HUBUNGAN SIKAP *CARING* PERAWAT DALAM MEMBERIKAN ASUHAN KEPERAWATAN DENGAN KEPUASAN KERJA PERAWAT

LITERATUR REVIEW

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PROGRAM STUDI ILMU KEPERAWATAN
FAKULTAS ILMU KESEHATAN
UNIVERSITAS dr. SOEBANDI
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LITERATUR REVIEW

Untuk Memenuhi Persyaratan
Memperoleh Gelar Sarjana Ilmu Keperawatan (S.Kep)

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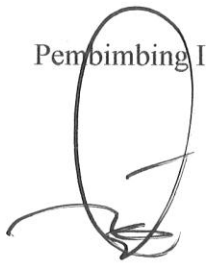
LEMBAR PERSETUJUAN

Skripsi ini telah diperiksa oleh pembimbing dan telah disetujui untuk mengikuti seminar hasil pada Program Studi Ilmu Keperawatan
Universitas dr. Soebandi

Jember, 26 Agustus 2022

Pembimbing I



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PERNYATAAN KEASLIAN PENELITIAN

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Menyatakan dengan sebenar-benarnya bahwa *literatur review* ini adalah asli dan belum pernah diajukan sebagai syarat penelitian, baik di Universitas dr. Soebandi Jember maupun di perguruan tinggi lain. *literatur review* ini murni gagasan dan rumusan saya sendiri tanpa bantuan pihak lain, kecuali arahan Tim Pembimbing. Dalam perumusan skripsi ini tidak terdapat karya atau pendapat orang lain yang telah ditulis serta dipublikasikan, kecuali secara tertulis dengan jelas dicantumkan dalam daftar pustaka. Apabila dikemudian hari terdapat penyimpangan dan ketidakbenaran dalam pernyataan ini, maka saya bersedai menerima sanksi akademik dan atau sanksi lainnya, sesuai dengan norma yang berlaku dalam perguruan tinggi ini.

Jember, 13 Agustus 2022

Yang menyatakan,

Farida Andrayani
NIM. 20010190

LEMBAR PENGESAHAN

Hasil Penelitian yang berjudul "**Hubungan Sikap Caring Perawat Dalam Memberikan Asuhan Keperawatan Dengan Kepuasan Kerja Perawat**" telah diuji dan disahkan oleh Program Studi Ilmu Keperawatan pada:

Hari : Selasa

Tanggal : 30 Agustus 2022

Tempat : Program Studi Ilmu Keperawatan Universitas dr. Soebandi Jember

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PERSEMBAHAN

Skripsi ini saya persembahkan Kepada:

1. Ayah (Almarhum) dan Ibu (Almarhumah) tercinta, terimakasih telah membesarkan dan mendidik saya hingga saya mampu mencapai pendidikan saat ini, teriring doa dari anakmu ini.
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3. Kepala Puskesmas Pakusari dan rekan- rekan sejawat di Puskesmas Pakusari yang telah memberikan dukungan, motivasi dan semangat dalam menyelesaikan tugas akhir ini

MOTTO

Sesungguhnya hanya orang- orang yang bersabarlah yang
dicukupkan pahala mereka tanpa batas
(QS. Az- Zumar: 10)

ABSTRAK

Andrayani, Farida* Widada, Wahyudi** Astutik, Emi Eliya***.2022. **Hubungan Sikap Caring Perawat dalam Memberikan Asuhan Keperawatan dengan Kepuasan Kerja Perawat**. Skripsi. Program Studi Ilmu Keperawatan Universitas dr. Soebandi Jember

Pendahuluan: kepuasan kerja merupakan faktor utama yang mempengaruhi kualitas pelayanan. Perubahan yang cepat dalam layanan kesehatan telah meningkatkan tuntutan pada perawat sehingga penting bagi organisasi untuk membuat perawat bahagia dan puas. Estimasi global terhadap kepuasan kerja perawat sebesar 37,2%. Ketidakpuasan kerja terhadap suatu pekerjaan akan berdampak pada menurunnya motivasi kerja yang berdampak pada sikap caring perawat dalam memberikan asuhan keperawata kepada klien. Penelitian ini bertujuan untuk menjelaskan hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat. **Metode:** Desain penelitian adalah *Literatur review* dengan menggunakan PEOS *framework.* Database menggunakan *Google Scholar* (N=31), *PubMed* (N=66), *Elsevier* (N=4*)* dan teridentifikasi lima artikel publikasi 2017-2021 berdasarkan kriteria inklusi meliputi sikap *caring* perawat, kepuasan kerja perawat, *outcome* berupa ada hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat serta bentuk *design* mencakup *korelatif, crossectional, deskriptif kuantitatif.* **Hasil:** berdasarkan sumber empiris utama teridentifikasi kelima artikel tersebut mengungkapkan bahwa sebagian besar partisipan puas terhadap pekerjaan atau memiliki tingkat kepuasan yang tinggi. berdasarkan sumber empiris utama pada *literature review* ini teridentifikasi kelima artikel tersebut mengungkapkan bahwa sebagian besar partisipan menyatakan memiliki sikap caring yang tinggi dalam melaksanakan asuhan keperawatan. berdasarkan sumber empiris utama kelima artikel tersebut mengungkapkan adanya hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat. **Analisis**: kelima artikel tersebut mengungkapkan adanya hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat dengan besar pengaruh antara 20,1% hingga 37,2% dengan besar pengaruh mencapai 0,8 kali. **Diskusi**: melalui sikap caring perawat akan mampu memberikan asuhan secara optimal, dengan memberikan asuhan secara optimal maka perawat akan puas terhadap pekerjaannya dan perawat akan mampu memberikan pelayanan yang baik dan meningkatkan kepuasan pasien

Kata Kunci : Asuhan Keperawatan, Kepuasan Kerja, Sikap Caring, Perawat

*Peneliti
** Pembimbing 1
***Pembimbing 2

ABSTRACT

Andrayani, Farida* Widada, Wahyudi** Astutik, Emi Eliya***.2022. **Relationship between Caring Behavior of Nurses in Providing Nursing Care with Job Satisfaction** *Undergraduated Thesis. Nursing Science Study Program, dr. Soebandi University*

Introduction*: job satisfaction is the main factor that affects service quality. Rapid changes in healthcare have increased the demands on nurses so it is important for organizations to keep nurses happy and satisfied. The global estimate of nurse job satisfaction is 37.2%. Job dissatisfaction with a job will have an impact on decreasing work motivation which has an impact on the caring attitude of nurses in providing nursing care to clients. This study aims to explain the relationship between caring attitudes of nurses in providing nursing care and job satisfaction of nurses.* ***Methods****: The research design is a literature review using the PEOS framework. The database uses Google Scholar (N=31), PubMed (N=66), Elsevier (N=4) and identified five articles published in 2017-2021 based on inclusion criteria including nurse caring attitudes, nurse job satisfaction, outcomes in the form of a relationship between nurses' caring attitudes in providing nursing care with nurse job satisfaction and the design includes correlative, cross-sectional, quantitative descriptive.* ***Results****: Based on the main empirical sources identified, the five articles revealed that most of the participants were satisfied with their work or had a high level of satisfaction. Based on the main empirical sources in this literature review, the five articles identified revealed that most of the participants stated that they had a high caring attitude in carrying out nursing care. Based on the main empirical sources, the five articles revealed a relationship between the caring attitude of nurses in providing nursing care and job satisfaction of nurses.* ***Analysis****: the five articles revealed that there was a relationship between the caring attitude of nurses in providing nursing care and job satisfaction of nurses with a large influence between 20.1% to 37.2% with a large effect reaching 0.8 times.* ***Discussion****: through caring attitude nurses will be able to provide optimal care, by providing optimal care, nurses will be satisfied with their work.*

Keywords : Caring Behavior, Job Satisfaction, Nursing Care, Nurse

** Researcher*
*** Advicer 1st*
**** Advicer 2nd*

KATA PENGANTAR

Puji Syukur Kepada Tuhan Yang Maha Esa yang telah melimpahkan rahmat dan hidayah-Nya sehingga penyusunan *literatur review* ini dapat terselesaikan. *Literatur review* ini disusun untuk memenuhi salah satu persyaratan menyelesaikan pendidikan pada Program Studi Ilmu Keperawatan Universitas dr. Soebandi dengan judul **"Hubungan Sikap Caring Perawat dalam Memberikan Asuhan Keperawatan dengan Kepuasan Kerja Perawat"**. Selama proses penyusunan *literatur review* ini peneliti dibimbing dan dibantu oleh berbagai pihak, oleh karena itu peneliti mengucapkan terima kasih kepada :

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Dalam penyusunan *literatur review* ini peneliti menyadari masih jauh dari kesempurnaan, untuk itu peneliti sangat mengharapkan kritik dan saran untuk perbaikan di masa mendatang.

Jember, 13 Agustus 2022

Peneliti

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DAFTAR LAMPIRAN

DAFTAR SINGKATAN

APA	:	*American Psychological Association*
AIP	:	*American Institute of Physics*
APS	:	*American Physical Society*
ACS	:	*American Chemical Society*
ASME	:	*American Society of Mechanical Engineers*
WHO	:	*World Health Organization*
PEOS	:	*Population/problem, Exposure, Outcome, Study design*

BAB 1

PENDAHULUAN

1.1 Latar Belakang

Perawat harus memberikan pelayanan keperawatan yang bermutu dan aman bagi pasien yang didasarkan pada kode etik perawat, standar pelayanan keperawatan, standar profesi dan standar prosedur operasional dalam melakukan tindakan keperawatan (Mamik, 2015). Salah satu aspek yang memengaruhi perawat dalam memberikan pelayanan yang berkualitas dan bermutu adalah adanya kepuasan kerja yang ada dalam diri perawat (Taufiqurrahman, 2014). Pada dasarnya kepuasan kerja merupakan hal yang sangat individual dimana setiap individu memiliki tingkat kepuasan yang berbeda sesuai dengan sistem nilai yang berlaku pada dirinya (Tahir, 2014). Tingkat kepuasan kerja perawat menjadi sangat penting karena perawat yang tidak terpenuhi hak-haknya akan merasa kecewa dan tidak puas yang pada akhirnya akan berimplikasi pada pelayanan yang diberikan (Amalia *et al.*, 2018).

Studi oleh Al-Qahtani *et al.*, (2020) mengungkapkan bahwa angka ketidakpuasan kerja pada perawat di Amerika sebanyak 41%, di Skotlandia mencapai 38%, di Inggris mencapai 36%, di Kanada mencapai 33% dan di Jerman mencapai 17%. Studi oleh Yudiah & Yudianto (2018) di Indonesia mengungkapkan bahwa ketidakpuasan kerja pada perawat mencapai 53,6% dan angka kepuasan kerja mencapai 46,4%.

Kepuasan kerja perawat menjadi salah satu faktor yang mempengaruhi produktifitas kerja perawat. Perawat harus memiliki dan menjaga kepuasan kerjanya pada sisi positif. Perawat yang memiliki kepuasan kerja positif akan melakukan pekerjaannya dengan lebih baik dan menghasilkan pelayanan yang bermutu (Aungsuroch & Liu, 2015). Dalam keperawatan, kepuasan dengan lingkungan kerja psikososial sangat penting karena aspek intrinsik pekerjaan dan potensinya untuk meningkatkan perawatan pasien. Ketika kondisi intrinsik hadir, tingkat motivasi meningkat maka kinerja akan meningkat (Jaafarpor & Khani, 2012).

Ketidakpuasan kerja terhadap suatu pekerjaan akan berdampak pada menurunnya motivasi kerja, menurunnya loyalitas karyawan serta mengakibatkan tingginya tingkat perputaran karyawan atau turnover, kemangkiran karyawan, dan tindakan-tindakan negative (Karlsson & Pennbrant, 2020). Salah satu faktor yang memengaruhi kepuasan kerja adalah pekerja itu sendiri. Caring menjadi inti dari keperawatan yang secara teori akan berdampak pada kepuasan kerja perawat (Farman & Kousar, 2017).

Teori *Caring* Swanson dapat digunakan sebagai pendekatan dalam model keperawatan untuk mengembangkan ilmu keperawatan yang lebih holistik. Pernyataan tersebut menjadikan sikap caring keperawatan sebagai bagian utama dari kepuasan pasien yang digunakan sebagai sistem evaluasi pelayanan kesehatan. Caring sebagai upaya kesehatan pelayanan menjadi *trend* di era ini. Gelombang pemasaran pelayanan kesehatan telah berubah dari era pelayanan prima menjadi era peduli berkarakter menjadi nilai peduli sebagai prinsip pelayanan kesehatan. Keterampilan informasi, motivasi, dan

perilaku menjadi faktor utama untuk mempengaruhi perilaku caring perawat (DeLaune & Ledner, 2019).

Menurut Murray (2017) kepuasan kerja merupakan salah satu predictor kinerja perawat. Sebagai usaha untuk meningkatkan kepuasan perawat adalah dengan meningkatkan kondisi kerja yang ideal, hubungan dengan rekan kerja dan pemimpin, gaji, promosi, keamanan pekerjaan, tanggung jawab, dan jam kerja serta gaya kepemimpinan, karakteristik kepribadian, dan kompetensi manajerial pemimpin. Selain itu iklim organisasi dan budaya organisasi dalam keperawatan telah menjadi predictor utama sebagai bagian meningkatkan kepuasan kerja bagi para perawat.

Berdasarkan hal tersebut peneliti melakukan sebuah studi dengan menggunakan kajian *literatur review* berupa hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat

1.2 Rumusan Masalah

Berdasarkan latar belakang diatas dapat dirumuskan sebuah pertanyaan penelitian berupa "Bagaimanakah hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat berdasarkan *literatur review*?"

1.3 Tujuan

1.3.1 Tujuan Umum

Berdasarkan pendekatan menggunakan metode *literatur review* maka tujuan umum dari penelitian ini yaitu untuk menjelaskan

hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat

1.3.2 Tujuan Khusus

a. Mengidentifikasi jurnal ilmiah terkait sikap *caring* perawat dalam memberikan asuhan keperawatan berdasarkan *literatur review*
b. Mengidentifikasi jurnal ilmiah terkait dengan kepuasan kerja perawat berdasarkan *literatur review*
c. Menjelaskan hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat berdasarkan *literatur review*

1.4 Manfaat Penelitian

1.4.1 Praktis

a. Hasil *literature review* ini diharapkan dapat digunakan oleh pihak manajemen rumah sakit dalam sebagai dasar pengembangan sumberdaya staf keperawatan berdasarkan dimensi kepuasan kerja yang mencakup kepuasan terhadap pekerjaan itu sendiri, kesempatan terhadap gaji, kesempatan promosi, kepuasan terhadap supervisi dan kepuasan terhadap rekan kerja.
b. Hasil *literature review* ini diharapkan dapat memberikan masukan yang berarti bagi staf keperawatan mengenai kepuasan kerja serta pengaruhnya terhadap sikap caring perawat
c. Hasil *literature review* ini dapat memberikan masukan bagi manager keperawatan untuk mendorong, mendukung, dan

memotivasi staf dalam meningkatkan sikap dan perilaku caring karena sikap tersebut merupakan inti dari keperawatan

d. Hasil *literatur review* ini dapat menjadi bahan masukan bagi managemen keperawatan di instansi layanan kesehatan untuk merumuskan indikator kinerja dan survey atas layanan keperawatan

1.4.2 Teoritis

a. Hasil penelitian ini diharapkan dapat menambah informasi penelitian selanjutnya mengenai konsep tentang tingkat kepuasan kerja perawat

b. Hasil penelitian ini diharapkan dapat menambah informasi penelitian selanjutnya dan konseptualisasi dari sikap caring perawat

BAB 2

TINJAUAN PUSTAKA

2.1 Konsep Kepuasan Kerja Perawat

2.1.1 Definisi

Secara komprehensif kepuasan kerja didefinisikan sebagai keadaan emosi Yang menyenangkan atau positif yang dihasilkan dari penilaian atas pekerjaan atau pengalaman seseorang.Kepuasan kerja merupakan hasil dari persepsi karyawan Tentang sejauh mana pekerjaan mereka dapat memberikan keadaan emosi seperti itu. Terdapat tiga dimensi penting dari kepuasan kerja. Pertama kepuasan kerja adalah respon emosional terhadap suatu situasi kerja.Kedua kepuasan kerja sering kali ditentukan oleh sebaik Apa hasil pekerjaan memenuhi harapan. Ketiga kepuasan kerja menggambarkan beberapa sikap yang berhubungan. Kepuasan kerja dan ketidakpuasan kerja adalah fungsi dari hubungan yang dirasakan antara apa yang orang inginkan dari pekerjaannya dan apa yang diharapkan benar-benar tersedia (Noermijati, 2013).

Kepuasan kerja adalah seperangkat perasaan pegawai tentang menyenangkan atau tidaknya pekerjaan mereka. Pegawai/karyawan yang bergabung dalam suatu organisasi,tentu mereka membawa serta seperangkat keinginan,kebutuhan,hasrat dan pengalaman masa lalu yang menyatu membentuk harapan kerja. Dengan demikian kerja

menunjukkan kesesuaian antara harapan seseorang yang timbul dan imbalan yang disediakan pekerjaan (Tahir, 2014).

Robbin (2003) dalam Indrasari (2017) menjelaskan bahwa pada dasarnya kepuasan kerja merupakan hal yang bersifat individual karena setiap individu akan memiliki tingkat kepuasan yang berbeda-beda sesuai dengan nilai-nilai yang berlaku dalam diri setiap individu. Semakin banyak aspek dalam pekerjaan yang sesuai dengan keinginan individu, maka semakin tinggi tingkat kepuasan yang dirasakan. Kepuasan kerja adalah sikap umum terhadap pekerjaan seseorang yang menunjukkan perbedaan antara jumlah penghargaan yag diterima pekerja dan jumlah yang mereka yakini seharusnya mereka terima. Mathis dan Jackson (2000) dalam Indrasari (2017) mengemukakan *job satisfaction is apositive emotional state resulting one's job experience* yang diartikan bahwa kepuasan kerja merupakan pernyataan emosional yang positif yang merupakan hasil evaluasi dan pengalaman kerja.

Konsep kepuasan kerja dapat ditemukan pada sikap yang merupakan salah satu bagian dari nilai. Nilai merupakan keyakinan dasar bahwa suatu modus perilaku atau keadaan akhir dari eksistensi yang khas lebih disukai secara pribadi atau sosial dari pada suatu modus perilaku atau keadaan akhir yang berlawanan. Nilai mengandung suatu unsur pertimbangan dalam arti nilai mengemban gagasan-gagasan seorang individu mengenai apa yang benar, baik atau diinginkan. Orang mau bekerja karena ada dorongan dalam dirinya

untuk menuju harapan yang lebih baik dan memuaskan, artinya berbeda dalam bentuk aktivitas yang bertujuan untuk memperoleh kepuasan. Kepuasan kerja merupakan elemen penting dalam organisasi. Hal ini disebabkan kepuasan kerja dapat mempengaruhi perilaku kerja pegawai seperti perilaku malas, rajin, atau produktif. Artinya perilaku manusia ditentukan oleh motif atau kebutuhan dalam diri manusia berdasarkan pada pengenalan yang diterima sebelumnya serta berhubungan dengan situasi dan perannya dalam organisasi (Indrasari, 2017).

2.1.2 Dimensi Kepuasan Kerja

Kepuasan kerja dapat diukur melalui beberapa indikator. Smith *et al* (2004) dalam Indrasari (2017) menyatakan terdapat 5 (lima) dimensi kepuasan kerja yakni:

a. Kepuasan terhadap pekerjaan itu sendiri.

   Pekerjaan memberikan kesempatan pegawai belajar sesuai dengan minat serta kesempatan untuk bertanggungjawab. Dalam teori dua faktor diterangkan bahwa pekerjaan merupakan faktor yang akan menggerakkan tingkat motivasi kerja yang kuat sehingga dapat menghasilkan prestasi kerja yang baik.

b. Kesempatan terhadap gaji.

   Kepuasan kerja pegawai akan terbentuk apabila besar uang yang diterima pegawai sesuai dengan beban kerja dan seimbang dengan pegawai lainnya

c. Kesempatan promosi.

Promosi adalah bentuk penghargaan yang diterima pegawai dalam organisasi. Kepuasan kerja pegawai akan tinggi apabila pegawai dipromosikan atas dasar prestasi kerja yang dicapai pegawai tersebut.

d. Kepuasan terhadap supervisi.

