



Caring Training on Caring Behavior and Nurse Work Culture at RSUP. Dr. M. Djamil Padang

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ABSTRACT

Quality nursing services require nurses to work in a professional and standardized manner, where the service focuses on the patient and has to be comprehensive. The best nursing services can be realized by caring behavior which is fundamental to the nursing profession. The design of this research is "Quasi-experimental with One Group pretest-posttest design". The study was conducted on 50 nurses in four wards selected by proportional random sampling. Data were analyzed with proportions and Paired T-Test. The results showed that there was significant differences caring domain such as cognitive abilities ($p = 0.000$), affective abilities ($p = 0.000$), psychomotor abilities ($p = 0.000$), and also work culture ($p = 0.000$) after being given caring training. It means that caring training can improve caring behavior and work culture. It is expected that the hospital will conduct caring training for all nurses for a minimum of 1 day with the training method carried out by lectures, questions and answers, role play/demonstrations, discussions and using the caring module as nurse guidance for caring behavior.

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ABSTRAK

Pelayanan keperawatan yang berkualitas menuntut perawat untuk bekerja secara profesional dan terstandar, dimana pelayanan berfokus pada pasien dan harus komprehensif. Pelayanan keperawatan yang terbaik dapat diwujudkan dengan perilaku caring yang merupakan dasar dari profesi keperawatan. Desain penelitian ini adalah Quasi eksperimental dengan desain *One Group pretest-posttest design*. Penelitian dilakukan pada 50 perawat di empat bangsal yang dipilih secara proporsional *random sampling*. Data dianalisis dengan proporsi dan Paired T-Test. Hasil penelitian menunjukkan bahwa terdapat perbedaan yang signifikan pada domain caring seperti kemampuan kognitif ($p = 0,000$), kemampuan afektif ($p = 0,000$), kemampuan psikomotorik ($p = 0,000$), dan juga budaya kerja ($p = 0,000$) setelah diberikan pelatihan caring. Artinya pelatihan caring dapat meningkatkan perilaku caring dan budaya kerja. Diharapkan pihak rumah sakit melakukan pelatihan caring kepada seluruh perawat minimal satu hari dengan metode pelatihan dilakukan dengan metode ceramah, tanya jawab, *role play*/demonstrasi, diskusi dan menggunakan modul caring sebagai pedoman perawat berperilaku caring.

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INTRODUCTION

Nursing services are one of the important aspects of health services in hospitals, because nurses carry out nursing duties directly to clients. Thus, the quality of nursing services needs to be improved continuously so that hospital services will also increase along with improving the quality of nursing services (Bondas, 2010). Quality nursing services require nurses to work in a professional and standardized manner, where the service focuses on the patient and is comprehensive. Nurse professionalism is expected to be able to be humane towards patients. Humanist behavior means that nurses treat patients as human beings who must be cared for, guarded and served wholeheartedly (Nursalam, 2014). This can be realized by caring behavior.

Caring is an attitude, caring, respect and respect for others, which means giving more attention to someone and how that person acts. Caring contains 3 things that cannot be separated, namely attention, responsibility, and being done with sincerity. Caring is also an attitude of caring, respecting and appreciating others, which means paying attention and learning about one's preferences and how one thinks and acts. (Dwidiyanti, 2007); Situs, 2006).

Caring in nursing is an essential interpersonal process that requires nurses to perform specific role activities in a way that conveys certain emotional expressions to patients (Morrison, Burnard, Widyawati, & Meikya, 2015). Caring is the essence of nursing, in nursing according to Kozier (2008) is very basic, caring is the heart of the profession meaning as a fundamental and unique component of nursing.

In the world, nurses' caring behavior has started to be good, but there are still some countries where nurses' caring behavior is bad. Research conducted by Aiken et al., (2012), shows the percentage of nurses who have poor quality of caring services in Ireland 11%, and Greece 47%. The International Association of Human Caring explains that nursing always includes four concepts, namely caring is what nurses do, humans are the target of what nurses do, health is the goal and the environment is a place where nurses care.

