of this study are in line with Arfiani's research (2013) at PKU Hospital Muhammadiyah Yogyakarta got the results that most of the nurses behave caring enough.

The knowing behavior of nurses

The results showed that the knowing behavior of nurses at Dahlia room Dr. H. Soewondo Kendal most of them were in the sufficient category, namely 39 respondents (55,7). This is in accordance with the theory proposed by Swanson (1991) in Alligood and Tomey (2010) who stated that, know the client's health information is the core of a process nurses use in making clinical decisions. Understand the client is the nurse's understanding of client as a reference for intervention next. Understanding the client is service determinant gate, so that between the client and the nurse are in relationship good and understand each other. According to research by Ika (2012) it was found results that the nurse had known the problems faced by each each patient and can determine the course of action that can be done to each one patient to help resolve patient problems.

Caring being with (presence) behavior

Nurse The results showed that the behavior of being with the nurse in Dahlia room Dr. H. Soewondo Kendal with enough categories as many as 32 respondents (45.7). The presence or being with is attitudes and behaviors shown by nurses to present emotions when with patient, including the attendance of the nurse for patient, assist in the healing process patient, and manage feelings without burden the patient (Swanson1991). The results of this study are in line with Sumiyanti research (2016) that the essence of nursing is an established communication well between the nurse and patient, communication is not patented by talking to patients but communication where nurses listen and respond what the patient complained about.

Caring doing for (do) behavior Nurse

The results showed that behavior doing for (doing) nurses in the Dahlia room RSUD Dr. H. Soewondo majority control 62 respondents (88.6). According to Swanson (1991) do or doing for is action nurses to provide services nursing to the patient, independent of the patient, provide a sense of comfort, display competence and expertise, and protect as well appreciate the treated patient. This is supported by research by Ika (2012) bthat according to the perception of the patient, the nurse deft in serving TB treatment, calm the patient when anxious, give all information related to TB disease and treatment is being undertaken, able to answer questions

given by the patient and maintain patient confidentiality by not tell the patient's identity to the patient another.

Caring enabling behavior (enable) nurse

Caring Enabling Behavior (enable) Nurse The results showed that Enabling behavior in the nurse Dahlia room Dr. H. Soewondo Kendal in the good category as many as 35 respondents (50.0). (Swanson 1991) enables or enabling is the nurse's actions for facilitate the patient through the transition period by focusing on the situation, giving information or explanation, provide support, understand the patient's feelings, offer action, and provide feedback. The results of this study are in line with the research Laviana (2015) that nurses have done caring behavior in enhancing the ability of parents to bond attachment or care for the baby, the nurse teaches the parents (mother) various things, such as teaching how to breastfeed that's right, teaches how to build closeness with babies, teach care methods kangaroo, and teaches to know there are signs of an emergency to the baby so that parents feel able to do care for her premature baby.

Caring maintaining belief behavior (maintain trust) nurse

The results showed that maintaining belief behavior (maintaining trust) nurses in the Dahlia hospital room Dr. H. Soewondo control the majority 52 respondents (74.3) argue that behavior maintaining belief trust) good nurse. This is appropriate with the theory Swanson (1991) maintains Beliefs or maintaining beliefs are nurse action to maintain. patient trust by trusting patient capacity, respecting the value they have patient, maintaining full behavior expectation, and always ready to help patients in every situation. This is supported by research from Saho, et, al, (2011) that most of the beliefs patient to nurse in running nursing is in the category high trust, it shows that there is a high level of trust between the patient and nurse because of the ability of the nurse in perform nursing care and this belief arises because there is relationship good reciprocity between nurses and patient.

CONCLUSION

The results of research conducted on respondents in the Dahlia room Dr. H. Soewondo Kendal obtained an overview nurse caring behavior is mostly on enough category as many as 38 respondents (54.3%). Research results are mostly behavioral knowing (knowing) the nurse on enough category as many as 39 respondents (55.7%). The results of the research being with (attendance) the highest nurse is at enough category as many as 32 respondents (45.7%). The results of the research are the majority of the doing for behavior (doing) nurses in the good category as many as 62 respondents (88.6%). Enabling behavior research results (enable) the highest nurse to be in the good category as many as 35 respondents (50.0%). The majority of research results are behavior maintaining belief trust) the nurse in either category as many as 52 respondents (74.6%).