Hal ini ditunjukkan oleh atasan dalam bentuk memperhatikan seberapa baik pekerjaan yang dilakukan pegawai, menasehati dan membantu pegawai serta komunikasi yang baik dalam pengawasan. Kepuasan kerja pegawai akan tinggi apabila pengawasan yang dilakukan supervisor bersifat memotivasi pegawai.

e. Kepuasan terhadap rekan sekerja.

Jika dalam organisasi terdapat hubungan antar pegawai yang harmonis, bersahabat, dan saling membantu akan menciptakan suasana kelompok kerja yang kondusif, sehingga akan menciptakan kepuasan kerja pegawai.

2.1.3 Motivasi Kerja

Kata motivasi (*motivation*) kata dasarnya adalah motif (motive) yang berati dorongan, sebab atau alasan seseorang melakukan sesuatu. Dengan demikian motivasi berarti suatu kondisi yang mendorong atau menjadi sebab seseorang melakukan suatu perbuatan/kegiatan yang berlangsung secara sadar. Dari pengertian tersebut berarti pula semua teori motivasi bertolak dari prinsip utama bahwa manusia (seseorang) hanya melakukan suatukegiatan yang menyenangkannya untuk

dilakukan. Prinsip itu tidak menutup kemungkinan bahwa dalam keadaan terpaksa seseorang mungkin saja melakukan sesuatu yang tidak disukainya (Tahir, 2014).

Motif adalah apa yang menggerakkan seseorang untuk bertindak dengan cara tertentu atau sekurang-kurangnya mengembangkan suatu kecenderungan perilaku tertentu. Dorongan untuk bertindak inidapat dipicu oleh suatu rangsangan luar, atau lahir dari dalam diri orang itu sendiri dalam proses fisikologi dan pemikiran individu itu. Perbedaan motivasi niscayalah merupakan factor terpenting untuk memahami dan meramalkan perbedaan dan prilaku individual (Tahir, 2014). Menurut Indrasari (2017) pekerja yang puas termotivasi oleh hal-hal berikut:

a. Perlakuan yang adil (*Fair Treatment*).

   Pekerja yang mendapatkan perlakuan yang adil dan tidak berat sebelah, antara lain dalam bidang keamanan kerja, kompensasi dan respek akan merasa puas dengan pekerjaannya.

b. Pencapaian (*achievement*).

   Pekerja yang mendapat kesempatan untuk melakukan pencapaian kerja yang maksimal seperti mendapatkan kesempatan promosi, merasa bahwa keahliannya dibutuhkan dalam melakukan pekerjaan tersebut akan merasa puas/ tidak puas akan pekerjaannya.

c. Pertemanan (*Camaraderie*).

Pertemanan yang erat antara karyawan dengan rekan kerja dan atasannya dalam melakukan kerja sama (*team work*) akan mendukung terciptanya kepuasan kerja.

2.1.4 Kunci Utama Kepuasan Kerja

Rowland (1997) dalam Nursalam (2014) mengungkapkan bahwa terdapat setidaknya 12 kunci utama dalam kepuasan diantaranya yaitu:

a. input
b. hubungan manajer dan staf
c. disiplin kerja
d. lingkungan tempat kerja
e. istirahat dan makan yang cukup
f. diskriminasi
g. penghargaan penampilan
h. klarifikasi kebijaksanaan, prosedur, dan keuntungan
i. mendapatkan dan mendapatkan kesempatan
j. pengambilan keputusan
k. gaya manajer.

2.1.5 Gerakan Hubungan Kemanusiaan Sebagai Usaha Meningkatkan Motivasi dan Kepuasan Kinerja

Gerakan hubungan kemanusiaan (*the human relations movement*) dalam praktik manajemen memberikan penekanan pada kerja sama dan semangat kerja atau moral karyawan. Penekanan ini

dapat digolongkan ke dalam aspek hubungan kemanusiaan tersebut. Pendekatan hubungan kemanusiaan secara sederhana menempatkan karyawan sebagai manusia. Tidak sebagai mesin yang dipergunakan dalam berproduksi, memahami kebutuhan-kebutuhan manusia yang ingin dianggap ada dan merasa diperhatikan dengan cara didengarkan dan diperhatikan keluhankeluhannya jika memungkinkan, dan melibatkan mereka dalam pengambilan-pengambilan keputusan tertentu baik mengenai kondisi pekerjaannya atau masalah-masalah lainnya. Kesemuanya ini akan meningkatkan semangat kerja karyawan secara pasti dalam bekerja sama untuk mencapai produksi yang lebih baik (Tahir, 2014).

Dalam *Hawtorne Experiment* dibuktikan bahwa ada faktor-faktor tertentu yang mempengaruhi pada sikap, perilaku dan produktivitas para pekerja. Dalam *Hawtorne Experiment* menunjukkan bahwa sikap dan perilaku positif serta produktivitas para karyawan tidak terlalu dipengaruhi oleh fasilitas dan kondisi kerja, melainkan oleh perhatian yang diberikan oleh manajemen pada mereka. Dalam teori *Hawtorne Experiment* diketahui bahwa perilaku oleh seorang pekerja sangat ditentukan oleh dan terikat pada norma-norma kelompok kerja dimana seseorang menjadi anggota (Tahir, 2014).

2.1.6 Dampak Ketidakpuasan Kerja

Menurut Robbins (2013) dalam (Wijono, 2018) dampak ketidakpuasan kerja yaitu:

a. *Exit*

   Respon *exit* merupakan perilaku langsung dengan meninggalkan organisasi, termasuk mencari posisi baru atau mengundurkan diri.

b. *Voice*

   Respon *voice* termasuk secara aktif dan konstruktif berusaha memperbaiki kondisi, termasuk menganjurkan perbaikan, mendiskusisikan persoalan dengan atasan, dan melakukan bentuk aktivitas perserikatan.

c. *Loyaliti*

   Respon *loyaliti* berarti secara positif, tetapi secara optimistic menunggu kondisi membaik, termasuk berbicara untuk organisasi menghadap kritik eksternal dan mempercayai organisasi dan manajemennya melakukan sesuatu yang benar.

d. *Neglect*

   Respon *neglect* secara pasif memungkinkan kondisi memperburuk dan termasuk kemangkiran secara kronis atau keterlambatan mengurangi usaha, dan meningkatkan tingkat kesalahan

2.1.7 Indikator Kepuasan Kerja

Menurut Hunt (2013) (Murray, 2017b) dalam indikator kepuasan kerja dapat dilihat dari:

a. Pekerjaan itu sendiri (*the work itself*) yang mencakup tanggung jawab (*responsibility*), kepentingan (*interest*), dan pertumbuhan (*growth*).
b. Kualitas pengawasan (*quality of supervision*), yang menvakup bantuan teknis (*technical help*) dan dukungan sosial (*social support*).
c. Hubungan dengan rekan sekerja (*Relationship with co-workers*), yang mencakup keselarasan sosial (*social harmony*), dan rasa hormat (*respect*).
d. Peluang promosi (*promotion opportunities*), termasuk kesempatan untuk kemajuan selanjutnya (*change for further advancement*).
e. Bayaran (*pay*), dalam bentuk kecukupan bayaran (*adequacy of pay*) dan perasaan keadilan terhadap orang lainnya.

2.1.8 Faktor Yang Memengaruhi Kepuasan Kerja

Nursalam (2014) menjelaskan bahwa terdapat beberapa hal yang dapat mempengaruhi kepuasan kerja perawat diantaranya yaitu:

a. Motivasi

   Fungsi manajer dalam meningkatkan kepuasan kerja staf didasarkan pada faktor-faktor motivasi, yang meliputi: keinginan untuk peningkatan, percaya bahwa gaji yang didapatkan sudah mencukupi, memiliki kemampuan pengetahuan, keterampilan, dan nilai-nilai yang diperlukan, umpan balik, kesempatan untuk

mencoba, instrumen penampilan untuk promosi, kerja sama, dan peningkatan penghasilan. Kebutuhan seseorang untuk mencapai prestasi merupakan kunci suatu motivasi dan kepuasan kerja. Jika seseorang bekerja, maka kebutuhan pencapaian prestasi tersebut berubah sebagai dampak dari beberapa faktor dalam organisasi berupa program pelatihan, pembagian atau jenis tugas yang diberikan, tipe supervisi yang dilakukan, perubahan pola motivasi, dan faktor-faktor lain (Nursalam, 2017).

Seseorang memilih pekerjaan didasarkan pada kemampuan dan keterampilan yang dimiliki. Motivasi akan menjadi masalah apabila kemampuan yang dimiliki tidak dimanfaatkan dan dikembangkan dalam melaksanakan tugasnya. Dalam keadaan ini, maka persepsi seseorang memegang peranan penting sebelum melaksanakan atau memilih pekerjaannya. Motivasi seseorang akan timbul apabila mereka diberi kesempatan untuk mencoba dan mendapat umpan balik dari hasil yang diberikan. Oleh karena itu, penghargaan psikis sangat diperlukan agar seseorang merasa dihargai dan diperhatikan serta dibimbing manakala melakukan suatu kesalahan (Nursalam, 2017).

b. Lingkungan

Faktor lingkungan juga memegang peranan penting dalam motivasi. Faktor lingkungan tersebut meliputi hal-hal sebagai berikut (Nursalam, 2017): Komunikasi, penghargaan terhadap usaha yang

telah dilaksanakan, pengetahuan tentang kegiatan organisasi, rasa percaya diri berhubungan dengan manajemen organisasi.

Potensial pertumbuhan kesempatan untuk berkembang, karier, dan promosi, dukungan untuk tumbuh dan berkembang: pelatihan, beasiswa pendidikan dan pelatihan manajemen bagi staf yang dipromosikan. Kebijaksanaan individu mengakomodasi kebutuhan individu: jadwal kerja, liburan, dan cuti sakit serta pembiayaannya, keamanan pekerjaan, loyalitas organisasi terhadap staf, menghargai staf berdasarkan agama dan latar belakangnya, adil dan konsisten terhadap keputusan organisasi. Upah/gaji: gaji yang cukup untuk kebutuhan hidup.Kondisi kerja yang kondusif.

c. Peran manajer

Peran manajer dapat memengaruhi faktor motivasi dan lingkungan. Peran manajer juga mungkin memengaruhi faktor lain, bergantung pada tugas manajer (bagaimana manajer bekerja dalam suatu organisasi). Secara umum, peran manajer dapat dinilai dari kemampuannya dalam memotivasi dan meningkatkan kepuasan staf. Kepuasan kerja staf dapat dilihat dari terpenuhinya kebutuhan fisik dan psikis. Kebutuhan psikis tersebut dapat terpenuhi melalui peran manajer dalam memperlakukan stafnya. Hal ini perlu ditanamkan kepada manajer agar menciptakan suatu keterbukaan dan memberikan kesempatan kepada staf untuk melaksanakan tugas dengan sebaik-baiknya. Manajer mempunyai lima dampak terhadap faktor lingkungan dalam tugas profesional sebagaimana dibahas

sebelumnya, yaitu komunikasi, potensial perkembangan, kebijaksanaan, gaji atau upah, dan kondisi kerja (Nursalam, 2017).

2.2 Konsep Sikap Caring Perawat

2.2.1 Definisi Sikap Caring Perawat

Keperawatan merupakan suatu bentuk pelayanan professional yang diberikan oleh perawat yang telah menyelesaikan pendidikan dan melalui serangkaian pengalaman yang memadai yang ditujukan untuk memenuhi kebutuhan dasar klien secara holistik dan komprehensif (Nursalam, 2017).

Pelayanan keperawatan memiliki sifat hakiki berupa asuhan yang humanistik (*humanistic caring*), pemeliharaan/ pengasuhan (*nurturing*), memberikan kenyamanan (*comforting*), dan dukungan (*supporting*). Keperawatan juga memiliki karakteristik profesionalisme yang mencakup pendidikan, kode etik, penguasaan ketrampilan/ keahlian (*mastery of a craft*), keanggotaan dalam organisasi profesi dan akuntabilitas tindakan (*accountability for action*) (Aini, 2018).

The Phylosophy and Science of Caring, menyatakan caring adalah suatu karakteristik interpersonal yang tidak diturunkan melalui genetika, tetapi dipelajari melalui pendidikan sebagai budaya profesi. Selanjutnya dijelaskan bahwa dalam konteks keperawatan caring bukan merupakan suatu hal yang unik tetapi caring merupakan suatu

bentuk pendekatan seni dan ilmu dalam merawat klien yang merupakan sentral praktik perawat (Mckenna *et al.,* 2014)

Caring adalah sentral praktik keperawatan, yang merupakan suatu carapendekatan yang dinamis, dimana perawat bekerja untuk lebih meingkatkan kepeduliannya terhadap pasien. Hal ini adalah esensi dari keperawatan yang berarti juga pertanggungjawaban hubungan antara perawat -pasien, dimana perawat harus mampu mengetahui dan memahami tentang kebiasaan manusia dan respon manusia terhadap masalah kesehatan yang sudah ada atau bepotensi akan timbul (Potter & Perry, 2010).

Caring adalah fenomena universal yang mempengaruhi cara manusia berfikir, merasa, dan mempunyai hubungan dengan sesama. Caring memfasilitasi kemampuan perawat untuk mengenali klien, membuat perawat mengetahui masalah klien dan mencari serta melaksanakan solusinya, juga sebagai bentuk dasar dari praktek keperawatan dan juga sebagai struktur mempunyai implikasi praktis untuk mengubah praktek keperawatan Selain itu caring sebagai jenis hubungan dan transaksi yang diperlukan antara pemberi dan penerima asuhan untuk meningkatkan dan melindungi pasien sebagai manusia, dengan demikian mempengaruhi kesanggupan pasien untuk sembuh. Caring melibatkan keterbukaan, komitmen, dan hubunan perawat dengan pasien (Kozier & Barbara, 2017).

2.2.2 Dimensi Caring Dalam Keperawatan

Swanson (1991) dalam (Kozier & Barbara, 2017) menjelaskan bahwa terdapat lima dimensi dalam sikap caring sebagai inti dari keperawatan, yaitu:

a. Dimensi pertama: *Knowing*

Knowing adalah berjuang untuk memahami peristiwa yang memiliki makna dalam kehidupan klien. Mempertahankan kepercayaan adalah dasar dari caring keperawatan, knowing adalah memahami pengalaman hidup klien dengan mengesampingkan asumsi perawat mengetahui kebutuhan klien, menggali/menyelami informasi klien secara detail, sensitive terhadap petunjuk verbal dan non verbal, fokus kepada satu tujuan keperawatan, serta melibatkan orang yang memberi asuhan dan orang yang diberi asuhan dan menyamakan persepsi antara perawat dan klien. Knowing adalah penghubung dari keyakinan keperawatan terhadap realita kehidupan. Subdimensinya yaitu; *Avoiding assumptions* (menghindari asumsi- asumsi), *Assessing thoroughly* (melakukan pengkajian menyeluruh), *Seeking clues* (perawat menggali informasi-informasi secara mendalam), *Centering on the cared for* (perawat befokus pada klien dalam melakukan asuhan keperawatan), *Engaging the self of both* (melibatkan diri sebagai perawat secara utuh dan bekerja sama dengan klien dalam melakukan asuhan keperawatan yang efektif)

b. Dimensi kedua: *Being With*

Being with maksudnya tidak hanya hadir secara fisik, tetapi juga komunikasi, berbagi perasaan tanpa beban dan secara emosional bersama – sama klien dengan maksud menawarkan kepada klien dukungan, kenyamanan, pemantauan dan mengurangi intensitas perasaan yang tidak diinginkan. Subdimensinya yaitu; *Non-burdening* (perawat bekerjasama dengan klien tanpa memaksa kehendak kepada klien dalam melakukan tindakan keperawatan), *Convering availability* (menunjukan kesediaan perawat dalam membantu klien dan memfasilitasi klien untuk mencapai tahap kesejahteraan / well being), *Enduring with* (bersama-sama berkomitmen dengan klien berusaha dalam meningkatkan kesehatan klien), *Sharing feelings* (berbagi pengalaman bersama klien yang berkaitan dengan usaha peningkatan kesehatan klien). Dengan *being with* perawat dapat menunjukkan dengan cara kontak mata, bahasa tubuh, nada suara, mendengarkan serta memiliki sikap positif dan bersemangat yang dilakukan perawat, akan membentuk sesuatu suasana keterbukaan dan saling mengerti

c. Dimensi ketiga; *Doing for*

Doing for berarti bersama – sama melakukan sesuatu Tindakan yang bisa dilakukan, mengantisipasi kebutuhan yang diperlukan, kenyamanan, menjaga privasi dan martabat klien. Subdimensinya yaitu; *Comforting* (memberikan kenyamanan), dalam melakukan tindakan keperawatan dilakukan dengan

memberikan kenyamanan pada klien dan menjaga privasi klien , *Performing competently* (menunjukkan ketrampilan), tidak hanya berkomunikasi dan memberikan kenyaman dalam tindakannya, perawat juga menunjukkan kompetensi atau skill sebagai perawat professional, *Preserving dignity* (menjaga martabat klien), menjaga martabat klien sebagai individu atau memanusiakan manusia, *Anticipating* (mengatisipasi), perawat dalam melakukan tindakan selalu meminta persetujuan klien dan keluarga, *Protecting* (melindungi), melindungi hak -hak pasien dalam memberikan asuhan keperawatan dan tindakan medis.

d. Dimensi keempat; *Enabling*

Enabling adalah memampukan atau memberdayakan klien, memfasilitasi klien untuk melewati masa transisi dalam hidupnya dan melewati setiap peristiwa dalam hidupnya yang belum pernah dialami dengan memberi informasi, menjelaskan, mendukung dengan focus masalah yang relevan, berfikir melalui masalah dan menghasilkan alternative pemecahan masalah sehingga meningkatkan penyembuhan klien atau klien mampu melakukan tindakan yang tidak biasa dia lakukan dengan cara memberikan dukungan, memvalidasi perasaan dan memberikan umpan balik / feedback. Subdimensinya yaitu; *Validating* (memvalidasi), memvalidasi semua tindakan yang telah dilakukan, *Informing* (memberikan informasi), memberikan informasi yang berkaitan dengan peningkatan kesehatan klien dalam rangka memberdayakan

klien dan keluarga klien, *Supporting* (mendukung), m emberikan dukungan kepada klien dalam mencapai kesejahteraan / well being sesuai kapasitas sebagai perawat, *Feedback* (memberikan umpan balik), m emberikan umpan balik terhadap apa yang dilakukan oleh klien dalam usahanya mencapai kesembuhan/*well being*, *Helping patients to focus generate alternatives* (membantu pasien untuk focus dan membuat alternative), menolong pasien untuk selalu fokus dan terlibat dalam program peningkatan kesehatannya baik tindakan keperawatan maupun Tindakan medis

e. Dimensi kelima; *Maintaining Belief*

Maintaining Belief yaitu menumbuhkan keyakinan seseorang dalammelalui setiap peristiwa hidup dan masa -masa transisi dalam hidupnya serta menghadapi masa depan dengan penuh keyakinan, meyakin kemampuan orang lain, menumbuhkan sikap optimis, membantu menemukan arti atau mengambil hikmah dari setiap peristiwa, dan selalu ada untuk orang lain dalam situasi apa pun. Tujuannya adalah untuk memungkinkan orang lain terbantu dalam batas-batas kehidupannya sehingga mampu menemukan makna dan mempertahankan sikap yang penuh harapan. Memelihara dan mempertahankan keyakinan nilai hidup seseorang adalah dasar dari caring dalam praktek keperawatan. Subdimensinya; *Believing in* yaitu perawat menanggapi apa yang klien rasakan dan percaya bahw a perasaan – perasaan tersebut bisa terjadi dan wajar terjadi pada siapapun yang sedang dalam masa transisi, *Offering a hope-*

filled attitude yaitu menunjukkan perilaku bahwa perawat sepenuhnya peduli/care terhadap masalah yang dialami dengan sikap tubuh, kontak mata dan intonasi bicara perawat, *Maintaining realistic optimism* yaitu menjaga dan menunjukan optimisme perawat dan harapan terhadap apa yang menimpa klien secara realistis dan berusaha mempengaruhi agar klien mempunyai optimisme dan harapan yang sama, *Helping to find meaning* yaitu membantu klien menemukan makna akan masalah yang terjadi sehingga klien perlahan - lahan menerima bahwa setiap orang dapat mengalami apa yang dialami klien, *Going the distance* (menjaga jarak), semakin jauh menjalin/menyelami hubungan dengan tetap menjaga hubungan sebagai perawat-klien yang tujuan akhir dalam tahap ini adalah kepercayaan klien sepenuhnya terhadap perawat dan *responsibility* serta caring secara total oleh perawat kepada klien.