In Indonesia, caring is one of the assessments for users of health services. (2008). The results of the research survey in July 2010, the Ministry of Health, represented by drg. Usman received the results of the Citizen Report Card (CRC) survey which took a sample of 738 inpatients in 23 hospitals (public and private). The survey was conducted in five major cities in Indonesia and found 9 problem points, one of which was that as many as 65.4% of patients complained about the attitude of nurses who were less friendly, less sympathetic and rarely smiled.

Caring behavior must be applied and become a culture that is inherent in every nurse, because caring is at the core of nursing practice (Dwidiyanti, 2007). Nurse work culture can simply be understood as a nurse's behavior based on moral principles and values she believes in, and provides inspiration to always work better and satisfy all parties. The formation of work culture occurs when the work environment or learning organization faces problems, both those involving external and internal changes concerning the unity and integrity of the organization according to Ndraha, (2003). A conducive work culture is not only important for organizational development but also plays a role in providing satisfaction to its personnel (Ndraha, 2003). There is a significant relationship between work culture and patient satisfaction (Kolomboy, 2009). Zees' research (2011) shows that organizational culture is related to nurses' caring behavior ($p=0.036$; $=0.05$).

Every action or care provided by the nurse is not just an orientation to the task alone (completion of work), but to the satisfaction of the patient's needs. Nurses' understanding of caring behavior needs to be improved, so nurses can apply caring behavior to patients. Increasing nurses' understanding of caring behavior, one of which can be through training. Training is an organized method that ensures that a person has the knowledge and skills for a specific purpose i.e. they get the knowledge needed to perform work tasks (Marquis & Huston, 2010).

Caring behavior of implementing nurses in hospitals can be influenced by organizational culture. Organizational culture reduces work culture, namely a philosophy based on values that become traits, habits and adapted by groups which are reflected in behavior, ideals, opinions and actions that manifest as work (Trigono, 2001). Work culture occurs through a controlled process involving all components to change the old way of working into a new way of working that is oriented to satisfy customers or the community in providing complete service. The application of work cultural values is important to develop oneself in providing services to the community (Efendi & Mahfudin, 2009).

One way to increase patient satisfaction and create a work culture is to provide guidance or training. Caring behavior training is training on nurse behavior in the application of caring behavior to clients. Nurses who have received training and guidance on caring behavior are expected to apply it to clients so that they can increase client satisfaction with nursing services. This is in accordance with the results of research by Sutriyanti, 2009 which states that there is a significant difference in the satisfaction of patients treated by nurses who are trained and guided by nurses who are trained but not guided (p value: 0.000).

Preliminary study at RSUP Dr. M. Djamil shows that the achievement of patient satisfaction quality data in the first semester of 2019 tends to be stable with an average achievement of 81.92%, it is known that this achievement has not reached the specified target ($\geq 85\%$). The highest achievement of the patient satisfaction indicator was in February 82.53%) and the lowest achievement was in March (81.23%). The implementing nurse at Dr.M.Djamil Padang Hospital has never attended caring training. The results of observations in August 2019, show that most nurses still work routinely that are task-oriented and lack initiative. Some nurses come to the patient's room only when there is a call from the patient or family and if there is a medical order that needs to be done. This may occur due to the lack of understanding and awareness of nurses on caring behavior, so nurses do not apply work culture values to apply caring as the dominant aspect in providing nursing services to patients. For this reason, the authors are interested in conducting research with the title "The effect of caring training on the application of caring behavior and work culture of implementing nurses at Dr.M.Djamil Hospital Padang".

METHOD

Quasi-experimental design was used for this research with pre- and post-test without control group method. The research was conducted in the hospital room DrM. Djamil Padang, namely the pediatric, midwifery, internal medicine, and surgical ward, which was held from December 2019 to November 2020. The total population in this study was 329 people. Number of sample counted using the Lemeshow

formula, then the sample is spread out to both rooms with an even distribution and taking into account the inclusion and exclusion criteria. The criteria for the desired participants are being willing to participate, an implementing nurse, having cognitive impairment, and participating in training. The sample size was 50 nurses in four wards selected by proportional random sampling. The data collection tool used in this study was a questionnaire by (Kalsum, 2016). The result of the validity test showed that the instrument is valid (R table $> 0,361$).

