



Caring Behavior Improvement Model on Nursing Students at Poltekkes Kemenkes Pangkalpinang

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Abstract

This study aims to establish models and measures of caring behavior in nursing students at the Poltekkes Kemenkes Pangkalpinang. The research method used is a quantitative method with survey techniques in phase I, and experiments by making a book as an experimental tool with the design of the One Group Pre-test Post-test for stage II. Furthermore, the data analyzed by qualitative methods in stage III. The sample consisted of 69 students; as a combination of first-year and second-year students. This study revealed that the Compassion variable influenced the formation of Competence, whereas the Conscience and Commitment variables did not affect the formation of Competency. Meanwhile, overall, the variable Compassion, Conscience, Commitment, and Competence influence the formation of Caring Behavior.

Keywords: *Behavior, Caring, Nursing, Students.*

Introduction

The 2030 Sustainable Development Goals Agenda (SDGs) in the health sector sets some goals to ensure a healthy life and promote prosperity for all people of all ages [1]. This goal causes health efforts need to find techniques in improving health services and make the latest technological discoveries under the development of science [2]. In nursing practice, human or patient is an object of a nursing care service and care is the basis or foundation in providing nursing care. Nursing is a form of professional service that has a paradigm which includes four components: human, health, environment, and the nurse itself. Nurses are a noble profession because they require patience and calmness in serving patients who are suffering from illness.

A nurse must be able to serve patients wholeheartedly, understand the problems faced by clients, and look attractive. For this reason, a nurse needs the ability to pay attention to others, intellectual, technical, and interpersonal skills that reflected in caring behavior [3]. Caring is essential for nursing and is a focus for nursing practice. Caring behavior is also crucial for growth and development, improve, and improve the condition or way of life for humans [3].

Caring is also an attitude of respecting others, paying attention, and learning someone's likes and how someone thinks and acts. Providing caring is simply not just an emotional feeling or behavior since caring behavior aims and functions are to build social structures, outlook on life, and cultural values of each person that is different in one place [3]. Then the performance of nurses, especially in caring behavior, becomes significant in influencing service quality and patient satisfaction, especially in hospitals, where service quality determines the image of service institutions, which in turn can increase patient satisfaction and service quality [3].

In some extent, the effect of nurse services could be directly related to patient satisfaction [4], and recovery [3, 5]. Therefore, it is needed not only professional skills that understand all forms of nursing activities, but students are also required to have caring behavior to provide quality nursing services and prevent nurses from misuse of health services [6].

Caring behavior in various studies is the essence of nursing and is related to the structure of knowledge and theories that nursing students learn during their

education and is shaped by the way nurses carry out their practices [7]. The formation of caring behavior in a nurse begins when he decides to become a nurse and is measured in dedication as a nurse in carrying out duties by using all the professional knowledge learned and the number of moral norms and values [8].

Methods

This research used quantitative survey techniques and continued with experiments by writing a manual book. Experiments carried out in one group, without a comparison, by holding a pre-test and post-test, to determine the effects of the treatment, so that the magnitude of the effects of the experiment can be certainly known. The testing of caring behavior is monitored by preceptors when students do field practice. Furthermore, interviews were

conducted with students, study program managers, and stakeholders. The population and sample in this study were all Poltekkes Kemenkes Pangkalpinang students as many as 69 people; 30 of them are first-year students and 39 others are second-year students. Ethical feasibility permit issued by the KEPK, Health Polytechnic of the Ministry of Health, Jakarta (KEPK-PKKJ3) No. 091/KEPK-PKKJ3/07/2016. The author received funding (RISBINAKES grant) from the Poltekkes Kemenkes Pangkalpinang, Indonesia.

Results

Determining Factor Testing

The determinant factors are the influence of gender variables, student levels, interests, commitment, curriculum, and initial knowledge of student caring behavior shows in Table 1.

Table 1: Determining factor testing

Model	R	R-square	Adjusted R-square	Standard Error of The Estimate
1	0.772	0.596	0.577	5.12121

The coefficient of determination shows that 59.60% of the formation of students caring behavior can be explained using gender variables, student levels, interests, commitment, curriculum, and initial knowledge, while other causative factors can explain the rest of 40.40%. The standard error of estimate (SEE) explains that the existence of gender, student level, interests, commitment, curriculum, and the initial knowledge can be predictors of student caring behavior.

Testing the Caring Behavioral Model

The caring behavior of students in this study is in a good category. There are differences between caring behavior between first-year students (at intervals of 63.07%) and second-year students (65%). Also, it is known that there are seven aspects of caring behavior that are not optimal based on the list of caring dimensions (Caring Dimensions Inventory; CDI) designed by Watson and Lea [9], shown in Table 2.