2.2.3 Faktor Karatif Caring dalam Pelayanan Keperawatan

Caring merupakan upaya untuk melindungi, meningkatkan, dan menjaga atau mengabdikan rasa kemanusiaan dengan membantu orang lain mencari arti dalam sakit, penderitaan, dan keberadaannya serta membantu orang lain untuk meningkatkan pengetahuan dan pengendalian diri. Struktur ilmu caring dibangun dari sepuluh faktor karatif yang dikenal dengan *Watson's Ten Carative Factors* yang meliputi (DeLaune & Ledner, 2019):

a. Membentuk sistem nilai humanistik – altruistik

   Nilai humanistik – altruistik merupakan nilai yang mendasari caring. Pemberian asuhan keperawatan berdasarkan pada nilai – nilai kemanusiaan (*humanistik*) dan perilaku mementingkan kepentingan orang lain diatas kepentingan pribadi (altruistik) Hal ini dapat dikembangkan melalui pemahaman nilai yang ada pada diri seseorang, keyakinan, interaksi dan kultur serta pengalaman pribadi

b. Menanamkan kepercayaan dan harapan (*Faith – hope*)

   Faktor karatif ini erat hubungannya dengan faktor karatif yang pertama yaitu nilai humanistik dan altruistik. Kepercayaan dan pengharapan sangat penting bagi proses karatif maupun kuratif. Peran perawat adalah meningkatkan kesejahteraan klien dengan membantu klien mengadopsi perilaku hidup sehat

c. Mengembangkan sensitifitas untuk diri sendiri dan orang lain.

   Seorang perawat dituntut untuk mampu meningkatkan sensitivitas terhadap diri pribadi dan orang lain serta bersikap lebih otentik Perawat juga perlu memahami bahwa pikiran dan emosi seseorang merupakan jendela jiwanya

d. Membina hubungan saling percaya dan saling membantu

   Hubungan saling percaya antara perawat dan klien akan meningkatkan penerimaan terhadap perasaan positif dan negatif antara perawat – klien. Ciri–ciri hubungan saling percaya adalah harmonis, empati dan hangat. Perawat menunjukkan sikap empati

dengan berusaha merasakan apa yang dirasakan oleh klien dan sikap hangat dengan menerima orang lain secara positif

e. Meningkatkan dan menerima ekspresi perasaan positif dan negatif

   Perasaan mempengaruhi pikiran seseorang hal ini perlu menjadi pertimbangan dalam memelihara hubungan. Perawat harus menerima perasaan klien serta memahami perilaku mereka. Perawat juga harus mempersiapkan diri dalam menghadapi ekspresi perasaan positif dan negatif klien dengan cara memahami ekspansi klien secara emosional maupun intelektual dalam situasi yang berbeda

f. Menggunakan metode pemecahan masalah yang sistematis dalam pengambilan keputusan

   Perawat menggunakan proses keperawatan yang sistematis dan terorganisasi sesuai dengan ilmu dan kiat keperwatan untuk menyelesaikan masalah klien. Watson percaya bahwa tanpa pemecahan masalah yang sistematis, praktik keperawatan yang efektif adalah hal yang kebetulan dan berbahaya. Metode pemecahan masalah ilmiah merupakan metode yang memberi kontrol dan prediksi serta memungkinkan untuk koreksi diri

g. Meningkatkan proses belajar mengajar interpersonal

   Faktor ini adalah konsep penting dalam keperawatan, karena merupakan faktor utama ketika seseorang berusaha mengontrol kesehatan mereka sendiri setelah mendapatkan sejumlah informasi tentang kesehatannya

h. Menyediakan lingkungan yang mendukung, melindungi dan/ atau memperbaiki mental, sosiokultural, dan spiritual

   Perawat harus menciptakan lingkungan internal dan eksternal yang berpengaruh terhadap kesehatan dan penyakit individu, seperti menciptakan lingkungan yang aman, nyaman dan keleluasaan pribadi pada klien

i. Membantu dalam kebutuhan dasar manusia

   Perawat meyakini kebutuhan *biophysical, psychophysical, psychosocial*, dan intrapersonal klien. Kebutuhan biophysical seperti makan, eliminasi dan ventilasi.

j. Mengembangkan faktor kekuatan eksistensial – fenomenologi

   Perawat membantu klien untuk mengerti kehidupan dan kematian, sehingga dapat membantu klien dalam menentukan koping yang baik dalam menghadapi berbagai situasi yang berhubungan dengan penyakitnya

2.2.4 Pengukuran Kepuasan Kerja dan Caring Perawat

a. Pengukuran Kepuasan Kerja

   Pengukuran terhadap kepuasan kerja dapat menggunakan beberapa skala ukur diantaranya:

   1) *Job Description Index* (JDI)

      Skala pengukuran ini dikembangkan oleh Smith, kendall, dan Hulin. Dalam penggunaannya, pegawai ditanya mengenai pekerjaan maupun jabatannya yang dirasakan sangat baik ataupun sangat buruk dalam skala lima area yaitu pekerjaan,

supervisi, imbalan, rekan kerja & Promosi. Setiap pertanyaan yang diajukan harus dijawab oleh pegawai dengan jawaban ya, tidak atau tidak ada jawaban (Firmansyah & Mahardika, 2018)

2) *Minnesota Satisfaction Questionnaire* (MSQ)

Dirancang untuk mengukur kepuasan kerja seseorang, terhadap pekerjaannya sehari-hari. Pengukuran ini dikembangkan oleh Weiss, Dawis, dan England. Skala ini terdiri dari pekerjaan yang dirasakan sangat tidak puas, tidak puas, netral, memuaskan dan sangat memuaskan. MSQ menyediakan informasi yang lebih spesifik dan akurat mengenai aspek-aspek pekerjaan yang secara umum memberikan kepuasan kepada mereka. MSQ terdiri dari 100 item pertanyaan yang bersifat self Report .MSQ mengukur kepuasan kerja dalam 20 dimensi dengan 5 untuk setiap dimensinya (Tahir, 2014)

3) *Faces Scale*

Alat ukur kepuasan ini dikembangkan oleh Kunin. Skala ini terdiri dari gambar-gambar wajah orang, nilai dari sangat gembira, gembira, netral, cemberut dan sangat cemberut. Pegawai diminta untuk memilih ekspresi wajah yang paling sesuai dengan kondisi pekerjaan saat itu (Sagala, 2018).

b. Pengukuran Caring Perawat

1) *Caring Behavior Asessment Tool* (CBA)

Alat ukur pertama yang dikembangkan untuk mengkaji caring. CBA disempurnakan didasari dari teori Watson dan memakai

10 faktor karatif. CBA terdiri dari 63 perilaku caring perawat yang dikelompokkan menjadi 7 subskala yang disesuaikan 10 faktor karatif Watson. Tiga faktor karatif pertama dikelompokkan menjadi satu subskala. Enam faktor karatif lainnya mewakili semua aspek dari caring. Alat ukur ini memakai skala Likert (5 poin) yang merefleksikan derajat perilaku caring menurut persepsi pasien (Kusnanto, 2019)

2) *Caring Behavior Checklist* (CBC) *and Client Percepstion of Caring* (CPC)

Adalah kuesioner yang digunakan sebagai alat ukur untuk mengetahui respon pasien terhadap perilaku caring perawat. Dua alat ukur ini digunakan bersama-sama untukmelihat proses caring. CBC terdiri dari 12 item perilaku caring. Alat ukur ini membutuhkan seorang observer yang menilai interaksi perawat-pasien selama 30 menit. Rentang nilai 0 (nol) sampai 12 (dua belas), nilai paling tinggi menunjukkan ada perilaku caring yang ditampilkan. CPC ditunjukkan kepada pasien setelah diobservasi. Alat ukur ini terdiri dari 10 item dengan 6 rentang skala. Rentang skor 10 sampai 60, dimana skor tertinggi menunjukkan derajat perilaku caring yang ditunjukkan yang dipersepsikan pasien bernilai tinggi, begitu juga sebaliknya (Kusnanto, 2019)

3) *Caring Professional Scale*

Alat ukur *caring professional scale* (CPS) disempurnakan oleh Swanson (2000, dalam Watson 2009) dengan menggunakan teori caring Swanson (suatu *middle range theory* yang dikembangkan berdasarkan penelitiannya pada 185 ribu yang mengalami keguguran). CPS terdiri dari dua subskala analitik yaitu Compassoionate Healer dan Competent Practitioner, yang berasal dari 5 komponen caring Swanson yaitu mengetahui,keberadaan, melakukan tindakan, memampukan, dan mempertahankan kepercayaan. CPS terdiri dari 14 item dengan 5 skala Likert. Validitas dan reliabilitas CPS dikembangkan dengan menghubungkan alat ukur CPS dengan subskala empati The Barret-Lenart Relationship Inventory ($r=0,61$, $p<0,001$). Nilai estimasi Alpa Cronbach untuk konsistensi internal digunakan untuk membandingkan beberapa tenaga kesehatan advance practice nurse (0,74 sampai 0,96), nurse (0,97), dan dokter (0.96) (Kusnanto, 2019)

4) *Caring Factor Survey*

Merupakan alat ukur terbaru yang menguji hubungan caring dan cinta universal (caritas). Caritas merupakan pandangan baru Watson tentang caring. CFS mengkaji penggunaan caring fisik, mental, dan spiritual yang dilaporkan oleh pasien yang mereka lewat. CFS disempurnakan oleh Karen Drenkard, John Nelson, Gene Rigotti dan Jean Watson dengan bantuan

program riset dari Inovahealth di Virginia. Alat ukur ini ada awalnya terdiri 20 item lalu diperkecil menjadi 10 item pertanyaan, tiap pernyataan mewakili satu proses caritas. CFS menggunakan skala Likert dari 1 sampai 7. Skala terendah (1-3) mengindikasi tidak setuju, 7 sangat setuju, dan 4 netral. Semua item pertanyaan bersifat positif, ditujukan kepada pasien atau keluarga pasien. Nilai Alpa Cronbach pada 20 pernyataan adalah 0,70 kemudian 20 item tersebut diperkecil menjadi 10 item untuk menaikkan nilai *Alpa Cronbach* (Kusnanto, 2019)

2.3 Konsep Asuhan Keperawatan

2.3.1 Definisi

Konsep asuhan keperawatan merupakan proses atau rangkaian kegiatan praktik keperawatan Langsung pada klien di bagian tatanan Pelayanan kesehatan yang pelaksanaannya berdasarkan kaidah profesi keperawatan Dan merupakan inti dari keperawatan.standar asuhan keperawatan identik dengan standar asuhan keperawatan berguna sebagai kriteria untuk mengukur keberhasilan dan mutu asuhan keperawatan ,mutu dan asuhan keperawatan yang baik adalah yang mencapai atau memenuhi standar asuhan keperawatan dan standar profesi yang ditetapkan ,sumber daya untuk pelayanan asuhan keperawatan. Manajemen asuhan keperawatan merupakan suatu proses keperawatan yang menggunakan konsep manajemen secara

umum didalamnya seperti perencanaan, pengorganisasian, pengarahan dan pengendalian atau evaluasi. Peningkatan pelayanan adalah derajat pemberikan pelayanan secara efisien dan efektif sesuai dengan standar pelayanan, standar profesi yang dilaksanakan secara menyeluruh sesuai dengan kebutuhan pasien, menggunakan teknologi yang tepat agar hasil penelitian dalam pengembangan pelayanan kesehatan/ keperawatan agar tercapai derajat kesehatan yang optimal (McBride & Tietze, 2016)**.**

2.3.2 Bentuk Hubungan Perawat – Pasien dalam Asuhan Keperawatan

Tiga dimensi hubungan perawat - klien dalam asuhan keperawatan yaitu pasien yaitu, Praktik profesional (*Technical-professional*), hubungan saling percaya (*Trusting relationship*), hubungan pendidikan (*Educational relationship*) (Bramhall, 2018):

a. Praktik profesional (*Technical-professional*) yaitu perilaku perawat yang mampu mencapai tujuan sesuai dengan perannya, sebagai contoh pengetahuan perawat dalam pemeriksaan fisik kepada pasien, dan keahlian dalam melaksanakan pelayanan kesehatan.
b. Hubungan saling percaya (*Trusting relationship*) yaitu kemampuan berkomunikasi secara langsung maupun tidak langsung dengan baik, misalnya perhatian kepada pasien, mendengarkan keluhan-keluhan pasien, dan rasa sensitif kepada pasien.
c. Hubungan pendidikan (*Educational relationship*) yaitu pertukaran informasi antara pasien dan perawat, termasuk di dalamnya seperti

aktifitas dalam menjawab pertanyaan-pertanyaan, penjelasan, dan demonstrasi tindakan.

2.3.3 Bentuk Asuhan Keperawatan yang diberikan Perawat

Aini (2018) menjelaskan bahwa bentuk asuhan keperawatan yang diberikan kepada klien oleh perawat diantaranya yaitu:

a. Kebutuhan Biologis

   Pelayanan perawat pada kebutuhan biologis diberikan kepada pasien/klien yang membutuhkan perawatan secara jasmani yang berkaitan dengan kesehatan fisik

b. Kebutuhan Psikologis

   Pelayanan perawat pada kebutuhan psikologis diberikan kepada pasien/klien yang membutuhkan perawatan secara psikologis yang berkaitan dengan kesehatan mental pasien. Gangguan kesehatan mental misalnya stress ataupun depresi, yang dapat disebabkan oleh berbagai macam hal.

c. Kebutuhan Sosial dan Kultural

   Pelayanan perawat pada kebutuhan sosial diberikan kepada pasien/klien yang mengalami hal-hal yang terjadi langsung di tengah-tengah kehidupan bermasyarakat. Misalnya, pasien/klien yang mengalami kekerasan fisik yang berdampak pada kesehatan fisik maupun mental. Pelayanannya dapat diberikan dalam bentuk seminar, penyuluhan, ataupun pendampingan terhadap pasien

d. Kebutuhan Spiritual

Pelayanan perawat pada kebutuhan spiritual diberikan kepada pasien/klien yang memerlukan bimbingan spiritual seperti motivasi atau kajian keagamaan. Pelayanan yang diberikan misalnya dalam bentuk mentoring langsung dengan pasien/klien.

2.3.4 Standar Asuhan Keperawatan

Menurut Persatuan Perawat Nasional Indonesia (2005) dalam (Mamik, 2015) standar praktik keperawatan Indonesia terdiri dari:

a. Standar I : Pengkajian Keperawatan

Perawat mengumpulkan data tentang status kesehatan klien secara sistematis, menyeluruh, akurat, singkat dan berkesinambungan. Pengkajian perawat merupakan aspek penting dalam proses keperawatan yang bertujuan menetapkan dasar tentang tingkat kesehatan klien yang digunakan untuk merumuskan masalah dan rencana tindakan.

b. Standar II : Diagnosa Keperawatan

Perawat menganalisis data pengkajian untuk merumuskan diagnose keperawatan. Diagnosis keperawatan sebagai dasar pengembangan rencana intervensi keperawatan dalam rangka mencapai peningkatan, pencegahan, dan penyembuhan penyakit serta pemulihan kesehatan klien.

c. Standar III : Perencanaan

Perawat membuat rencana tindakan keperawatan untuk mengatasi masalah kesehatan dan meningkatkan kesehatan klien. Perencanaan dikembangkan berdasarkan diagnosis keperawatan.

d. Standar IV : Pelaksanaan Tindakan (Implementasi)

Perawat mengimplementasikan tindakan yang telah diidentifikasi dalam rencana asuhan keperawatan. Perawat mengimplementasikan rencana asuhan keperawatan untuk mencapai tujuan yang telah ditetapkan dan partisipasi klien dalam tindakan keperawatan berpengaruh pada hasil yang telah diharapkan.

e. Standar V : Evaluasi

Perawat mengevaluasi perkembangan kesehatan klien terhadap Tindakan dalam pencapaian tujuan, sesuai rencana yang telah ditetapkan dan merevisi data dasar dan perencanaan. Praktek keperawatan merupakan suatu proses dinamis yang mencakup berbagai perubahan data, diagnosa atau perencanaan yang telah dibuat sebelumnya. Efektivitas asuhan keperawatan tergantung pada pengkajian yang berulang – ulang

2.4 Hubungan Caring dengan Kepuasan Kerja

Perawatan kesehatan yang berkualitas adalah hasil kolaborasi antara pasien dan perawat dalam lingkungan yang mendukung (Schmitt & Highhouse, 2013). Perawat sebagai profesional bertanggung jawab atas pemberian asuhan keperawatan berkualitas tinggi untuk hasil pasien yang

lebih baik dan setiap upaya dilakukan melalui perilaku peduli mereka atu yang dikenal dengan perilaku dan sikap caring (Mulawarman & Antika, 2020). Caring adalah proses interpersonal dengan konteks spesifik yang dicirikan oleh keterampilan keperawatan yang sangat baik, respons interpersonal, dan hubungan intim yang diprakarsai oleh kebutuhan dan keterbukaan perawat terhadap perawatan, serta kedewasaan profesional dan kemauan untuk memelihara landasan moral mereka (Murray, 2017)

Secara umum, perawat melakukan asuhan pasien namun seringkali kurang memperhatikan aspek perilaku caring (Aini, 2018). Perawat lebih fokus pada penerapan keterampilan atau pelaksanaan tugas daripada perilaku caring yang sudah ada yang menunjukkan kasih sayang, cinta, kebaikan, dan hubungan dengan pasien yang kesemuanya akan menggambarkan penampilan kerja (Indrasari, 2017). Penampilan kinerja perawat dipengaruhi oleh oleh salah satunya adalah kepuasan kerja (Noermijati, 2013). Dalam konsep keperawatan kualitas perawatan yang diberikan memiliki dampak yang kuat terhadap kepuasan kerja, dan kualitas perawatan yang baik juga akan memberikan tingkat kepuasan tertinggi (Tahir, 2014). Kepuasan kerja merupakan perasaan menyenangkan atau menilai ekspresi emosi positif terhadap pekerjaan atau pengalaman kerja seseorang (Sagala, 2018).

2.5 Konsep Pendekatan *Literature review*

2.5.1 Definisi

Literature review pada dasarnya berasal dari dua kata dengan makna yang berbeda ketika dipisah. Pada kata literature akan dijumpai

definisi semua karya tertulis yang dapat dijadikan rujukan atau acuan dalam berbagai kegiatan di bidang pendidikan dan bidang lainya karena dianggap memiliki keunggulan atau manfaat yang abadi. Karya tulis apapun termasuk ke dalam literature yang selama relevan dengan tema yang dicari maka bisa digunakan. Sekaligus terbukti kredibel, bisa mengecek kebenaran data dengan mencocokan data pada sebuah karya tulis dengan karya tulis lainnya. Kemudian bisa juga memperhatikan siapa penulisnya, siapa penerbitnya, siapa editornya, dan lain-lain. *Review* merupakan sebuah ringkasan, ulasan dari beberapa sumber seperti buku, jurnal, film, berita, suatu produk dan lain-lain. Ulasan mengenai suatu karya maupun produk disebut dengan istilah review tadi. Sehingga isinya bisa berupa pujian, saran, dan juga kritik. Review jurnal adalah ulasan mengenai isi jurnal untuk memahami apa inti dari tema atau topik yang tercantum di dalam jurnal tersebut. Pada jurnal ilmiah, maka *review* dilakukan untuk memahami proses dan hasil penelitian yang tercantum di dalamnya. Jadi, literature review merupakan gabungan dua jenis kata antara "*literature*" dengan kata "*review*" istilah literature review sering juga disebut dengan tinjauan pustaka. Sehingga literature review ini adalah analisis berupa kritik (membangun maupun menjatuhkan) dari penelitian yang sedang dilakukan terhadap topik khusus atau pertanyaan terhadap suatu bagian dari keilmuan. Literature review berisi tentang uraian teori sebuah hasil penelitian, temuan, dan juga bahan dalam kegiatan penelitian. Semua ini kemudian bisa digunakan sebagai landasan teori pada saat

melakukan penelitian maupun menyusun karya tulis ilmiah (Galvan, 2017).

2.5.2 Strategi Penelusuran Artikel dalam *Literatur Review*

Internet sebagai sumber informasi dan sumber belajar memiliki banyak dampak positif khususnya dalam memenuhi kebutuhan informasi bagi para penggunanya. Sebagai sumber informasi, internet berisi informasi yang melimpah ruah hampir tanpa batas. Banyaknya informasi yang tersedia mengharuskan penggunanya menggunakan strategi (Galvan, 2017).