The training was carried out for 1 day (8 hours) starting with a pre-test to measure the initial ability to knowledge and 10 factors of caring. Before the pretest is carried out, instructions are given so that there are no misunderstandings and doubts in filling out the questionnaire. After that, it was continued with training on caring materials in nursing care, documentation and nursing processes as well as therapeutic communication in nursing care with lecture methods, discussions, questions and answers, role play demonstrations. The post test was carried out by observing the caring ability after following two weeks of the practice implementation process, as well as filling out and redistributing the caring cognitive and affective ability questionnaire in nursing care. Data analysis in this study included univariate test using descriptive analysis and bivariate test with t test with p value ≤ 0.05 .

This research has passed the ethical test of the Health Research Ethics Committee of Dr. RSUP. M. Djamil Padang with the number 195/KEPK/2021.

RESULTS AND DISCUSSION

After analyzing the characteristics of respondents based on age, length of work, educational status, employee status, and marital status, the results are presented in table 1. The distribution of respondent characteristics from the results of

this study shows that most of the respondents are aged 18-30 years, most of the respondents have a working period of 0-5 years, most of the respondents are nurses graduates, most of the respondents are still temporary employees, and most of the respondents have married.

Table 1
Respondents' characteristics on intervention group at RSUP DR.M. Djamil Padang, November 2020 (n=50)

Respondents Characteristics	Frequency	Percentage (%)
Age		
18 -30 years	28	56
31 -40 years	17	34
41 -50 years	3	6
51 -60 years	2	4
>60years	0	0
Length of working		
0-5years	31	62
5,1-10 years	9	18
10,1-15 years	4	8
15,1-20 years	1	2
20,1-25 years	1	2
>25 years	4	8
Educational Status		
SPK	0	0
DIII	20	40
Ners	30	60
Employee Status		
Honorary	35	70
Government Employees	15	30
Marital Status		
Single	17	34
Married	33	66

Table 2.
Results of the Paired T-Test of Nurses Knowledge, Attitude, and Skill in the Inpatient Room, RSUP DR. M. Djamil Padang, November 2020 (n=50)

Variable	Intervention Group		Different Mean	p value
	Before Mean (SD)	After Mean (SD)		
Knowledge	5,58(2,041)	6,78(1,620)	1,2	0,000
Attitudes	145,74(13,819)	153,36(13,824)	7,62	0,000
Skills	34,50 (3,845)	37,74 (4,203)	3,24	0,000

*Significant at $\alpha < 0.05$

The caring behavior variable in this research were as follows: knowledge, attitudes and skills. The results of the analysis presented in Table 2. The result of analyzing knowledge, attitude, and skills variables shows that there were a significant change in levels of each variable before and after engaging in caring training in this research ($p = 0,000$).

Caring behavior of nurses before and after receiving training and guidance on caring behavior at RSUP Dr. M. Djamil Padang showed an increase in scores from the pre-test to the post-test both in knowledge, attitudes, and skills. Research conducted by Blum, Hickman, Parcells, & Locsin (2010) on teaching caring in nursing education using simulation technology has been shown to improve nursing students' caring behavior. This is also in line with the research of Sutriyanti (2009), Muttaqin (2008) which states

that there is a significant increase between the caring behavior of nurses before and after training and guidance on caring behavior. Training is also defined as an organized method that ensures that a person has the knowledge and skills for the specific purpose that they get the knowledge needed to perform work tasks (Marquis & Huston, 2010).

According to the researcher's assumption, increasing knowledge after intervention is a process that is carried out systematically to increase knowledge, attitudes, and skills. This can be seen in the results of the study, namely the knowledge before the intervention was carried out there were 55.8% correct answers while after the intervention there was an increase of 67.8%. In affective or attitude there is an increase from 87.02% to 94.05%. While the psychomotor changes occurred before the training was carried out, therefore the application of caring behavior for

implementing nurses had started to be optimal. but there are still some important caring characteristics that have not been applied by nurses.

The application of nurse caring behavior that has not been optimal can be seen from the results of observations made by researchers who are assisted by the head of the room. The results of the observations show that in providing nursing care, most nurses rarely provide special time to examine in depth the problems experienced by patients, especially those related to psychological problems, rarely help patients for worship activities and lack motivation for problems faced by patients. There are still a small number of nurses who do not give full attention to patients, and do not explain the nursing action procedures to be carried out.