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REFERENCES

- Arfiani, H. (2013). *Hubungan Penerapan Perilaku Caring Perawat Dengan Tingkat Kecemasan Pada Anak Usia Sekolah yang dirawat di RS PKU Muhammadiyah Yogyakarta*. Naskah Publikasi. Yogyakarta : STIKES Aisyiyah.
- Alligood, M.T., & Tomey., (2010). *Nursing Theorists and Their Work*. Edisi 7. New York. Mosby Elsevier.
- Bolin, N. (2011). *Hubungan Penerapan Atraumatik Care Dalam Pemasangan Infus Terhadap Respon Kecemasan Pada Anak Yang Mengalami Hospitalisasi di Irna D Anak Rumah Sakit Dr. M. Djamil Padang Tahun 2010*. Skripsi, Padang; Universitas Andalas
- Dwidiyanti M. (2008). *Keperawatan Dasar: Konsep “Caring” Etik Dan Spiritual Dalam Pelayanan Kesehatan*. Semarang: Hasani.
- Fadilah, R, N. (2016). *Hubungan Caring Perawat dalam Pelayanan Keperawatan dengan Lama Rawat Inap di RSUD Salatiga*.
- Gibson, James, L. (2000). *Organization, Behaviour, Structure, Process*, Edition 10. Boston. USA
- Hidayat, A.A. A.(2012). *Metode Penelitian Keperawatan dan Teknik Analisa Data*. Jakarta : Salemba Medika
- Morrison dan Burnard, (2009). *Caring & Communicating hubungan interpersonal dalam keperawatan* ,Edisi Dua, Jakarta. EGC.
- Nolo, (2012). *Konsep Keperawatan Dasar*, Jakarta : Prestasi Pustaka.
- Notoatmodjo, (2014). *Metodologi Penelitian dalam Kesehatan*. Jakarta : Rineka Cipta.
- Nursalam, (2015). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan*. Edisi 4. Jakarta : Salemba Medika.
- Nuryanti, (2013). *Gambaran Kepuasan Pasien terhadap Fasilitas dan Pelayanan Keperawatan di Ruang Rawat Inap RSUD Andi Djemma Masamba Kabupaten Luwu Utara*.
- Potter dkk., (2009). *Fundamental Keperawatan, edisi 7*. Alih Bahasa : Adrina Federika. Jakarta : Salemba Medika
- Priyoto, (2014). *Konsep manajemen stress*. Yogyakarta: Nuha Medika.
- Rianja, (2018). *Hubungan Caring Perawat Dengan Kesiapan Keluarga Menerima Informasi Kesehatan Tentang Terapi Lanjutan*. Skripsi. Jombang : STIKes Insan Cendekia Medika.
- Ridha,N. (2014). *Buku Ajar Keperawatan Anak*. Yogyakarta : Pustaka Pelajar
- Riwidiko, H. (2013). *Statistik Kesehatan dan Aplikasi SPSS dalam Prosedur Penelitian*. Yogyakarta : Rohima Press

- Rosidah, A. (2012). *Persepsi Orang Tentang Perilaku Caring Perawat Pada Pelaksanaan Asuhan Keperawatan Di Ruang Rawat Inap Anak RSUD Serang*. Skripsi. Jakarta : Program Studi Ilmu Keperawatan, Fakultas Kedokteran Dan Ilmu Kesehatan, Universitas Islam Negeri Syarif Hidayatullah.
- Sacharin, R.M.(1996). *Prinsip keperawatan pediatrik*, edk 2, trans. Maulany, Jakarta : EGC
- Saho, A, M, Sulisna M, dan Wuryanto E. (2011). *Kepercayaan (TRUST) Pasien Kepada Perawat dalam Menjalankan Perawatan dengan Tingkat Kecemasan Pasien di Bangsal Kelas 3 Rumah Sakit Umum Daerah Kota Semarang*.
- Sugiyono, (2011). *Statistika Untuk Penelitian*. Bandung: Alfabeta
- Sugiyono, (2014). *Metode Penelitian Kuantitatif Kualitatif dan R & D*. Bandung: Alfabeta
- Sumiyanti, N, M. 2016. Strategi Komunikasi Perawat Dalam Meningkatkan Kepuasan Pasien Di Instalasi Rawat Inap Rumah Sakit Umum Daerah Wangaya Kota Denpasar.
- Susenas, (2014), *Angka Kesakitan (Morbidity Rate) Anak-anak Umur 0-21 Tahun*. http://www.ykai.net/index.php?option=com_content&view=article&id=145:angka-kesakitan-morbidity-rate-anak-anak-umur-0-21-tahun-&catid=105:tabel&Itemid=119. [diakses pada 2 Oktober 2018]
- Swanson (1991). Empirical Development Of a Middle Range Theory of Caring. *Nursing Research*, 40(3), 161-166
- Wong, D.L. (2008). *Wong and Whaley, Nursing Care of Infant and Children Mobsy Company, 5th Edition*, Philadelphia.