1. Mengidentifikasi alat penelusuran yang relevan

   Untuk mendapatkan sumber informasi yang dibutuhkan secara efektif dan efisien, diperlukan alat atau sarana penelusuran. Alat penelusuran ini juga tersedia di internet. Alat tersebut di antaranya adalah: mesin pencari (*search engine*), meta mesin pencari (*meta search engine*), direktori (*directory*), dan pangkalan data (*online database*) (Jose & Melisa, 2017).

   a. Mesin Pencari (*Search Engine*)

      Mesin pencari (*search engine*) merupakan software komputer yang dirancang untuk membantu pengguna menemukan informasi yang tersedia di situs-situs internet dengan memilih kategori subjek yang disusun secara hirarki atau dengan mengetikkan kata kunci atau frasa yang sesuai Tersedia beragam mesin pencari di internet, misalnya Google (www.google.com), Google Cendekia (www.scholar.google.co.id), AOL Anywhere

(www.aol.com), Yahoo! (www.yahoo.com), Ask (www.ask.com), Bing (www.bing.com), Duckduckgo (www.duckduckgo.com), Hakia (www.hakia.com), Excite (www.excite.com), Altavista (www.altavista.com), Lycos (www.lycos.com), Alltheweb (www.alltheweb.com), dan sebagainya. Salah satu mesin pencari yang sering dan umumnya digunakan adalah Google. Google merupakan sebuah mesin pencari terandal dalam ranah mesin pencari di dunia maya. Sebagai mesin pencari, Google mampu menemukan beragam informasi yang ada dalam ratusan ribu bahkan jutaan website hanya dengan kata kunci saja (Jose & Melisa, 2017).

b. Meta Mesin Pencari (*Meta Search Engine*)

Meta mesin pencari (meta search engine) merupakan mesin pencari yang melibatkan beberapa mesin pencari lain dalam mendapatkan informasi yang ditentukan pengguna melalui kata-kata kunci yang dimasukkan. Kata kunci tersebut dikirimkan ke mesin-mesin pencari yang digunakan dan hasil dari pencarian disajikan disertai dengan informasi mesin pencari yang mendapatkannya. Beberapa meta mesin pencari di internet, misalnya Yippi (www.search.yippy.com), Dogpile (www.dogpile.com), Surfwax (www.lookahead.surfwax.com), Ixquick (www.ixquick.com), Metacrawler (www.metacrawler.com), Nowgoogle (www.nowgoogle.com),

dan Copernic (www.copernic.com), dan Zapmeta (www.zapmeta.com) (Galvan, 2017).

c. Direktori (*Directory*)

Direktori (*directory*) merupakan mesin pencari yang mengelompokkan website dalam hirarki dan direktori berdasarkan subjek atau topik tertentu. Beberapa subjek yang tersedia misalnya : education, art and humanities, health, government, dan sebagainya. Beberapa contoh direktori adalah Google Directory (www.google.com/dirhp), Yahoo!Directory (www.dir.yahoo.com), About (www.about.com), Infomine (www.infomine.ucr.edu) (Jose & Melisa, 2017).

d. Pangkalan Data (*Online Database*)

Pangkalan data (database) bisa dalam bentuk pangkalan data perpustakaan, pangkalan data komersil, dan lainnya. Contoh pangkalan data UI Federated Search, Project Muse, EBSCO, PROQUEST, Proquest Enterpreneurship, Proquest Literature, Proquest Medical Sciences-Nursing, Proquest Sciences-Health, INFOTRAC Gale Databases, SPRINGER LINK, ScienceDirect, IEEE Xplore, JSTOR, Royal Society of Chemistry, Institute of Physics, IEEE Computer Society, IEEE Communication Society, EBRARY Academic, SIAM Online Journal, American Psychological Association (APA), American Institute of Physics (AIP), American Physical Society (APS), American Chemical Society (ACS), American Society of Mechanical

Engineers (ASME), dan OSIRIS. Pangkalan data perpustakaan berisi berbagai format database seperti e-books, e-journal, html, ataupun multi media. Pangkalan data perpustakaan ada yang tersedia dengan cara melanggannya terlebih dahulu (berbayar), dan ada pula yang diperoleh dengan gratis (Jose & Melisa, 2017).

e. Semantic Search

Semantic Search merupakan Mesin pencari informasi yang berada dalam konteks kata-kata kunci yang diterimanya. Misalnya jika kata kunci yang diterimanya adalah election maka informasi-informasi yang disajikan tidak hanya election tetapi kata-kata yang terkait seperti polling, vote‖, dan campaigning. Contoh *Semantic Search* adalah : Hakia (www.hakia.com), Evri (www.evri.com), Sensebot (www.sensebot.net), Deepdyve (www.deepdyve.com) (Galvan, 2017).

2. Menyusun Stategi Penelusuran

Yang dimaksud dengan strategi penelusuran disini adalah penelusuran yang dilakukan secara sistematis, yang meliputi cara-cara bagaimana menggunakan kata kunci, frasa, subjek dokumen, menggunakan logika Boolean, serta fasilitas- fasilitas penelusuran lain yang tersedia pada masing-masing search engine. Dengan strategi penelusuran ini diharapkan penelusur (*user*) bisa menemukan dokumen atau informasi yang diperlukan secara cepat, tepat, dan relevan (Leavy, 2017).

a. Menggunakan Kata Kunci

Penggunaan strategi ini memungkinkan kita untuk mencari data melalui penggunaan satu kata, frasa atau bahkan penggabungan antara kata dan frasa. Penentuan kata kunci adalah suatu hal yang sangat menentukan hasil penelusuran, oleh sebab itu dalam memasukkan kata kunci harus diketik dengan benar, kesalahan dalam penulisan walaupun hanya satu huruf dapat menyebabkan hasil pencarian yang berbeda dari apa yang kita inginkan. Selain cara pengetikan kata kunci dengan benar, hal yang juga perlu diperhatikan adalah pemilihan kata kunci yang sesuai dengan konteks dari subjek yang diinginkan. Caranya adalah dengan menggali kata kunci apa saja yang bisa digunakan, dengan melihat cakupan subjek tersebut. Untuk mengetahui atau menggali kata kunci yang tepat ada beberapa cara, yaitu antara lain dengan melakukan *brainstorming* sendiri, melihat kamus, ensiklopedia, thesaurus, tajuk subjek membaca buku, atau menanyakan kepada orang lain yang lebih mengerti. Hal lain yang perlu diperhatikan untuk menentukan kata kunci adalah memperhatikan sinonim, singkatan, perubahan kata dasar, istilah ilmiah, dan sebagainya. Pemilihan kata kunci ini sebaiknya dipersiapkan terlebih dahulu sebelum melakukan penelusuran. Menentukan kata kunci pada saat melakukan penelusuran akan berakibat selain kemungkinan kesalahan pemilihan kata kunci juga akan memerlukan waktu yang lama (Galvan, 2017).

b. Menggunakan Operator dan Fasilitas pencarian

4) Boolean

Pengoperasian strategi ini menggunakan kata *AND, OR,* dan *NOT*. Masing masing kata tersebut memiliki fungsi yang berbeda, tetapi semuanya memungkinkan kita untuk menggabungkan lebih dari satu kata yang kita inginkan. Dengan menggunakan strategi ini kita dapat memperluas atau mempersempit cakupan informasi yang kita inginkan berdasarkan pada hubungan antar kata yang kita cari

5) Pemenggalan kata (*truncation*).

Penelusuran dapat dilakukan melalui penggalan kata (bagian dari kata kunci, judul, pengarang, dan sebagainya) diikuti simbol pemotongan kata. Cara ini digunakan untuk memperluas pencarian. Dengan hanya menulis bagian dari suatu kata atau nama, kita dapat memperoleh sumber-sumber yang mengandung kata tersebut dalam berbagai versi (Galvan, 2017).

6) *Allintitle*

Operator pencarian *allintitle* digunakan untuk membatasi pencarian berdasarkan judul pada halaman web Allinurl merupakan operator pencarian yang digunakan untuk membatasi pencarian berdasarkan url. Url singkatan dari *Uniform Resource Locator* merupakan alamat url yang menampilkan *query* yang dicari *define operator* ini digunakan

untuk membatasi hasil pencarian berdasarkan definisi dari query yang dimasukkan (Galvan, 2017).

7) Filetype

   Sesuai dengan namanya, operator pencarian *file type* digunakan untuk membatasi hasil pencarian berdasarkan tipe atau format file (Jose & Melisa, 2017)

8) Link

   Operator link berfungsi untuk membatasi hasil pencarian berdasarkan halaman web. Artinya, penggunaan operator ini hanya akan mengarah pada kata kunci berupa link url halaman web tertentu saja

9) Penelusuran Lanjutan (*Advanced Search*)

   Di samping menggunakan beberapa operator atau fasilitas pencarian seperti yang telah dijelaskan di atas, cara lain yang bisa digunakan adalah dengan menggunakan penelusuran lanjutan (*Advanced Search*). Penelusuran lanjutan ini lebih mudah penggunaannya karena pengguna tidak perlu menghafalkan rumus-rumus operator yang ada, bahkan bisa menggabungkan beberapa operator sekaligus (Leavy, 2017)

BAB 3

METODE PENELITIAN

3.1 Desain Penelitian

Sugiyono (2017) menjelaskan bahwa desain penelitian adalah strategi yang dipilih oleh peneliti untuk mengintegrasikan secara menyeluruh komponen riset dengan cara logis dan sistematis untuk membahas dan menganalisis apa yang menjadi fokus penelitian. Penelitian ini menggunakan desain *literature review*. Nursalam (2020) menjelaskan bahwa *Literature review* adalah analisis terintegrasi tulisan ilmiah yang terkait langsung dengan pertanyaan penelitian. *Literature review* dapat menjelaskan latar belakang penelitian tentang suatu topik, menunjukkan mengapa suatu topik penting untuk diteliti, menemukan hubungan antara studi/ide penelitian, mengidentifikasi tema, konsep, dan peneliti utama pada suatu topik, identifikasi kesenjangan utama dan membahas pertanyaan penelitian lebih lanjut berdasarkan studi sebelumnya. Studi literatur pada penelitian ini bertujuan untuk hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat

3.2 Strategi Pencarian Literatur

3.2.1 Protokol dan Registrasi

Studi ini merupakan kajian literatur (*literature review, literature research*) atau penelitian kepustakaan (*library research*) yaitu serangkaian penelitian yang berkenaan dengan metode pengumpulan

data pustaka, atau penelitian yang obyek penelitiannya digali melalui beragam informasi kepustakaan (buku, ensiklopedi, jurnal ilmiah, koran, majalah, dan dokumen). Studi ini berisi rangkuman menyeluruh dalam bentuk *literatur review* mengenai hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat. Adapaun metode registrasi dalam pencarian literatur berupa *framework* yang digunakan, kata kunci, database atau *search engine*

3.2.2 Database Pencarian

Literatur review ini merupakan kajian dari beberapa hasil studi penelitian yang ditentukan berdasarkan tema penelitian. Tema utama pada penelitian ini adalah terkait dengan hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat. Pencarian literatur dilakukan pada bulan Januari - Maret 2022. Data yang digunakan dalam penelitian ini adalah data sekunder yang diperoleh bukan dari pengamatan langsung, akan tetapi diperoleh dari hasil penelitian yang telah dilakukan oleh peneliti- peneliti terdahulu. Sumber data sekunder yang didapatkan berupa artikel dari jurnal ilmiah yang bereputasi baik sesuai dengan tema yang ditentukan. Pencarian literatur dalam *literatur review* ini menggunakan database yaitu *google scholar, PubMed*, Portal Garuda, *Elsevier*.

3.2.3 Kata Kunci

Pencarian artikel atau jurnal menggunakan *keyword* dan *boolean operator* (dan, dan atau, *and, or, and not*) yang digunakan untuk

memperluas atau menspesifikkan pencarian, sehingga mempermudah dalam penentuan artikel atau jurnal yang digunakan sebagai berikut:

Tabel 3.1 Kata Kunci Pencarian

Sikap *Caring* Perawat	**Asuhan Keperawatan**	**Kepuasan Kerja Perawat**
DAN	DAN	DAN
Caring perawat	Pelayanan keperawatan	Kepuasan kerja
OR	*OR*	*OR*
Caring of nurse	*Nursing care*	*Job satisfaction of nurse*
OR	*OR*	*OR*
Caring	*Nursing care*	*Nurse satisfaction*

3.3 Kriteria Inklusi dan Eksklusi

3.3.1 Seleksi Studi dan Penilaian Kualitas

Setelah dilakukan penetapan topik *review* maka seluruh kata kunci dimasukkan dalam database yaitu *google scholar, PubMed*, Portal Garuda, *Elsevier* setelah itu dilakukan pembatasan pencarian dengan membatasi tahun yaitu artikel bertahun 2017-2021. Setelah mendapatkan artikel sesuai topik dilakukan identifikasi abstrak dan selanjutnya di telaah naskah lengkapnya (*fulltext*) selanjutnya dilakukan matrik sebagai bagian untuk melakukan analisis. Setelah dilakukan matrix dari artikel maka dilakukan sintesis berupa menyusun hasil matrix dalam bentuk narartif.

Strategi yang digunakan untuk mencari artikel menggunakan PEOS *framework* yaitu:

a. *Population/problem*

   Populasi atau masalah yang akan di analisis. Pada *literatur review* ini masalah yang diangkat atau menjadi topik utama adalah sikap *caring*. Dan populasi utama pada penelitian ini adalah perawat

b. *Exposure*

   Merupakan variabel yang diduga sebagai variabel penyebab atau variabel pajanan terhadap variabel *out come*. Pada *literatur review* ini variabel *exposure* adalah kepuasan kerja perawat

c. *Outcome*

   Hasil atau luaran yang diperolah pada penelitian. Pada *literatur review* ini artikel dengan hasil analisis hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat

d. *Study design*

   Desain penelitian yang digunakan oleh jurnal yang akan di *review*. Desain dari *literatur review* adalah seluruhnya berjenis kuantitatif.

Adapun format PEOS dalam *literatur review* ini diuraikan bedasarkan tabel sebagai berikut:

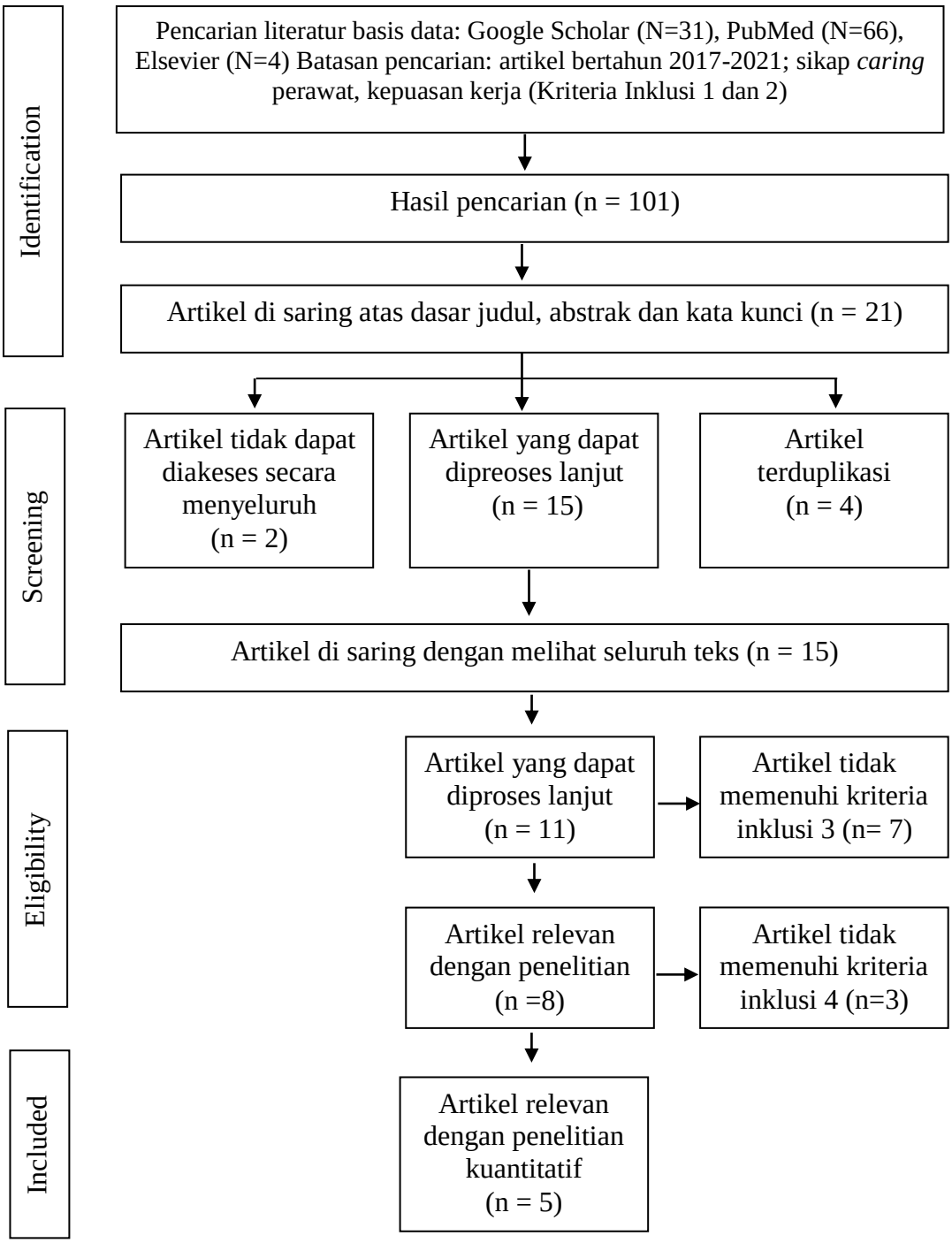
Tabel 3.2 Tabel PEOS

Kriteria	Inklusi	Eksklusi
Population/ Problem	sikap *caring* perawat dalam memberikan asuhan keperawatan [(1)]	sikap *caring* perawat dalam memberikan asuhan keperawatan namun artikel tersebut sebelum 2017
Exposure	kepuasan kerja perawat [(2)]	kepuasan kerja perawat namun tidak dapat diakses seluruhnya
Outcome	Ada hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat [(3)]	hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat berkorelasi negative atau dengan nilai tidak signifikan (p>0,05) dan tidak terurai analisis statistic secara lengkap
Study design	*Korelatif, crossectional, deskriptif kuantitatif* [(4)]	*Literature review, qualittive study, mixstudy,*

[(1)]Kriteria inklusi 1;[(2)]Kriteria inklusi 2;[(3)]Kriteria inklusi 3;[(4)]Kriteria inklusi 4

3.3.2 Hasil Pencarian dan Seleksi Studi

Hasil seleksi artikel studi dapat digambarkan dalam diagram *flow* dibawah ini:



Bagan 3.1 Diagram *Flow* Penelitian *Literature Review* Hubungan Sikap *Caring* Perawat Dalam Memberikan Asuhan Keperawatan Dengan Kepuasan Kerja Perawat

Berdasarkan bagan 3.1 hasil pencarian literatur melalui publikasi dan menggunakan kata kunci sesuai dengan *boolean operator* didapatkan sebanyak 101 artikel sesuai kata kunci. Melalui *google scholar* didapatkan sebanyak 31 artikel terkait sikap caring perawat dan kepuasan kerja, berdasarkan identifikasi awal terdapat 5 artikel yang relevan dengan tema. Melalui *PubMed* didapatkan 66 artikel terkait *caring of nurse* dan *job satisfaction of nurse* berdasarkan identifikasi awal terdapat 15 artikel yang relevan dengan tema. Melalui *Elsevier* didapatkan 4 artikel terkait dengan *caring of nurse* dan *job satisfaction of nurse* berdasarkan identifikasi terdapat 1 artikel yang relevan dengan tema. Berdasarkan identifikasi abstrak pada hasil pencarian artikel melalui database *google scholar*, *PubMed, Elsevier,* diperoleh sebanyak 21 artikel (lampiran 2). Setelah melalui tahap *screening* artikel dilakukan seleksi kelayakan (*Eligibility*) dengan berdasarkan pada kriteria inklusi 3 serta melakukan *critical appraisal* (lampiran 3) dan selanjutnya diperoleh sebanyak 5 artikel yang menjadi sumber empiris utama (lampiran 1). Selanjutnya, pada kelima artikel tersebut dilakukan matrix dengan memuat penulis, metode dengan pendekatan design, sample, variabel, intrumen, dan analisis untuk selanjutnya dilakukan sintesis.