Prompahakul, Nimanat, & Kogsuwan (2011) research on the factors related to the caring behavior of nurses towards terminal patients in Thailand, stated that the factors most related to the caring behavior of nurses towards terminal patients were nurses' personal factors (age, education level, experience training, morale and self-awareness), environmental factors, technological factors. This study is not in line with Magdalena Purba, Emilia, & Retno Rahayu (2013)research, there is no difference in cognitive abilities, affective abilities and caring psychomotor abilities in nursing care between students who were given caring training and students who were not given caring training. = 0.21, affective: p-value = 0.58, psychomotor: p-value = 0.07). The results of research by Glembocki (2010)about building a caring culture through training, they stated that there was an

increase in nurses' knowledge about caring behavior before and after training.

According to the research assumption, there is a difference between skills before training and after training because training is one of the most effective instruments to improve one's skills and also change one's behavior. This can be seen in the results of the study 61.3% of skills after training than before 45.8%, therefore the application of student caring behavior is not optimal because there are still several important caring characteristics that have not been applied by nurses, namely 1) providing a supportive environment, protect and/or improve mental, sociocultural, and spiritual (5%) such as nurses facilitating patients to meet religious leaders when patients need, nurses helping patients to carry out their worship/religious activities when needed, nurses motivating patients to pray/worship according to their religion and nurses Help contact the patient's family when needed. 2). Develop existential – phenomenological strength factors (26.6%) such as providing support to patients to be steadfast in facing their illness, for example explaining to patients that everything is a trial, there must be a lesson behind this incident, encouraging patients to be patient and preparing patients and families when grieving phase, such as giving strength to patients and families by means of nurses motivating patients to return everything to God Almighty, explaining that everything is God who decides.

The bivariate analysis explained the effect of caring training on work culture for nurses in the inpatient room of Dr. RSUP. M. Djamil Padang is shown in table 3 below:

Table 3.
Results of the Paired T-Test of Nurses Working Culture in the Inpatient Room, RSUP DR. M. Djamil Padang, November 2020 (n=50)

Variable	Intervention Group		Different Mean	p value
	Before Mean (SD)	After Mean (SD)		
Work Culture	85,74(3,37)	87,38(0,923)	1,64	0,000

*Significant at $\alpha < 0.05$

The result of analyzing working culture variables shows that there was a significant change in nurses working culture variable before and after engaging in caring training in this research ($p = 0,000$). This is also reinforced by the results of research by Glembocki (2010)on building a caring culture through training, they stated that there was an increase in nurses' knowledge about caring behavior before and after training. The training also aims to improve work skills so that employees / nurses are able to achieve maximum performance so that they can improve work quality and productivity, improve moral attitudes and work motivation(Prabu, 2004).

Training is a short-term educational process that uses a systematic and organized procedure in which non-managerial employees learn technical knowledge and skills for limited purposes (Prabu, 2004). Training is also one of the most effective instruments to improve the performance and work productivity of employees in an organization which in turn can increase the productivity of the organization as a whole (Siagian, 2010).

The formation of work culture occurs when the work environment or learning organization faces problems, both those involving external and internal changes concerning the unity and integrity of the organization. A conducive work culture is not only important for organizational development but also plays a role in providing satisfaction to its personnel (Ndraha, 2003). There is a significant relationship between work culture and patient satisfaction (Kolomboy, 2009). Zees

(2011)shows that organizational culture is related to nurses' caring behavior ($p=0.036$; $=0.05$). This is in accordance with the results of research by Sutriyanti, 2009 which states that there is a significant difference in the satisfaction of patients treated by nurses who are trained and guided by nurses who are trained but not guided (p value: 0.000).

CONCLUSIONS AND SUGGESTIONS

Caring training improves nurses caring behavior and working culture. This method that consists of lectures, questions and answers, role play/demonstrations, discussions and using the caring module is a complete package that is suitable for training to improve knowledge, attitudes, and behaviors that will be applied in the work culture. It is expected that the hospital will conduct caring training for all nurses with a minimum of 1 days with the training method carried out by lectures, questions and answers, role play/demonstrations, discussions and using the caring module as a nurse guidance for caring behavior.

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CONFLICT OF INTEREST STATEMENT

The author declares that there is no potential conflict of interest in relation to the authorship and publication of this article.

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