Table 2: Caring behavior

No.	Caring Behavior	Percentage	Category
CDI 1.	Assist clients in ADL	59.06	Not Good
CDI 2.	Make nursing notes about the client	59.78	Not Good
CDI 3.	Feeling guilty/sorry for the client;	63.41	Good
CDI 4.	Providing knowledge to clients as individuals	60.14	Not Good
CDI 5.	Explain clinical procedures	61.59	Not Good
CDI 6.	Dress neatly when working with clients	63.77	Good
CDI 7.	Sit with client	65.58	Good
CDI 8.	Identify the client's lifestyle	61.23	Not Good
CDI 9.	Report the client's condition to a senior nurse	64.86	Good
CDI 10.	With clients during clinical procedures	62.32	Good
CDI 11.	Be nice with clients	65.58	Good
CDI 12.	Organize work with other nurses for clients	73.55	Good
CDI 13.	Listen to client	63.41	Good
CDI 14.	Consultation with doctors about the client	64.49	Good
CDI 15.	Advise clients regarding aspects of self-care	63.04	Good
CDI 16.	Sharing about personal problems with clients	59.78	Not Good
CDI 17.	Provide information about clients	75.72	Good

CDI 18.	Measuring the client's vital signs	63.41	Good
CDI 19.	Placing the client's needs before personal needs	64.13	Good
CDI 20.	Be competent in clinical procedures	65.94	Good
CDI 21.	Involve the client in care	63.04	Good
CDI 22.	Provide guarantees regarding clinical procedures	70.29	Good
CDI 23.	Give privacy to clients	63.77	Good
CDI 24.	Be happy with the client	61.59	Not Good
CDI 25.	Observe the effects of medication on the client	64.49	Good

Building the Model

The coefficient of determination indicates that 47% of the formation of caring competencies can be explained using the variable compassion, conscience, and commitment, while the remaining 53% can be explained by other causative factors. The standard error of estimate explains that the existence of compassion, conscience, and commitment can be ruled as predictors of student caring competencies. Because the probability of Sig is 0.036 (<0.05), this regression model is feasible to be used in predicting caring behavior.

The second test uses the behavior variable parameter (Y2) as the dependent variable, while the compassion (X1), conscience (X2), commitment (X3), and (X) competence variables become independent variables. The coefficient of determination of 1 shows that 100% of the formation of caring behavior of students in this study can be explained using the variable compassion, conscience, commitment, and competence. The magnitude of the standard error of estimate (SEE) of 0 explains if the existence of compassion, conscience, commitment, and competence can be ruled as predictors of the competencies of caring students.

Discussion

Stage I Testing

Determinant factors that influence the student's caring behavior consist of (1) gender, (2) student level, (3) student interest in becoming nurses, (4) student commitment in nursing assignments, (5) curriculum used in the formation of caring behavior, and (6) the initial knowledge students have. Caring behavior is built by three essential performance components—compassion, confidence, and commitment—which basically formed by competence and moral standards.

Second-year nursing students who have gone through the lecture process seem to have awareness and love of the profession as

nurses than first-year students. Also, service experience and practice in hospitals or health centers have a more significant effect on mastery of nursing competency of the second-year nursing students. Female students tend to have better-caring behavior than male students, but male students show an improvement caring behavior when they in their second-year. It explains that during the process of good lectures and provide space to conduct real practice in hospitals or health centers, both male and female students perform similar qualified treatment and it redefined the conventional conception [10].

Based on this research, it shows that the variables of interest, commitment, and competence of students significantly influence the caring behavior in their implementation in the hospital or everyday life. This is undoubtedly in accordance with the theory which states that the development of the nursing world that has adopted technology directs the caring behavior of nurses not only to the sincerity of the soul in caring for patients but also is the ability to be dedicated to others, supervise with caution, show concern, feelings empathy for others, and feelings of love or affection [3].

The commitment of nursing students to the profession as nurses has a significant influence on caring behavior. Sincerity in serving and commitment to follow nursing procedures has been implemented well by students. Various assumptions show that the caring conception is subsequently partially learned by students both through experience and in attracting meaning in their lectures, which appears in the significant influence of students' knowledge variables on their caring behavior.

Stage II Testing

The second phase of the research consisted of the preparation of integration material and the integration material trial, which was compiled in a handbook of Caring Behavior Guidelines.