BAB 4

HASIL DAN ANALISIS

Bab ini menguraikan tentang hasil dan analisis penelitian. Hasil diuraikan secara berurutan dengan memaparkan karakteristik artikel yang menjadi sumber empiris utama juga temuan sesuai dengan tujuan penelitian.

4.1 Hasil Seleksi Studi Berdasarkan Karakteristik Partisipan

4.1.1 Karakteristik Jenis Kelamin

Tabel 4.1 Karakteristik Partisipan Berdasarkan Jenis Kelamin Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**(%)**
Kurniawan et al., (2019)		
Laki	30	24,4
Perempuan	93	75,6
Kuswantoro et al., (2021)		
Laki	89	73,6
Perempuan	32	26,4
Farman & Kousar, (2017)		
Laki	0	0
Perempuan	222	100
Oluma & Abadiga, (2020)		
Laki	108	49,3
Perempuan	111	50,7
Shalaby & Janbi, (2018)		
Laki	36	13
Perempuan	241	87

Tabel 4.1 menunjukkan bahwa berdasarkan sumber empiris utama diketahui empat dari lima artikel menyatakan bahwa sebagian besar partisipan berjenis kelamin perempuan.

4.1.2 Karakteristik Usia

Tabel 4.2 Karakteristik Partisipan Berdasarkan Usia Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**Proporsi/Mean**
Kurniawan et al., (2019)	123	25,14 (3,132)
Kuswantoro et al., (2021)		
20-30	53	43,8
31-40	50	41,3
>40	18	14,9
Farman & Kousar, (2017)		
<25	97	43,7
25-35	97	43,7
35-50	26	11,7
>50	2	0,9
Oluma & Abadiga, (2020)		
<34	175	79,9
>34	44	20,1
Shalaby & Janbi, (2018)		
20-30	12	4,3
31-40	88	31,8
41-50	108	39,
51-60	69	24,9

Tabel 4.2 menunjukkan bahwa berdasarkan sumber empiris utama diketahui bahwa rerata usia partisipan adalah dewasa awal hingga dewasa pertengahan yakni antara usia 25-40 tahun

4.1.3 Karakteristik Tingkat Pendidikan

Tabel 4.3 Karakteristik Partisipan Berdasarkan Tingkat Pendidikan Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**(%)**
Kurniawan et al., (2019)		
Vokasi	86	69,9
Sarjana	37	30,1
Kuswantoro et al., (2021)		
Vokasi	92	76
Sarjana	29	24
Farman & Kousar, (2017)		
Vokasi	217	97,3
Sarjana	5	2,7
Oluma & Abadiga, (2020)		
Vokasi	123	56,2
Sarjana	96	43,8
Shalaby & Janbi, (2018)		
Vokasi	100	36,1
Sarjana	177	63,9

Tabel 4.3 menunjukkan bahwa berdasarkan sumber empiris utama pada *literature review* ini empat dari lima artikel menyatakan sebagian besar partisipan memiliki pendidikan vokasi (diploma keperawatan)

4.1.4 Lama Kerja Sebagai Perawat

Tabel 4.4 Karakteristik Partisipan Berdasarkan Status Marital Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**(%)**
Kurniawan et al., (2019)	n/a	n/a
Kuswantoro et al., (2021)		
<5	48	39,7
>5	73	60,3
Farman & Kousar, (2017)		
<1	16	7,2
1-5	143	64,4
6-10	48	21,6
>10	15	6,8
Oluma & Abadiga, (2020)		
0-5	186	84,9
>5	33	15,1
Shalaby & Janbi, (2018)		
<1	22	7,9
1-5	50	18,1
6-10	98	53,8
>10	56	20,2

Tabel 4.4 menunjukkan bahwa berdasarkan sumber empiris utama pada literatur review ini teridentifikasi empat dari lima artikel menyatakan bahwa sebagian besar partisipan telah bekerja sebagai perawat lebih dari lima tahun.

4.1.5 Karakteristik Status Marital

Tabel 4.5 Karakteristik Partisipan Berdasarkan Status Marital Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**(%)**
Kurniawan et al., (2019)		
Menikah	35	29,3
Belum menikah	88	70,7
Cerai	-	-
Kuswantoro et al., (2021)	n/a	n/a
Farman & Kousar, (2017)		
Menikah	123	44,6
Belum menikah	99	55,4
Oluma & Abadiga, (2020)		
Menikah	87	39,7
Belum menikah	123	60,3
Cerai	-	-
Shalaby & Janbi, (2018)		
Menikah	105	53,8
Belum menikah	149	37,9
Cerai	23	8,3

Tabel 4.5 menunjukkan bahwa berdasarkan sumber empiris utama pada *literature review* ini teridentifikasi tiga dari empat artikel menyatakan bahwa sebagian besar partisipan berstatus belum menikah.

4.2 Hasil Analisis Utama

Bagian ini memuat hasil temuan utama yang berdasarkan tujuan khusus penelitian. Adapun hasilnya adalah sebagai berikut:

4.2.1 Hasil Identifikasi Kepuasan Kerja Perawat

Tabel 4.6 Proporsi Tingkat Kepuasan Kerja pada Perawat Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**Proposi dan Mean**
Kurniawan et al., (2019)		
Puas	75	60,76
Tidak Puas	48	39,25
Kuswantoro et al., (2021)	121	4,01 (SD±0,45)
Farman & Kousar, (2017)		
Puas	137	61,9
Tidak Puas	85	38,1
Oluma & Abadiga, (2020)		
Puas	186	82,9
Tidak puas	38	17,1
Shalaby & Janbi, (2018)		
Puas	250	90,2
Tidak puas	27	9,8

Tabel 4.6 menunjukkan bahwa berdasarkan sumber empiris utama pada *literature review* ini teridentifikasi kelima artikel tersebut mengungkapkan bahwa sebagian besar perawat mengungkapkan puas dengan pekerjaannya.

4.2.2 Hasil Identifiksi Sikap *Caring* Perawat dalam Memberikan Asuhan Keperawatan

Tabel 4.7 Proporsi Sikap Caring pada Perawat Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**(f)**	**Proporsi dan Mean**
Kurniawan et al., (2019)		
Tinggi	89	72
Rendah	34	28
Kuswantoro et al., (2021)	121	5,16 (0,39)
Farman & Kousar, (2017)		
Tinggi	152	68,5
Rendah	70	32
Oluma & Abadiga, (2020)		
Tinggi	142	63,57
Rendah	82	36,4
Shalaby & Janbi, (2018)		
Tinggi	221	79,8
Rendah	56	20,2

Tabel 4.7 menunjukkan bahwa berdasarkan sumber empiris utama pada *literature review* ini teridentifikasi kelima artikel tersebut mengungkapkan bahwa sebagian besar partisipan menyatakan memiliki sikap caring yang tinggi dalam melaksanakan asuhan keperawatan

4.2.3 Hasil Identifikasi Hubungan Sikap *Caring* Perawat dalam Memberikan Asuhan Keperawatan dengan Kepuasan Kerja Perawat

Tabel 4.8 Hasil Identifikasi Analisis Hubungan Sikap *Caring* Perawat dalam Memberikan Asuhan Keperawatan dengan Kepuasan Kerja Perawat Yang Termuat dalam Artikel Ilmiah (n=5)

Sumber Empiris Utama	**Hasil**	
	Deskripsi hasil	**Nilai statistic**
Kurniawan et al., (2019)	Ada hubungan positif dan signifikan anntara sikap caring dengan kepuasan kerja pada perawat; dimana 37,2% caring memengaruhi kepuasan kerja perawat.	*p-value*= 0,001 r= 0,522 r square= 0,372
Kuswantoro et al., (2021)	Ada hubungan antara sikap caring dengan kepuasan kerja pada perawat dengan nilai signifikansi rendah, ini juga menunjukkan bahwa sikap caring berkontribusi sebesar 20,1% terhadap kepuasan kerja	*p-value* = 0,003 r=0,260 r square= 0,201
Farman & Kousar, (2017)	sikap caring berpengaruh sebesar 37,1% terhadap kepuasan kerja	*p-value* =0,000 *r square*=0,371
Oluma & Abadiga, (2020)	Ada hubungan antara sikap caring dengan kepuasan kerja dimana pengaruh caring sebesar 0,8 kali terhadap kepuasan kerja	*p-value* = 0,00 β=0,852
Shalaby & Janbi, (2018)	Berdasarkan pengujian person diketahui bahwa ada hubungan antara sikap caring dengan kepuasan kerja pada perawat; dimana 30,2% kepuasan kerja perawat dipengaruhi oleh sikap caring	*p-value* =0,000 r= 0,302

Tabel 4.8 menunjukkan bahwa berdasarkan sumber empiris utama pada *literatur review* ini secara konsisten kelima artikel tersebut mengungkapkan adanya hubungan sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat dengan besar pengaruh antara 20,1% hingga 37,2% (Kurniawan et al., (2019); Kuswantoro et al., (2021); arman & Kousar, (2017); Shalaby & Janbi, (2018)) dengan besar pengaruh mencapai 0,8 kali (Oluma & Abadiga, 2020).

BAB 5

PEMBAHASAN

Bab ini membahas mengenai interpretasi hasil penelitian yang disajikan secara berurutan berdasarkan tujuan dengan merujuk pada hasil *review*, konsep teori, dan opini dengan membandingkan kajian terdahulu serta menyampaikan keterbatasan.

5.1 Interpretasi Hasil *Review*

5.1.1 Sikap *Caring* Perawat dalam Memberikan Asuhan Keperawatan

Review ini menunjukkan bahwa mayoritas perawat memiliki sikap caring yan tinggi dalam memberikan asuhan keperawatan. Hal ini memberikan suatu pemaknaan bahwa perawat yang memiliki sikap caring yang tinggi dimaknai bahwa perawat memiliki kepekaan (sensitivitas) dalam perasaannya, maka ia akan lebih peka terhadap kebutuhan pasien. Ini juga memberikan padangan bahwa perawat yang sensitif dengan perasaannya maka ia akan mampu bersikap dengan resposn positif selama menjalankan asuhan.

Secara teoritis caring merupakan fenomena universal yang memengaruhi cara manusia berfikir, merasa, dan mempunyai hubungan dengan sesama. Caring memfasilitasi kemampuan perawat untuk mengenali klien, membuat perawat mengetahui masalah klien dan mencari serta melaksanakan solusinya, juga sebagai bentuk dasar dari praktek keperawatan dan juga sebagai struktur mempunyai implikasi praktis untuk mengubah praktek keperawatan Selain itu caring sebagai jenis hubungan

dan transaksi yang diperlukan antara pemberi dan penerima asuhan untuk meningkatkan dan melindungi pasien sebagai manusia, dengan demikian mempengaruhi kesanggupan pasien untuk sembuh. Caring melibatkan keterbukaan, komitmen, dan hubunan perawat dengan pasien (Kozier & Barbara, 2017).

Secara konsisten temuan ini sejalan dengan konstruksi teoritis oleh Leininger dalam Kusnanto (2019) bahwa praktik *caring* merupakan inti layanan keperawatan, *caring* sebagai dasar dalam kesatuan nilai kemanusiaan yang universal yang digambarkan melalui kebaikan, kepeduliaan, dan cinta terhadap diri sendiri dan orang lain. Hal ini memberikan suatu pemahaman bahwa sikap caring terproyeksikan melalui serangakaian asuhan kepada pasien dengan cara komunikasi yang efektif dan terapeutik, memberikan tanggapan yang positif pada pasien serta memberikan *support* memberikan intervensi sesuai harapan yang diinginkan oleh pasien.

Tinjauan ini menemukan bahwa mayoritas perawat adalah perempuan. Menurut Simionescu & Pellegrini (2021) perempuan memiliki respon psikologis yang lebih sensitive dibandingkan dengan laki- laki. Konsisten dengan temuan ini Sampaio *et al* (2021) pada studinya juga mengungkap bahwa perempuan lebih mudah mengalami triger psikologis dilingkungan kerja serta kondisi lingkungan kerja. Hal ini memberikan suatu pemahaman bahwa pada perempuan yang menjadi perawat sensitifitas psikologis berpengaruh juga terhadap sensitifitas sosial, oleh karenanya perawat

perempuan lebih memiliki sikap caring yang lebih tinggi selama melaksanakan asuhan.

Temuan ini mengkonfirmasi bahwa melalui sikap caring maka akan tergambarkan perilaku yang baik dan cinta merupakan hal yang paling penting pada perawat. Kecenderungan perawat untuk membantu pasien merupakan salah satu karakteristik utama perawat dan merupakan harapan dalam proses pengasuhan

5.1.2 Kepuasan Kerja Perawat

Review ini menujukkan bahwa sebagian besar perawat menunjukkan tingkat kepuasan kerja yang tinggi. Hal ini berarti perawat memiliki sikap yang positif terhadap pekerjaanya. Ini juga menggambarkan bahwa perawat mempersepsikan profesinya secara *affect* dalam perasaan senang, suka dan bangga akan profesinya. Secara emosional ini dimaknai bahwa perawat memberikan penilaian yang baik atas profesi atau pekerjaanya.

Robbin (2003) dalam Indrasari (2017) menjelaskan bahwa pada dasarnya kepuasan kerja merupakan hal yang bersifat individual karena setiap individu akan memiliki tingkat kepuasan yang berbeda-beda sesuai dengan nilai-nilai yang berlaku dalam diri setiap individu. Semakin banyak aspek dalam pekerjaan yang sesuai dengan keinginan individu, maka semakin tinggi tingkat kepuasan yang dirasakan. Kepuasan kerja adalah sikap umum terhadap pekerjaan seseorang yang menunjukkan perbedaan antara jumlah penghargaan yag diterima pekerja dan jumlah yang mereka yakini seharusnya mereka terima. Hal serupa dijelaskan oleh Mathis dan Jackson (2000) dalam Indrasari (2017) bahwa *job satisfaction is apositive*

emotional state resulting one's job experience yang diartikan bahwa kepuasan kerja merupakan pernyataan emosional yang positif yang merupakan hasil evaluasi dan pengalaman kerja.

Konsisten dengan tinjauan ini, sebuah studi oleh Tahsinia (2013) menyebutkan bahwa secara umum perawat menyatakan puas dalam menjalankan profesinya, hal ini merupakan hasil dari berbagai sikap yang dimiliki oleh perawat. Tinjauan ini menemukan bahwa mayoritas perawat telah bekerja lebih dari lima tahun. Menurut Barahama & Katuuk (2019) kepuasan kerja dipengaruhi oleh lama bekerja. Perawat dalam melakukan asuhan keperawatan akan semakin terampil bila sering digunakan dan bertambahnya pengalaman. Hal serupa diungkap oleh Wijono (2018) bahwa lama bekerja individu berdampak pada kemampuan dan adaptasi di lingkungan kerja hal ini memungkinkan individu yang lebih lama bekerja disuatu sarana kesehatan memiliki kemampuan yang lebih baik dalam melaksanakan tugas pekerjaan mereka sehingga berdampak pada persepsi beban kerja. Secara konsisten studi ini didukung oleh temuan Mersin et al (2018) yang menemukan korelasi secara bermakna antara lama kerja dengan tingkat kepuasan pada perawat. Hal ini memberikan suatu pemahaman bahwa semakin lama seseorang bekerja akan semakin terampil dan berpengalaman menghadapi masalah dalam pekerjaannya dengan semakin mudah dalam melaksanakan pekerjaan maka ia akan puas dengan hasil kerja yang ia rasakan.

Tinjauan ini menemukan bahwa mayoritas perawat merupakan lulusan vokasi (diploma keperawatan). Hal ini memberikan suatu pandangan apabila

dilihat dari tingkat pendidikan dapat diasumsikan bahwa mayoritas partisipan pada artikel merupakan perawat pelaksana. Sejalan dengan temuan ini, Dimunova & Nagyova, (2012) dalam studinya mengungkapkan bahwa perawat pelaksana umumnya memiliki kepuasan kerja yang lebih tinggi dalam menjalakankan pekerjaanya sebagai perawat. Ini dimediasi oleh faktor motivasi dan kesadaran diri bahwa ia adalah perawat pelaksanana dengan ekspektasi bahwa tugas yang ia jalankan sudah sesuai dengan pendidikanya.

Tinjauan ini menemukan bahwa mayoritas perawat berstatu belum menikah. Kajian oleh Justin et al., (2017) mengungkapkan bahwa terkait dengan kepuasan kerja berdasarkan status perkawinan menunjukkan bahwa pada perawat yang berstatus belum menikah memiliki kepuasan kerja yang lebih tinggi dibandingkan dengan perawat yang sudah menikah. Hal ini memberikan suatu asumsi bahwa pada perawat yang belum menikah memiliki risiko yang lebih kecil terhadap permasalahan keluarga seperti konflik dengan pasangan, beban ganda dalam perawatan. Sehingga pada perawat yang bekum menikah mampu lebih fokus dalam melaksanakan asuhan selama bekerja yang akhirnya akan berkontribusi terhadap kepuasan kerja. Temuan ini mempertegas sebuah adagium "…*Everybody looks after good incentive but turnover tends to be higher among single than those married because those single had no nothing to worry about because they are single*…" yang secara harfiah berarti "…Semua orang mencari insentif yang baik tetapi omzet cenderung lebih tinggi di kalangan individu yang

belum menikah daripada mereka yang menikah karena mereka yang belum menikah tidak perlu khawatir…" (Amendolair, 2017).

Tinjauan ini memberikan suatu gambaran bahwa kepuasan kerja pada perawat dimediasi pula melalui jalur lama kerja, status marital yang mayoritas belum menikah, pendidikan yang mayoritas adalah diploma. Hal ini membentuk suatu konstruksi kepuasan terhadap pekerjaan. Studi ini menggambarkan bahwa perawat dalam keadaan emosional yang menyenangkan atau positif yang dihasilkan dari penilaian pekerjaan atau pengalaman kerja selama menjalani profesi perawat.

5.1.3 Hubungan Sikap *Caring* Perawat dalam Memberikan Asuhan Keperawatan dengan Kepuasan Kerja Perawat

Review ini menemukan bahwa seluruh artikel menyetakan adanya hubungan antara sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat.

Tahir, (2014) menjelaskan bahwa dalam konsep keperawatan kualitas perawatan yang diberikan memiliki dampak yang kuat terhadap kepuasan kerja, dan kualitas perawatan yang baik juga akan memberikan tingkat kepuasan tertinggi. Menurut Mulawarman & Antika, (2020) perawat sebagai profesional bertanggung jawab atas pemberian asuhan keperawatan berkualitas tinggi untuk hasil pasien yang lebih baik dan setiap upaya dilakukan melalui perilaku peduli mereka atau yang dikenal dengan perilaku dan sikap caring.

Secara konsisten, kajian ini sejalan dengan temuan oleh Amendolair, (2017) bahwa sikap caring berkorelasi dengan kepuasan kerja. Perawat yang

memiliki sikap caring (*caring behavior*) tinggi memiliki kepuasan kerja (*job sastisfaction*) yang lebih tinggi. Hal serupa diungkapkan oleh Halcom & Smyth, (2018) bahwa kepuasan kerja diantara perawat dimediasi melalui sikap caring. Menurut Nantsupawat & Kunaviktikul (2017) sikap caring merupakan dampak dampak positif dari peran profesional, rasa hormat, pengakuan, hubungan tempat kerja dan otonomi yang akhirnya berkorelasi dengan kepuasan kerja.

Tinjauan ini menunjukkan bahwa terdapat bukti ilmiah yang cukup terhadap sikap *caring* perawat dalam memberikan asuhan keperawatan dengan kepuasan kerja perawat merupakan hubungan kausalitas. Alasan logis terhadap hubungan kausalitas tersebut adalah melalui terbentuknya sikap caring, maka perawat akan mampu melaksanakan asuhan dengan baik ini memberikan suatu pemahaman bahwa sikap caring pada perawat merupakan proyeksi dari kematangan psikologis. Dengan matangnya psikologis perawat maka akan mendorong perawat untuk memberikan asuhan secara baik. Ketika perawat mampu memberikan asuhan secara baik, maka perawat akan meyakini bahwa performa kerjanya tinggi atau baik. Ketika performa kerja tinggi, maka perawat akan memiliki penilaian yang positif terhadap apa yang telah ia lakukan sehingga akhirnya perawat akan puas terhadap pekerjaanya.

5.2 Keterbatasan Penelitian

5.2.1 Studi ini hanya terbatas pada hasil kajian *literatur review* dan tidak menjangkau hingga dilakukan metanalisis sehingga diperlukan kajian lanjutan untuk memperkuat hasil kedepan.

5.1.1 Studi ini tidak menjangkau pada faktor yang terlibat dalam *response time* perawat selain daripada yang termuat dalam *artikel review*

BAB 6

KESIMPULAN

6.1 Kesimpulan

6.1.1 Berdasarkan sumber empiris utama diketahui kelima artikel mengungkapkan bahwa sebagian besar perawat memiliki sikap caring yang tinggi dalam melaksanakan asuhan keperawatan

6.1.2 Berdasarkan sumber empiris utama diketahui kelima artikel mengungkapkan bahwa sebagian besar perawat puas terhadap pekerjaanya

6.1.3 Berdasarkan sumber empiris utama diketahui bahwa kelima artikel mengungkapkan sikap *caring* perawat dalam memberikan asuhan keperawatan berhubungan dengan kepuasan kerja perawat

6.1 Saran

Berdasarkan hasil *literatur review* dapat disarankan beberapa hal sebagai berikut:

6.1.1 Bagi Perawat

Bagi perawat yang merasa tidak puas dengan kerja disarankan untuk melakukan mediasi dengan manajemen serta meningkatkan kemampuan beradaptasi dengan lingkungan kerja. Serta disarankan juga melakukan upaya komunikasi terbuka dengan manager keperawatan dengan harapan ada solusi terhadap masalah kerja yang dihadapi.

6.1.2 Institusi Pelayanan Kesehatan

Selain berorientasi memenuhi kebutuhan managemen dan pengaturan perawat perlu juga mempertimbangkan untuk pemberian konseling

psikologi guna meringankan beban psikologis pada perawat yang tidak puas dalam pekerjaannya. Juga disarankan untuk melakukan penilaian kesesuai pekerjaan dengan kepribadiannya, melakukan training bila diperlukan, melakukan rotasi bersama dengan teman dekat jika diperlukan, mengawasi performa, mengevaluasi dengan menanyakan kemampuan adaptasi pekerja setelah tiga bulan

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Lampiran 1: Matrix Artikel

No	Penulis & Tahun	Sumber	Metode penelitian			Ringkasan Hasil
1	(Kurniawan et al., 2019)	Elsevier	**Desain** **Sampel** **Teknik sampling** **Instrument** **Analisis**	: : : : :	Korelasional; cross sectional 123 responden Total sampling *The caring preceptor scale; the new nurse job satisfaction scale* Analisis korelasi dan multiple linier regression	Hasil penelitian menunjukkan bahwa **terdapat hubungan yang kuat antara caring preceptor dengan kepuasan kerja (r = 0,522, p = 0,0001)** dan kinerja perawat baru (r = 0,572, p = 0,0001). Ada korelasi moderat antara efikasi diri dengan kepuasan kerja (r = 0,371, p = 0,0001) dan kinerja perawat baru (r = 0,240, p = 0,008).
2	(Kuswantoro et al., 2021)	Google scholar	**Desain** **Sampel** **Teknik sampling** **Instrument** **Analisis**	: : : : :	Deskriptif kuantitatif; cross sectional 121 perawat Random sampling *Job satisfaction survey (JSS); caring behavior inventory (CBI-45)* Spearman rank	Kepuasan kerja **berkorelasi positif dengan perilaku caring perawat (p=0,003; r=0,266).** Selanjutnya terdapat empat dimensi kepuasan kerja yaitu supervisi, penghargaan kontingen, rekan kerja, sifat pekerjaan dan dimensi komunikasi berkorelasi positif dengan perilaku caring perawat (p<0,05) sedangkan dimensi gaji, promosi, tunjangan, prosedur operasi tidak berhubungan. terhadap perilaku caring perawat (p>0,05).

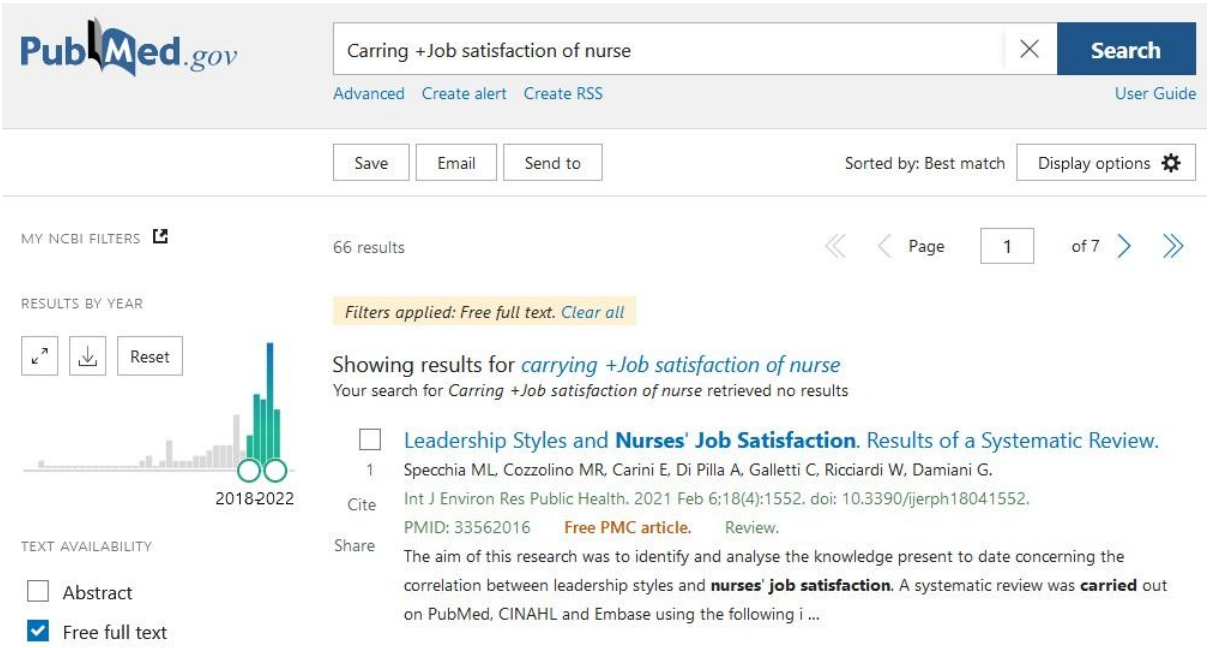
3	Farman & Kousar, (2017)	Google scholar	**Desain** **Sampel** **Teknik sampling** **Instrument** **Analisis**	: : : : :	Deskriptif korelatif; cross sectional 222 responden Simple random sampling *Wolf caring questionnaire; performance satisfaction questionnaire* Regresi linier berganda	sikap caring berpengaruh sebesar 37,1% terhadap kepuasan kerja
4	(Oluma & Abadiga, 2020)	PubMed	**Desain** **Sampel** **Teknik sampling** **Instrument** **Analisis**	: : : : :	Cross sectional 225 perawat Simple random sampling *Caring dimension inventory, job satisfaction scale* Regresi linier berganda	Proporsi perilaku caring perawat secara keseluruhan adalah 80,3% yang sebagian besar diukur dalam dimensi profesional-teknis (82,9%) dan psikososial (81,3%). **Kepuasan kerja sebagai kepuasan pribadi (beta = 1,12, p = 0,00), kepuasan profesional, (beta = 1,07, p = 0,00), partisipasi bersama dalam proses caring (beta = 0,58, p = 0,00,) kepuasan dengan manajemen perawat (beta = 0,85, p = 00) secara signifikan terkait dengan sikap caring**

5	(Shalaby & Janbi, 2018)	PubMed	**Desain** **Sampel** **Teknik sampling** **Instrument** **Analisis**	: : : : :	Deskriptif korelatif; cross sectional 227 perawat Simple random sampling *Caring behaviors assessment scale (CBAS)* ANOVA	**Studi menunjukkan bahwa kepuasan kerja berhubungan dengan sikap caring (p=0,302 r=0,302) Faktor tertinggi yang mempengaruhi sikap caring adalah** beban kerja dan **kepuasan kerja yang diwakili oleh persentase skor rata-rata 90,2% dan rata-rata ± SD (27,05 ± 4,90),** diikuti oleh keadaan tempat kerja yang diwakili oleh persentase skor rata-rata 85,7% dan rata-rata ± SD (59,97 ± 10,14). Sedangkan faktor yang paling sedikit dilaporkan mempengaruhi sikap caring adalah karakteristik pasien yang diwakili oleh persentase skor rata-rata 72,7% dan rata-rata ± SD (29,06 ± 8,77).

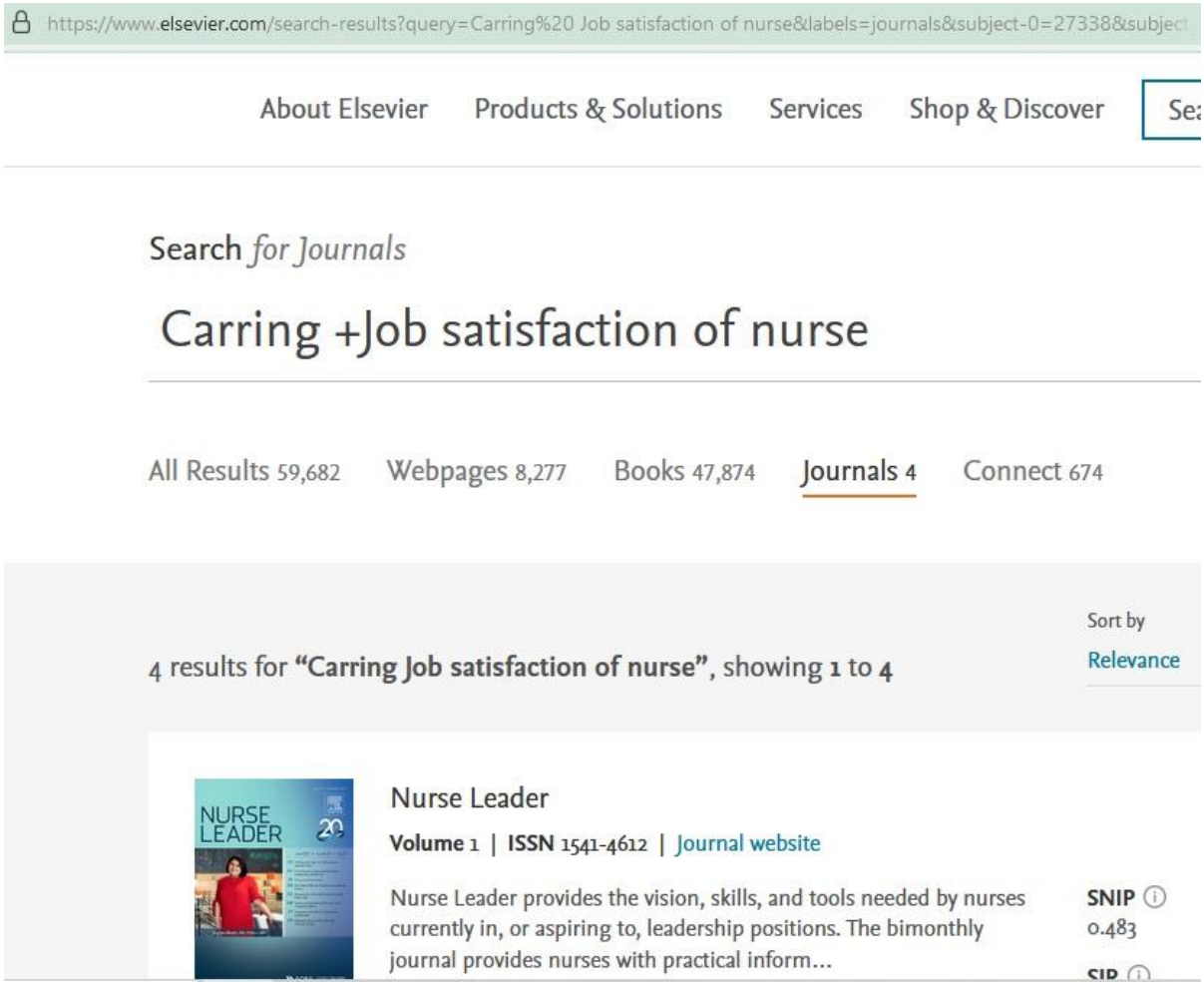
Lampiran 2: Bukti Screen Pencarian

Google Scholar = 31 Artikel

PubMed = 66 Artikel



Elsevier = 4 Artikel



Lampiran 3: *Critical Apraissal*

Sumber	*Apraisal Checklist Item*								total	%
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**		
(Kurniawan et al., 2019)	1	1	1	1	1	1	1	1	**8**	**100**
(Kuswantoro et al., 2021)	1	1	1	1	1	0	1	1	**7**	**87,5**
(Fawzi et al., 2021)	1	1	1	1	0	0	1	1	**6**	**75**
(Oluma & Abadiga, 2020)	1	1	1	1	1	1	1	1	**8**	**100**
(Shalaby & Janbi, 2018)	1	1	1	1	1	1	1	1	**8**	**100**

1. Apakah kriteria inklusi dalam sampel sudah jelas didefinisikan?
2. Apakah subyek penelitian dan latarnya dijelaskan dengan detail?
3. Apakah paparan diukur secara valid dan reliabel?
4. Apakah digunakan kriteria standar (objektif) untuk pengukuran kondisi?
5. Apakah faktor perancu (*confounding factor*) diidentifikasi?
6. Apakah strategi untuk mengatasi factor perancu dijelaskan?
7. Apakah hasil diukur secara valid dan reliabel?
8. Apakah analisis statistik yang digunakan sesuai?

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The relationship between caring preceptor, self-efficacy, job satisfaction, and new nurse performance☆

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KEYWORDS
Caring preceptor;
Job satisfaction;
New nurses;
Performance;
Self-efficacy

Abstract
Objective: It is not uncommon for new nurses to experience dissatisfaction and underperformance in their professional practice as a nurse in their first year on the job. In this transitional phase, new nurses need a preceptor to guide them. The provision of preceptor guidance with caring value and support for new nurse self-efficacy is a critical element that new nurses require. This study aimed to analyze the relationship between caring preceptor, self-efficacy, job satisfaction, and the performance of new nurses.
Method: The research method used a cross-sectional design based on a sample set of 123 new nurses selected using the total population sampling method. Data were analyzed using correlation testing and multiple linear regression.
Results: The results showed that there was a strong correlation between a caring preceptor and job satisfaction ($r = 0.522$, $p = 0.0001$) and new nurse performance ($r = 0.572$, $p = 0.0001$). There was a moderate correlation between self-efficacy with job satisfaction ($r = 0.371$, $p = 0.0001$) and new nurse performance ($r = 0.240$, $p = 0.008$).
Conclusion: For new nurses, the presence of a caring preceptor and self-efficacy are predictors of job satisfaction and performance. The preceptor had to care, which contributed to increasing the self-efficacy of new nurses.

Introduction

New nurses face many challenges during the first year of work, which impacts on job satisfaction and job performance. The new nurse feels nervous, anxious, tired, unconfident, and under stress in the workplace in the first year of work.[1] New nurse job satisfaction and job

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performance are influenced by many factors, with two key factors being the caring of the preceptor[2,3] and self-efficacy.[4]

The first influencing factor, caring of the preceptor, is defined as the positive relationship between the preceptor and new nurse based on Watson's Theory of Caring.[3] According to Kelly and McAllister, the relationship between preceptor and the new nurse has a positive effect on the new nurse's adaptation to the workplace.[5] The new nurses will be readily adaptable to the workplace if they have a good relationship with the preceptor.[3]

The new nurse requires psychosocial and interpersonal support. Such support will be realized if the preceptor applies caring behavior to the new nurse. Watson's Theory of Human Caring states that humans have psychosocial and interpersonal needs.[6] Confident and caring relationships are critical to help new nurses who feel anxious, fearful, under pressure, and face a difficult adaptation from being nursing students to a professional nurse.[2,3,6–9]

The caring behavior of the preceptor establishes the relationship between the preceptor and the new nurse.[10] The caring of the preceptor can increase the job satisfaction, quality of work, and patient safety of the new nurse. According to Kim et al., good relationships will increase the confidence and competence of new nurses.[11]

The job performance and job satisfaction of new nurses are influenced by having self-efficacy. High self-efficacy makes nurses more adaptable to their work environment.[4] Most of the new nurses have low self-efficacy, which decreases the quality of nursing care services. Furthermore, the new nurse's self-efficacy determines her or his response to solving a problem.[4]

Self-efficacy affects nurse performance and job satisfaction. According to Judge et al., there is a relationship between self-efficacy and nurse performance.[12] Wilson and Byers stated that there is a relationship between self-efficacy and nurse job satisfaction.[4] The results of this study indicate that high self-efficacy can improve the satisfaction and performance of nurses.

It is possible new nurses will decide to leave their job if the period of nursing orientation proves too stressful. The caring of the preceptor and new nurse self-efficacy are very important to develop the quality of nursing care, to help the new nurse feel part of the nursing team, reduce anxiety, fear, and stress, and improve nurse retention.

The purpose of this article was describing the relationship between caring preceptor, self-efficacy, job satisfaction, and the new nurse performance.

Method

A quantitative, cross-sectional, descriptive design was used. The sampling technique used total population sampling. Research respondents were 123 new nurses. The inclusion criteria were nurses with a working period of 6–24 months, have been following the preceptorship program, not being on leave or sick, and willing to be respondents.

The researcher-designed demographic questionnaire included questions about age, gender, marital status, education level, and employment area. The Caring Preceptor Scale, which was also developed by the researcher, was used to measure the caring of the preceptor. Content validity was established through a literature review and subject matter experts. Cronbach's alpha coefficient was reported as 0.821. The researcher established the Self-Efficacy Scale. Cronbach's alpha coefficient was reported as 0.729. The New Nurse Performance Scale, which consisted of 30 items, was established with a Cronbach's alpha of 0.918. The New Nurse Job Satisfaction Scale, which consisted of 20 items, was modified with a Cronbach's alpha of 0.899.

Ethical approval was obtained from the university's institutional review board and the hospital research committee. Informed consent was presented to each new nurse to explain the purpose of the research study. Completion of the surveys implied consent. All of the respondents involved in the study were kept confidential. All data were stored and used for research purposes.

Data were analyzed using a statistical program. Descriptive statistics (frequencies, percentages, means, and standard deviations) were performed to describe the sample characteristics, and each new nurse's perceived caring of the preceptor, self-efficacy, performance, and job satisfaction. Correlation analyses were conducted to examine the relationships between caring preceptor, self-efficacy, new nurse performance, and job satisfaction. Stepwise multiple regression analysis was conducted to determine whether a caring preceptor and self-efficacy were predictors of job satisfaction. Finally, stepwise multiple regression analysis was performed to determine whether a caring preceptor, self-efficacy, and job satisfaction were predictors of new nurse performance. An alpha value of 0.05 was considered statistically significant.

Results

The average age of new nurses in the study was 25.14 years with the youngest being 21 and the oldest being 42 years. In Jakarta Central General Hospital, the majority of the new nurses were female (93; 75.6%), mostly educated with a diploma (86; 69.9%), and mostly unmarried (87; 70.7%), though a minority worked in the ER (50; 40.7%) (Table 1).

The average caring of the preceptor as perceived by the new nurse was 105.83 or equal to 73.5% of the maximum value. The average self-efficacy of the nurse was 17.55 or equal to 71.3%. The average performance value of new nurses was 101.03 or equal to 84.2%. The average new nurse satisfaction score was 60.76, which was equivalent to 60.76% (Table 2).

The result of the analysis determined that there was no relationship between new nurse characteristics with job satisfaction (Table 3). No statistically significant relationship was found between age with job satisfaction, with $r = -0.041$ (Table 4). A statistically significant correlation was found between having a caring preceptor and job satisfaction. New nurses assigned to a caring preceptor had a healthy, positive relationship with job satisfaction. A statistically significant relationship was found between self-efficacy and job satisfaction. Self-efficacy had a profound, positive relationship with job satisfaction (Table 4).

No statistically significant relationship was found between new nurse characteristics (gender, education level, marital status, and employment area) with new nurse

Table 1 New nurses characteristics based on age, gender, education level, marital status, and employment area at Jakarta Central General Hospital, May 2018 ($N = 123$).