After going through the stages of discussion and observation, the following arrangement of the guidebook is determined as follows: Chapter 1. Introduction; Chapter 2. Definition of Caring; Chapter 3. Caring Behavior; Chapter 4. Caring for Patients; Chapter 5. Communication with Caring; and Chapter 6. Development of Caring.

Next, the Caring Guide is distributed to students to evaluate then give suggestion for adjustments. The results of observations made by preceptors and filling questionnaires show data that caring behavior by students is generally behavior that is following nursing action procedures, namely:

- Provide information about clients;
- Organizing work with other nurses for clients;
- Provide guarantees regarding clinical procedures;
- Be competent in clinical procedures;
- Sit with clients;
- Be nice with clients;
- Report the client's condition to the senior nurse;
- Consultation with doctors regarding clients;
- Observe the effects of medication on the client.
- Placing the client's needs before personal needs;
- Dress neatly when working with clients;
- Providing privacy to clients;
- Feeling guilty/sorry for the client;
- Listen to clients;
- Measuring the client's vital signs;
- Advise clients regarding aspects of self-care;
- Involve clients in care;
- With clients during clinical procedures.

Aspects of caring behaviors that are still weak includes explain clinical procedures, be happy with clients, identifying the client's lifestyle, and providing knowledge to clients as individuals. Other weak aspects of competence are report nursing notes about the client, sharing personal matters with clients, and help clients in ADL.

Stage III Testing

This phase is the guided interview to explore the model development. Testing of the variable compassion-in the form of sensitivity to the difficulties and pain of others can be in

the form of helping someone to stay afloat, providing opportunities for sharing, and provide full support-seems to give effect to the formation behavior to do commitment work. However, competence variable and confidence, statistically does not affect student competence directly. Based on interviews with students (P1: Women), it is known that, in general, sensitivity to the difficulties and pain of patients manifested in the action of helping someone to stay afloat, provide opportunities to share feelings, build by routine practices.

Various class discussions provide opportunities for students to express their feelings and empathize. Also, P1 states that practice in hospitals is needed because even though students' knowledge is good, in reality, the practice of caring behavior itself has been carried out according to the indicators studied in the guidebook. Students with good caring behavior still depend on the nature of the patient itself; whether the patient is open or willing to express their feelings while being treated.

According to interviews with students (L1: Men), the confidence of students in taking action grows because they master the memorization of actions contained in the textbook, as well as lecture notes, but only a few lecturers insert material about how a person student foster confidence in carrying out actions. Students still often get a rejection from family and patients because of the low patient's trust to the student as a nurse. Respondent L1 realize that a nurse is required to have moral standards that grow from a humanistic value system that respects and wants to care for the welfare or health of his patients.

However, the central aspect that needs to be built is that the student must first make changes to his behavior. Caring behavior is fully developed together from aspects of compassion, competence, conscience, and commitment. These variables must be owned and operated by a student to be able to have good caring behavior while caring must be defined as an action that aims to provide physical care and pay attention to emotions while increasing patient safety [7]. Therefore, caring attitude must be given through honesty, trustworthiness, and good intentions at the same time. Another

student's interview (P2: Women) state that lectures should include caring material that following the guideline developed by researchers, but at an early stage, it should be inserted or integrated in each course. Respondents (P3: meeting) stated that the approach in conducting nursing care must be purely carried out sincerely to help the patient's healing process, not only to make a report on nursing care. Interviews with students (L2: Men) revealed that students expect more examples in the guidebook, although they expect more detailed understanding in aspects of courage and verbal communication.

Respondents (L3: Men) stated that self-confidence needs to be built by knowing good nursing knowledge and being skilled at doing it so that the confidence of the family and the patient itself will grow. Discussion with the lecturer team emphasized the importance of the caring guidebook to be immediately presented as a complement to lectures, in addition to be a guide for students as well as supporting references for lecturers in providing courses so that it can be used optimally.

Conclusion

- The determinant factors that significantly influence the formation of caring behavior in students are the commitment of students as prospective student nurses, nursing knowledge, student interest as nurses, and student levels, as well as the indirect influence of gender variables and lecture curriculum.
- The Caring manual book is structured as follows; Chapter 1. Introduction; Chapter 2. Definition of Caring; Chapter 3. Caring Behavior; Chapter 4. Caring of Patients; Chapter 5. Communication with Caring; and Chapter 6. Caring Development.
- Compassion variable influences the formation of competency, whereas conscience and commitment variables do not affect the competence formation, while overall compassion, conscience, commitment and competence affect the formation of caring behavior.

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