Characteristics	Mean	SD
Age	25.14	3.132
	N	%
Gender		
Male	30	24.4
Female	93	75.6
Education level		
Diploma	86	69.9
Bachelor	37	30.1
Marital status		
Married	35	29.3
Unmarried	87	70.7
Employment area		
Inpatient Room (IR)	21	17.1
Emergency Room (ER)	50	40.7
Surgery Room (SR)	38	30.9
Intensive Care Unit (ICU)	14	11.4

performance (Table 5). The lowest performance of the new nurses was in the ER = 99.90 or equal to 83.25% while the highest performance was in the ICU = 101.50 equal to 84.5%. The results obtained the *p*-value = 0.625, which means there was no relationship between employment site with new nurse performance (Table 5).

No statistically significant relationship was found between age and new nurse performance (Table 6). A statistically significant relationship was found between caring preceptor and new nurse performance. Having a caring preceptor had a healthy, positive relationship with new nurse performance. A statistically significant relationship was found between self-efficacy and new nurse performance. Self-efficacy had a profound positive relationship with new nurse performance (Table 6).

The results of multiple linear regression analysis are shown in Table 7 to give the regression equation obtained based on the value of the coefficient *B* test analysis.

The meanings of the regression model equation were: (1) Every single point increment of self-efficacy would improve new nurse performance by 0.976 after being controlled by caring preceptor; (2) every single point increment of a caring preceptor would improve new nurse performance equal to 0.399 after being controlled by the self-efficacy variable; (3) both caring preceptor and self-efficacy were significant predictors at 35.9% of the variance in new nurse performance, and (4) the most influential variable in new nurse performance was a caring preceptor.

$$\text{Job satisfaction} = -21.803 + 2.079 \quad \text{(self-efficacy)} + 0.425 \quad \text{(caring preceptor)} \tag{1}$$

The meanings of the regression model equation were: (1) Every single point increment of self-efficacy would improve job satisfaction by 2.079 after being controlled by a caring preceptor; (2) every single point increment of a caring preceptor would improve new nurse performance equal to 0.425 after being controlled by the self-efficacy variable; (3) both caring preceptor and self-efficacy were significant predictors at 37.2% of the variance job satisfaction, and (4) the most influential variable in new nurse performance had a caring preceptor.

Discussion

The results showed that there was no correlation between nurse characteristics and job satisfaction and new nurse performance. These results are not as aligned as those obtained by Suryanto et al., who found that ages up to 35 years old were periods of high-performance capabilities for nurses, whereas older people were physiologically susceptible to fatigue.[13] Nurse performance directly affects the quality of health care. The work of the staff nurse contributes directly to the quality of the services for the client. Work motivation is one of the factors that influence the work of a nurse. This research is a descriptive, quantitative, cross-sectional design that aimed to identify the relationship between the work motivation factors with staff nurse performance inpatient wards. The research used proportionate random sampling, which fulfilled an inclusion criterion; the study sample consisted of almost 100 staff nurses at inpatient wards. The research result identified three sub-variables of work motivation that related significantly to nurse performance, including interpersonal relations (OR = 4.345), supervision (OR = 72.952), and incomes or salary (OR = 7.304). While the individual characteristic variable indicated two variables, performance is the education of staff nurse (OR = 7.567) and age (OR = 25.948). A dominant sub-variable connected with staff nurse performance was supervision (OR = 72.952), after it was controlled by variables of age, income, or salary and education level.

Table 2 Caring preceptor, self-efficacy, new nurse performance and job satisfaction at Jakarta Central General Hospital, May 2018 ($N = 123$).

Variable	Mean	Min–Max	SD	95% CI
Caring preceptor	105.83	72–143	14.989	105.8–111.18
Self-efficacy	17.55	12–24	2	17.20–17.91
New nurse performance	101.03	69–120	10.823	99.10–102.96
Job satisfaction	60.76	28–97	13.057	58.43–63.09

Table 3 The relationship between new nurse characteristics based on gender, education level, marital status, and employment room with job satisfaction at Jakarta Central General Hospital, May 2018 ($N = 123$).

Variable	N	Mean	SD	p
Gender				
Male	30	61.37	14.383	0.770
Female	93	60.56	12.677	
Education level				
Diploma	86	61.13	13.541	0.632
Bachelor	37	59.89	11.989	
Marital status				
Married	35	60.23	12.661	0.779
Unmarried	88	60.97	13.276	
Employment area				
IR	21	57.14	9.896	0.338
ER	50	61.26	12.804	
SR	38	60.42	14.259	
ICU	14	65.29	14.424	

Table 4 The relationship between age, caring preceptor, self-efficacy, job satisfaction at Jakarta Central General Hospital, May 2018 ($N = 123$).

	Job satisfaction	
Variables	r	p
Age	−0.056	0.535
Caring preceptor	0.522	0.000*
Self-efficacy	0.371	0.000*

* Significant $\alpha = 0.01$.

The increase of supervision by the head nurse, nursing committee, and nursing section needs to be improved, preferably by the approach of an organizational structure to motivate the performance of nurses.

There was no significant difference between the performance and satisfaction of male and female nurses. This result may be because the proportion of females is far more than males so it cannot describe the overall comparison of new nurse performance and job satisfaction between male and female nurses. The results of this study supported the research undertaken by Zahara et al., who stated there was no relationship between gender and nurse performance.[14]

Marital status had no relationship with performance or satisfaction. The researcher's opinion is that every new nurse would give her or his best to provide nursing care regardless of marital status. Although there was no correlation between educational level and new nurse satisfaction, the researchers found that the performance and satisfaction of nurses with a diploma degree was better than bachelor degree nurses. Dissatisfaction occurs due to a lack of autonomy and lack of career clarity.[15]

The low level of satisfaction associated with the high expectations of bachelor degree nurses appears to be inconsistent with the reality at work.[15] New nurses received minimal information related to the career ladder in the hospital. This opinion supported the results of the questionnaire distribution that the item of opportunity to develop received the second-lowest total value. These results were in line with the research undertaken by Afriani et al.[16], who stated the lower expectations were those of the new nurse.

New nurses with non-civil service employment status who were less exposed to information about the career ladder tended to have a perception of the career ladder that had less of a result on a decrease in performance.[15,17] Increased knowledge of the career ladder, in contrast, will develop positive nurse behavior.[18]

There was no significant relationship between the employment area and new nurse performance and job satisfaction. The researcher saw that the lowest average performance value was in the ER. New nurses who are in the ER face varied and complex cases that they have never met before as a student, so new nurses are required to be able to provide nursing care according to predefined standards.[19] Given the complexity and intensity of the ER, the guidance that new nurses were able to get from their preceptor was minimal.

The relationship between caring preceptor, self-efficacy, job satisfaction, and new nurse performance

The preceptor was the key in the preceptorship program. The caring behavior of the preceptor established a relationship with the new nurse. It increases satisfaction and improves competence and performance. As stated by Kim et al.,[11] a good relationship will increase the level of confidence and competence of a new nurse and is one of their primary needs.

During the transition period, having a positive relationship with their preceptor will better enable new nurses to overcome the problems of stress they experience and further the development of professional skills and

Table 5 The relationship between new nurse characteristics based on gender, education level, marital status, and employment room with new nurse performance at Jakarta Central General Hospital, May 2018 ($N = 123$).

Variable	N	Mean	SD	p
Gender				
Male	30	102.37	12.933	0.440
Female	93	100.60	10.091	
Education level				
Diploma	86	101.77	11.020	0.253
Bachelor	37	99.32	10.290	
Marital status				
Married	35	101.91	9.690	0.571
Unmarried	88	100.68	11.275	
Employment area				
IR	21	100.14	9.946	0.625
ER	50	99.90	11.762	
SR	38	100.60	10.236	
ICU	14	101.50	10.552	

Table 6 The relationship between age, caring preceptor, self-efficacy, and new nurse performance at Jakarta Central General Hospital, May 2018 ($N = 123$).

	New nurse performance	
Variables	r	p
Age	0.014	0.880
Caring preceptor	0.572	0.000*
Self-efficacy	0.240	0.008*

* Significant $\alpha = 0.01$.

personal development, such as communication and clinical ability.[20,21] Caring preceptor behavior is best manifested as a role model for new nurses. In the ideal case, every dimension of care performed by the preceptor becomes the standard in the judgment of the new nurse.

The humanistic altruistic dimension focused on how to establish relationships between the preceptor and the new nurse as expressed in body language, intonation, open attitude, and facial expression.[3] Its manifestations were of the preceptor as a role model, behaving professionally, adding value to the nursing culture within the organization, influencing new nurses, and contributing to the organizational strategic plan.[3] Being exposed to positive preceptor roles improves the new nurses' performance and job satisfaction.

With growing confidence, the new nurse will perform with the best possible skills in the workplace.[3,22] To be optimistic, new nurses need positive motivation from the preceptor. Consequently, new nurse optimism can improve the performance of nurses in nursing care.

The next aspect of the caring dimension we will consider concerns the consciousness of self and others. It was evident one function of the preceptors was to understand the role they played in providing nursing care, as well as that of the patients, and new nurses.[23] Based on this understanding of how the work environment best functioned, the preceptors contributed to making new nurses feel comfortable in the workplace. This dimension also relates to the attitude of the preceptor in providing support to new nurses.

The questionnaire distribution results for the caring dimension, which consists of developing mutual trust and attitudes, was the second-highest average value perceived by the new nurse. This result suggested that the preceptor role well manifested caring behavior to the new nurses. New nurses had a few nursing skills and often encountered obstacles.[19] The trusting relationship between the preceptor and the new nurse enhanced positive feelings. The positive relationship started with communication. The preceptor had to be empathetic and friendly toward the new nurses. Empathy means the nurse could understand what the new nurse was feeling. Positive acceptance of others was meant in a friendly way and was expressed through body language, speech sound pressure, open attitude, facial expressions, and others.[3]

The result of the dimension, acceptance of positive or negative expression, was the lowest average value of all existing aspects. Caring preceptor behavior, in this case, consisted of being a good listener and paying attention to the feeling and sincerity of the new nurses. Preceptors gave their time to listen to new nurse problems.[2,3] Caring preceptor behavior will affect job satisfaction. The preceptors who were able to manifest caring behavior made the new nurse feel comfortable in conveying the obstacles she or he faced during the workplace, which enabled them to work together until the problems could be solved.

One challenge of the new nurse is to solve problems systematically. The preceptor provides a problem for the new nurse to solve.[24] In appropriate cases, the preceptor listens to the needs of the new nurse and solves the problem. Problem-solving begins when the preceptor identifies the needs of the new nurse, then plots the clinical guidance activity and evaluates the performance of the new nurse.[2,3,25] Systematic problem-solving can be a self-evaluation element to improve new nurse performance. The preceptor can then evaluate the job progress of the new nurse.

Table 7 Multiple regression examining the relationship between caring preceptor, self-efficacy, job satisfaction and new nurse performance.

Job satisfaction						
Variable	*B*	*SE*	Beta	*R*	R^2	*p* value
Constant	−21.803	10.259		0.610	0.372	0.036
Self-efficacy	2.079	0.475	0.319			0.000
Caring preceptor	0.425	0.063	0.487			0.000
New nurse performance						
Variable	*B*	*SE*	Beta	*R*	R^2	*p* value
Constant	40.619	8.539		0.599	0.359	0.000
Self-efficacy	0.976	0.398	0.180			0.016
Caring preceptor	0.399	0.053	0.552			0.000

The next caring dimension, improvement in interpersonal learning, is determined by the ability of a preceptor to create a productive climate for the learning process.[26] The learning environment must be provocative, disciplined, fun, and humanistic through support and care. The preceptor views the new nurse as someone who still needs guidance to learn and can identify the appropriate learning method for the new nurse.[26] The accurate identification of the learning methods offers a more relaxed way for the new nurses to learn, and to capture and reserve information more efficiently, reduce anxiety more immediately, and more effectively inhibit undesired conditions.

The manifesting of the next caring dimension, the provision of the physical, mental, socio-cultural, and spiritual environment, should not guide the new nurse dominantly unless safety is a concern. The purpose of providing a suitable environment is to conduct and identify the clinical situation. This pattern allows new employees to feel more confident.[3] The provision of a comfortable environment starts with good organizational communication, which has a significant relationship to the improvement of new nurse performance.[27]

Accomplishing basic needs as a new nurse is fundamental to the preceptorship process. The preceptor acknowledged the holistic and interpersonal needs of the new nurses. Achievement and relationships were high psychosocial needs. Self-actualization was the highest interpersonal need.[28] The preceptor recognized the learning needs of the new nurse in the hospital ward.

The other dimension of caring, appreciating the existential-phenomenological force, was the highest mean value of all dimensions in this research. The preceptor provided discussions with the new nurses to identify the environment, strengths, and weaknesses, and strategies for coping with new work demands. This is useful for new nurses who feel anxious and stressed.[8,29] Anxiety and stress decrease the new nurse's confidence, which results in a decrease in the new nurse's performance.

The results showed that there was a relationship between self-efficacy and the performance and satisfaction of new nurses. The researchers based their analysis on the social cognitive theory proposed by Albert Bandura that self-efficacy consists of personal confidence and confidence in the abilities and skills possessed to actualize into life.[30] Self-efficacy is associated with successful performance.[31]

New nurses' self-efficacy is influenced by being given a model from their preceptor. Also, new nurses build confidence by learning from other new nurses.[30,31] The new nurse receives a big motivation if the preceptor convinces the new nurse that they can do at least some part of the task.

Individuals with high self-efficacy will demonstrate their commitment and self-motivation for the best performance. Conversely, a person with low self-efficacy will be overwhelmed with doubts about the ability she or he has. The individual faced with difficulties will decrease her or his efforts for reaching the target and can even surrender. This statement supports the opinion of Bandura that self-efficacy is related to motivation with the three needs of McClelland, namely achievement needs, power needs, and the need for affiliation. These three needs were also investigated by Judge et al. in 2007 about the self-efficacy relationship with the performance performed by some staff members. The results of Judge et al. show that self-efficacy is closely related to staff performance.[12] Self-efficacy determines the new nurse's readiness to perform tasks in the workplace.

Conclusion

This study showed that there was a significant positive correlation between having a caring preceptor and self-efficacy with job satisfaction and new nurse performance. Both caring preceptor and self-efficacy were significant predictors, accounting for 37.2% of job satisfaction, and were significant predictors for 35.9% of new nurse performance. Nursing managers can take measures to develop caring preceptor and self-efficacy as a strategy to decrease the turnover rate in the hospital. Thus, further studies should be performed to detect the factors influencing the caring preceptor and self-efficacy, and subsequently, take reasonable measures to improve the caring preceptor and self-efficacy.

Conflict of interests

The authors declare no conflict of interest.

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Article

Job satisfaction and caring behavior among nurses in a military hospital: A cross-sectional study

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Abstract

Background: Caring is the major focus of nursing practice, and their behavior has an impact on the quality of patient care, and it is very important that they are satisfied while working. The strong relationship between job satisfaction and nurses caring behavior is well established, and therefore the managers can be encouraged to provide better conditions for nurses' satisfaction. The aim of this study was to investigate the relationship between job satisfaction and the caring behavior of nurses in the Military Hospital.

Design and Methods: A survey with a self-assessment questionnaire was carried out from August to December 2019. Participants were 121 nurses working in a military hospital Malang, Indonesia. The data was collected using the Job Satisfaction Survey (JSS) and Caring Behavior Inventory (CBI-24). The data were analyzed using rank Spearman and multiple linear regression.

Results: Job satisfaction had a positive correlation with the caring behavior of nurses ($p=0.003$; $r=0.266$). Furthermore, there were four job satisfaction dimensions namely supervision, contingent rewards, co-workers, nature of work and communication dimensions were positively correlated with nurses' caring behavior ($p<0.05$) while salary, promotion, benefits, operating procedure dimensions are not related to nurse's caring behavior ($p>0.05$).

Conclusions: Caring behavior of nurses is influenced by job satisfaction. Therefore, it is necessary to provide supervision, contingent rewards, empowerment, collaboration program for the nurses to reconstruct the nursing working environment to be healthier and increase the caring behavior of nurses.

Introduction

Quality health care is the result of collaboration between patients and health care providers in a supportive environment.[1] Nurses as professionals are responsible for the provision of high quality nursing care for better patient outcomes and every effort is made through their caring behavior.[2] Furthermore, caring is an interpersonal process with a specific context characterized by excellent nursing skills, interpersonal responsiveness, and intimate relationships initiated by the nurse's need and openness to care, as well as professional maturity and willingness to nurture their moral foundation.[3] In general, nurses perform sufficient patient care, however they often less attentive to caring behavior aspects.[4] Another studies showed that nurses are more focused on the application of skills or carrying out a task than on existing caring behaviors that demonstrate compassion, love, kindness, and relationships.[5] Their work performance appearance is influenced by job satisfaction.[6-8]

Nurses believe that the quality of care provided by their work unit has a strong impact on job satisfaction, and believe that their work unit provides excellent quality of care that also provides the highest level of satisfaction.[9] Job satisfaction is a pleasant feeling or assessing the expression of positive emotion to an individual's work or working experience.[10] Interpersonal relationships in the working place are providing good patient care, physical working conditions, salary, promotion, job security, responsibilities, working hours, management, staffing and resources, which are predictors of job satisfaction.[11,12] There was no difference in overall satisfaction between military *vs* civilian services, professional *vs* non-professional nurses, general *vs* specialized care in military hospitals.[6,13] The four most preferred responses were staff interaction, patient care, unit or specialization, learning environment, while the least preferred were the hospital's military/political structure, staff shortages, schedules, and unsupportive administration.[6] Based on the results above, this study aims to examine the relationship between Nurses' job satisfaction and caring behavior who work in the Military Hospital.

Design and Methods

The research uses a descriptive quantitative design with a cross-sectional approach and random sampling. Overall respondents involved in this study were 121 nurses working in the inpatient wards at the Military Hospital in Malang, East Java. The instrument used in measuring the job satisfaction was the Job Satisfaction Survey (JSS), which consists of 36 items, divided into 9 sub-dimensions, namely: salary (4 item), promotion (4 item), fringe benefits (4 item), contingent rewards (4 item), supervision (4 item), operation procedure (4 item), Co-worker (4 item), nature of work (4 item), and communication (4 item). This instrument uses a 6-point Likert scale (1 =disagree very much, 2=disagree moderately, 3=disagree slightly, 4=agree slightly, 5=agree moder-

Significance for public health

The nurses are group of health-care professionals that have the largest number of healthcare workforce in the world. Nurses practice independently and have the ability in promoting and maintaining human health. However, their job satisfaction is rarely investigated, and there are several negative impacts that may arise from unsatisfied nurses. The decreased motivation in providing care, leading to an increase in patient complaints as well as potential safety incidence. These consequences indicated a red flag for the qualified healthcare services provided in the public health. This study examines the relationship between job satisfaction and the caring behavior of nurses. The result is expected to identify specific factors of job satisfaction that can be modified to maintain caring behavior in which the decreasing quality of care can be prevented.

ately, 6=agree very much). The instrument used for measuring caring behavior was Caring Behavior Inventory (CBI-24).[15] This instrument consists of 24 items, divided into 4 sub-scale, assurance (8 item), knowledge and skill (5 item), respectful (5 item) and connectedness (5 item). 6-point Likert scale (1=never, 2=almost never, 3=occasionally, 4=usually, 5=almost always, 6=always). The instrument was tested for validity and reliability with the results of all valid question items (r >0.45) and Cronbach Alpha value (0.907) for JSS and (0.954) for CBI-24. This research was conducted after obtaining ethical clearance from the Health Research Ethics Commission of the Faculty of Medicine, Universitas Brawijaya, Indonesia. All respondents participated had previously received informed consent. Participants fully understand the concept of the research and agreed to respond to the questionnaire. The entire survey process used anonymity and all personal information was kept confidential. The data collection was carried out by using paper-based questionnaire, which was distributed to nurses at the inpatient wards. All the eligible nurses were given informed consent prior to the survey distribution, and the consent were earned when nurses signed the informed consent form and completed the survey. In terms of statistical analysis, the frequency distribution was used to perform a univariate analysis in the characteristics of the respondents. While job satisfaction and caring behavior were examined using descriptive statistic. The Spearman rank test were used to examine the relationship between job satisfaction and caring behavior. In addition, the correlation of ten domains of job satisfaction to nurses' caring behavior were also closely examined using multivariate linear regression model was examine and all the statistical analysis was performed using SPSS 16.

Table 1. Characteristics of respondents based on gender, age, education and experience (n=121).

Characteristics of respondents	Frequency	Percentage
Gender		
Female	32	26.4%
Male	89	73.6%
Age		
20-30	53	43.8%
31-40	50	41.3%
>40	18	14.9%
Education		
Diploma	92	76%
Bachelor	29	24%
Experiences (year)		
≤5	48	39.7%
>5	73	60.3%

Table 2. Distribution of variables job satisfaction (salary, promotion, fringe benefits, contingent rewards, supervision, operation procedure, co-worker, nature of work, communication) and caring behavior (n=121).

Variables	Mean	Median	Min-Max	SD	95% CI
Job satisfaction (total)	4.01	3.88	3.17 - 4.83	0.45	3.93 - 4.09
Salary	3.77	3.75	2.00 - 5.25	0.73	3.64 - 3.90
Promotion	3.73	3.75	2.25 - 5.00	0.56	3.63 - 3.83
Fringe benefits	3.63	3.50	2.00 - 4.75	0.52	3.53 - 3.72
Contingent rewards	3.83	3.75	2.50 - 5.00	0.66	3.71 - 3.95
Supervision	4.34	4.25	2.50 - 6.00	0.77	4.20 - 4.48
Operation procedure	3.16	3.25	2.00 - 5.00	0.52	3.06 - 3.25
Co-worker	4.76	5.00	3.50 - 5.75	0.67	4.64 - 4.88
Nature of work	4.87	4.75	3.50 - 5.75	0.53	4.77 - 4.96
Communication	4.03	3.75	1.50 - 6.00	0.97	3.85 - 4.20
Caring behavior	5.16	5.08	4.21 - 5.75	0.39	4.21 - 5.75

SD, standard deviation; Min, minimal; Max, maximal; CI, confidence interval.

Results and Discussions

The respondents' characteristic data includes gender, age, education, and experience as described in Table 1, which shows that the majority of respondents were male (73.6%), age <40 years (85.1%), education diploma (75%), and experience > 5 year (60.3%). Based on Table 2, it can be predicted using 95% confidence interval total score of job satisfaction score ranges from 3.93-4.09 (salary score was between 3.64-3.90; promotion scores between 3.63-3.83; fringe benefits scores between 3.53-3.72; contingent rewards scores between 3.71-3.95; supervision of the scores were between 4.20-4.48; operation procedure scores between 3.06-3.25; co-worker scores between 4.64-4.88; nature of work scores between 4.77-4.96; communication scores between 3.85 4.20), while the caring behavior scores ranged from 4.21-5.75. The relationship between total score of job satisfaction and its dimensions (salary, promotion, fringe benefits, contingent rewards, supervision, operation procedure, co-worker, nature of work, communication) and caring behavior can be seen in Table 3. The score of the total job satisfaction has a relationship with caring behavior ($p<0.05$). Sub variable job satisfaction (contingent rewards, supervision, co-worker, nature of work, and communication) has a relationship with caring behavior ($p<0.05$).

Table 3. Analysis of the relationship between variables total score job satisfaction (salary, promotion, fringe benefits, contingent rewards, supervision, operation procedure, co-worker, nature of work, communication) and caring behavior variables (n=121).

Variable	Correlation coefficient	p-value
Job satisfaction (total)	0.26	0.003
Salary	0.02	0.824
Promotion	-0.12	0.185
Fringe benefits	-0.01	0.871
Contingent rewards	0.21	0.019
Supervision	0.34	0.000
Operation procedure	0.02	0.826
Co-worker	0.24	0.006
Nature of work	0.35	0.000
Communication	0.25	0.000

Table 4. Multiple linear regression analysis.

Independent variable	B	*t*-value	p-value	Adjusted R square
Constant	4.930			0.201
Salary	-.184	-2.281	0.024	
Promotion	-.037	-.517	0.606	
Fringe benefits	.013	.143	0.887	
Contingent rewards	-.159	-2.107	0.037	
Supervision	.196	2.322	0.022	
Operation procedure	-.101	-1.333	0.185	
Co-worker	-.071	-1.032	0.304	
Nature of work	.135	1.616	0.109	
Communication	.190	3.028	0.003	

From the performed multiple linear regression analysis, four job satisfaction dimensions (salary, contingent rewards, supervision, and communication) are greatly associated with nurses' caring behavior (Table 4). The results of the multicollinearity assumption test (tolerance value >0.27 and VIF <4.4), autocorrelation (Durbin Watson=1.468), normality (probability plot, residual observations spread around the diagonal line), heteroscedasticity (scatter plot, randomly spread residual observations), showed that multiple linear regression analysis can be performed. The results of multiple linear regression analysis showed that only the salary, contingent rewards, supervision and communication affect nurses' caring behavior. The caring behavior of the nurses can be represented by salary, contingent rewards, supervision, and communication by 20.1%, or in other words it contributed about 21.1% to the caring behavior of the nurses, while the remaining 79.9% is a contribution from other factors that are not in the model linear regression. Caring is at the core of nursing and the nurse caring behavior is a service provided to the patients.[14] Nurse job satisfaction is very important in providing high quality service to patients.[1] Nurse's job satisfaction can be measured in terms of salary, promotion, supervision, benefits, contingent reward, operating procedures, coworkers, nature of work, and communication.[15] This research shows that nurses' job satisfaction are positively related to their caring behavior. This study is in line with the results of several studies, which reported that nurse caring behavior is influenced by job satisfaction.[2,16,17] Other studies suggest that job satisfaction can improve the performance of nurses and the quality of patient care.[9,18-20]

In this study, the salary and reward nurses receive is known to have an impact on the nurses' behavior. Salary is recognized as the main reason for increased efforts to improve the quality of care and nurses.[7,21] Nurses prefer non-financial rewards, including community appreciation and feedback, time and working management, job content and development opportunities, influencing and participation are closely related to the importance of rewards.[22] The direction in this study is negative, meaning that the greater the salary received by nurses, the lower the nurses' caring behavior. This condition is suspected because most of the respondents have worked for more than five years, in such a way that the salary and rewards is quite stable.

Supervision is one of the influencing factors to nurses' performance, such as the caring behavior. The better the supervision carried out at the hospital, the better the nurse's performance. These results are similar with previous study finding that supervision has an effect on nurses' performance.[8,23,24] Clinical supervision has significant impact on self-assurance improvement, an increased nurse supportive behavior to their patients, relationship with the patient, and taking responsibility.[25]

Communication is a factor that has the greatest influence on nurse caring behavior, the better communication performed by nurse, the better nurse's caring behavior. Good communication will improve the quality of nursing care delivered to patients.[26,27] The communication skills possessed by nurses affects their caring behavior in providing nursing care to patients.[28]

Conclusions

Nurses' caring behavior is very important for high quality health services, in such a way that the hospital management must implement a program to improve the nurses' ability and skills. Nurse satisfaction needs to be managed properly in order to improve their performance, especially the implementation of caring in nursing services. Financial rewards are important, but non-financial rewards are also very important to be managed by hospital management. Another very important factor to consider is the management of the communication skills in caring behavior in providing nursing care for patients and their families.

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Key words: Caring behavior; job satisfaction; military hospital; nurses; quality.

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Nurse Caring Behavior Analysis In Term Of Performance and Workload Satisfaction Of Lavalette Malang Hospital

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ABSTRACT
Caring is an art and science approach to caring for clients in the form of a dynamic approach between nurses and patients. The purpose of this study was to determine the effect of Nurse Caring Behavior in terms of performance satisfaction and workload in the Inpatient Unit of Lavalette Hospital Malang. The design of this study is descriptive correlational research that examines the influence between variables. The population in this study were patients who were given caring behavior and functional nurses with a simple random sampling method of 36 respondents. The independent variable is job satisfaction and nurse workload while the dependent variable is caring behavior with multiple linear regression statistical tests. The results of the study were nurses caring behavior in Lavalette Malang hospital majority (94 %) as many as 34 respondents were calssified as good. The results of multiple linear regression tests obtained p value: 0,015 < α = 0,05. There is an influence of workload and nurse performance satisfaction on caring behavior. The most dominant factor based on the partial T-test analysis of variables is performance satisfaction.

Keywords: Caring behavior, Performance satisfaction, Workload

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BACKGROUND

Quality and professional nursing care services are targets to be achieved to improve the quality of the hospital. This can be achieved through good employee performance.1 the performance or work performance of an employee is differentiated in quality and quantity and is produced according to the responsibilities assigned to him. The work results are assessed objectively and scientifically based on established criteria. Own performance on the job depends on combining abilities and a supportive work climate. Whether or not a person's work results or performance in carrying outactions are caring influenced by several factors, including: skills, perceptions, roles, attitudes, personality, workload, work motivation, job satisfaction, organizational structure, career development job design, leadership, and reward systems. (reward system).(Alhasanah, 2016)(Noprianty & Karana, 2019)

This high workload of nurses causes the performance of nurses in carrying out nursing care not according to standards, nurses often do not have time or even forget to record and report related to patient status due to the large number of patients and work to be completed, high nurse workloads can cause fatigue. , tired. Ilyas further stated that fatigue, nurse fatigue occurs when nurses work more than 80% of their working time. In other words, the nurse's productive time is approximately 80%, if it is more then the workload of nurses is said to be high or not appropriate and it needs to be considered to increase the number of nurses in the care room.(Policy et al., 2019)

The workload of nurses in the Adult Nursing Room at GMIM Pancaran Kasih Hospital Manado was heavy as many as 39 respondents (67.2%) while the light workload was 19 respondents (32.8%). And the job satisfaction of nurses in the Adult Nursing Room at GMIM Pancaran Kasih Hospital Manado was less satisfied as many as 30 respondents (51.7%) while those who were satisfied were 28 respondents (48.3%). This is also illustrated by Ivancevich, Konopaske and Matteson who argue that in general the workload affects the job satisfaction of nurses so that it affects the behavior of Carring Nurses)(Fattah, 2017).

The preliminary study was conducted on March 7 to 9 2019 at the Lavalette Hospital Inpatient Unit. Based on the results of interviews with 5 nurses, data was obtained with a number of patients per shift of 10 to 12 patients. The number of nurses on duty 2 people with a total number of nurses 8 nurses and 1 head of the room, 3 nurses said the workload was heavy with job satisfaction less satisfied, while the other 2 nurses said the workload was light with job satisfaction quite satisfied. Inpatient Services at Rs Lavalette treats internal medicine and surgical patients. As a result of these services, the workload of nurses in Lavalette Hospital Malang City is very high.

The high workload of nurses is influenced by the inadequate number of personnel, while the demands of private patients for nurses are very high which can cause nurse fatigue and reduce nurses' job satisfaction so that it affects the decline in nurse caring attitudes towards patients. The solution to reduce the high workload can be done by adding more nurses to reduce fatigue and increase the job satisfaction of nurses, which later on the nurses can increase friendly behavior and increase effective communication with patients and families, besides that there is also a need for excellent service training and effective communication for all. nurses in order to improve nurse caring (Fawzi et al., n.d.).

METHODS

Study Design

The research method used in this study is a research design correlation analysis to examine the influence between variables. This study aims to determine the effect of

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workload and performance satisfaction on caring nurse at Lavalette Hospital Malang. This study uses a time approach, cross-sectional which is a type of research that emphasizes the time of measurement / observation of data on the independent and dependent variables.

Population, Samples, and Sampling

The population in this study were patients who were givenbehavior caring and functional nurses usingmethod simple random sampling as many as 36 respondents in the research location at the Lavallete Hospital Malang.

Instruments

The measuring instrument used is a questionnaire that has been tested for validity and reliability, the caring questionnaire is taken from the 2018 Wolf research which consists of: 1. Assurance of human presence, 2. Respectful deference, 3. Professional knowledge and skills, 4. Positive Connectednes. The workload questionnaire was taken fromresearch Munandar's, 2001, and the performance satisfaction questionnaire was taken from the 2007 Hasibuan research.(nursalam, 2008)

RESULTS

Univariate Analysis

Table 1. frequency of Nurse performance satisfaction

Nurse performance satisfaction	n	%
very satisfied	9	27%
satisfied	21	56%
quite satisfied	5	14%
not satisfied	1	3%
very dissatisfied	0	0
Total	36	100%

Based on table 1. above can be interpreted that all of them 36 respondent (100%). And and the highest category is satisfied (56%)

Table 2. frequency of nurse workload

Nurse workload	n	%
light	15	42%
modrate	13	36%
High	8	22%
Total	36	100%

Based on table 1. above can be interpreted that all of them the highest category is ligh (36%)

Table 3. frequency of nurse caring

nurse caring	n	%
good	32	94%
modrate	4	6%
Less	0	0%
Total	36	100%

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Based on table 1. above can be interpreted that all of them the highest category is good (94%)

- Analysis of Multyvariates (ordinal regression)

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.596	2	2.298	4.752	.015[a]
	Residual	15.960	33	.484		
	Total	20.556	35			

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.473[a]	.224	.177	.69543

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	5.570	.672		8.283	.000
	BEBAN_KERJA	.010	.014	.119	.716	.479
	KEPUASAN_KINERJA	.025	.010	.413	2.483	.018

a. Dependent Variable: CARING

Based on table 4, it can be explained that performance satisfaction and workload have an effect on nurse caring by 22.4% and the dominant variable is performance satisfaction.

DISCUSSION

The Result of the research obtained a total sample of 36 respondents, the results of the performance satisfaction variable showed that most (94%) of the performance satisfaction were classified as satisfied / very satisfied and influenced the behavior of caring nurses in the good category as many as 34 respondents, the educational characteristics found that 56 % of respondents with a Bachelor of Nursing education, data on the age of respondents in the 26-30 year category is 54%. The results of the data in the study support each other between the background conditions of the respondents and the data on the results of the performance of nurses' satisfaction, where most of the respondents are satisfied / very satisfied with their performance, this is due to the maturity of age and undergraduate educational background so that respondents have self-mastery to assess their performance satisfaction (Ellina & Fawzi, 2018).

The results of research on the workload of nurses show that the workload is relatively light with a percentage of (92%) and affects the behavior of caring nurses, (64%) of nurses work longer than 10 years, so that this condition makes nurses more experienced in providing services and a given caring could be better. The quisoner results obtained indicate

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that the workload of nurses in the light category is influenced by the type of work, because the nurses studied are nurses who work in inpatients, there is no strict observation of the patient, no special action or intensive action on the patient, no direct contact. nurse continuously to the patient. (Gayatri & Handiyani, 2002)(Aloei & Kota, n.d.).

The results of statistical analysis using ordinal regression between the performance satisfaction variable and the workload variable on caring were obtained in the ANOVA test p value: (0.015), in the partial regression ordinal test results the dominant variable was the performance satisfaction variable with p value: (0.0018), the R value obtained was (22.4%). The results showed with the ordinal regression model that there was an influence between performance satisfaction and work load on nurse caring, the influence of independent variables on the dependent variable was 22.4%, the rest was influenced by other variables that had not been studied, and the most dominant variable affecting caring was the satisfaction variable. performance(Elayyan et al., 2018), job satisfaction is a general attitude of an employee towards his job. So the job satisfaction obtained by individuals is a picture of the work done so that it is very dominant in influencing thebehavior of caring nurses towards their patients (Resti et al., 2019)(Policy et al., 2019)

CONCLUSION

The research and analysis results were obtained about the effect of workload and performance satisfaction on nurse caring at the Lavalet hospital, showing the size of the effect (22.4%) and the most dominant variable is performance satisfaction, indicating that performance satisfaction provides enthusiasm and motivation to work nurses to provide more caring. good for patients, so that the quality of patient nursing services is better and the hospital gets an impact related to patient visits to get health services (nursalam, 2015)(Majore & Kalalo, 2018)

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RESEARCH ARTICLE Open Access

Caring behavior and associated factors among nurses working in Jimma University specialized hospital, Oromia, Southwest Ethiopia, 2019

Adugna Oluma* and Muktar Abadiga

Abstract

Background: Nursing care behavior and nurse's perception of effective care behavior is an act, conduct, and mannerism enacted by professional nurses that convey concern, safety, and attention to the patient. Behavior associated with caring has a paramount role in linking nursing interaction to the client in experiences but, the concept is ambiguous and elusive toward different scholars to reach on common understanding. Only a few studies have been done on the caring behavior and associated factors globally, and no study was done in this study area. Therefore; the purpose of this study was to assess caring behavior and its associated factors among nurses working in Jimma University specialized hospital, southwest Ethiopia.

Methods: An institutional-based cross-sectional study design was conducted on a sample of 224 nurses working in Jimma university specialized hospital from March 20–April 20, 2019. Data were collected by a self-administered questionnaire. Descriptive statistics including frequency table, mean, standard deviation and percentage were employed. Bivariate and multiple linear regression analysis was used with regression coefficient (β), coefficient of the determinant (R^2), CI 95% and $p < 0.05$ were used for statistical significance.

Results: The overall proportion of nurses caring behavior was 80.3% which was mostly measured in terms of professional –technical (82.9%) and psychosocial (81.3%) dimension. Job satisfaction as personal satisfaction (beta = 1.12, $p = 0.00$), professional satisfaction, (beta = 1.07, p = 0.00), joint participation in caring process (beta = 0.58, p = 0.00,) satisfaction with nurse management (beta = 0.85, $p = 00$) were significantly associated with caring behavior.

Conclusion: The proportion of nurses who had a high perception of caring behavior was found to be lower. Thus, all predictors have their own effect on enhancing job satisfaction, improving and creating conducive management and working environment to increase caring behavior. Further comparative studies involving multidisciplinary and patient point of view were recommended.

Keywords: Caring, Caring behavior, Nurses, Jimma, Ethiopia

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Background

Caring is a principal and unique concept in nursing which is described as human acts of doing something with people, for people, to people and as people. It can be effectively demonstrated and practiced interpersonally that result in the satisfaction of human needs. It represents an attitude of occupation, concern, responsibility and affective involvement with the others. Nursing care behavior and nurse's perception of care behavior is an act, conduct, and trait enacted by professional nurses that provide concern, protection, and attention to the patient [1].

Conceptually, caring behaviors have two major components. The first component is instrumental behaviors which are associated with technical and physical behaviors. The second components are expressive behaviors that deal with psychosocial and emotional behaviors which include the provision of loyalty, confidence, hope, and emotional kindness for the patients [2].

Caring is universal as well as central in the art and science of nursing practice that includes all aspects of delivering nursing care to patients. Caring is a basic nurses' attitude and daily life events as a professional and individual which occur when a nurse comes in contact with a client and expressed through actual nursing acts and behaviors. Thus, caring requires the spiritual, moral, personal and social engagement of a nurse with a commitment to self and other community [3].

Nurses have a professional responsibility to give high-quality nursing care for a better patient outcome. All nursing activities are verified through nurses caring behaviors. However, the lack of professional caring of nurses leads to reduced wellbeing and the health of the patients. Therefore, nurses caring behaviors can influence patient satisfaction and perceived quality of nursing care [4, 5]. A study showed that approximately 10–30% of general hospital nurses rated the quality of care on their ward as fair/poor and up to 50% felt that the quality of patient care had deteriorated [6].

There was a study that indicated nurses are more emphasized on the expressive aspects of caring such as listening to the patient and less observable aspects of care like patient monitoring. Complaints of poor attitude among health care workers toward patient care were increasing because of the perception that health care professionals are increasingly giving impersonal care especially in overcrowded settings [7].

The concept of caring and caring behaviors has different perceptions among patients served for various cases. Study showed that patients with cancer problems emphasized more for affective caring actions whereas intensive care patients perceived equally the technical and compassion serves. However, patients in the emergency unit emphasized more to technical aspects. A patient in medical-surgical care deals more to physical caring competency and the practical ability to deliver the general well being [8].

There was a study that describes factors inclined caring behaviors including the technique used for assigning nurses for patients, lack of time and support from other colleagues. It is also known that the frequency of visiting the patients might lead to a higher nursing care provision than others that induces a significant effect on nurses caring behaviors [9].

Studies undertaken among hospitalized patients showed those professional nurses and patients' perceptions of caring are not similar. Patients focused on the technical aspects of nurses' work in particular, physically ill patients stress task-orientated behaviors whereas nurses value psycho-social skills. Major dimensions of determinants influencing nurses' perception of caring behavior were the nurse's characteristics, educational background, workload, job satisfaction and working place [10–12]. Another study showed factor influencing nurses caring behaviors where the care environment, low staffing and support for nurses in the working environment [13, 14].

Even though caring is an important concept in nursing, it is complex, an intangible concept and difficult to measure. Culture and values affect the understanding of the concept of caring. There is also a paucity of research on specific programmatic efforts to enhance nurses caring behaviors among nurses. Therefore, this study was aimed to assess caring behavior and associated factors among nurses in Jimma University specialized hospital, southwest Ethiopia.

Methods

Study setting and population

This study was conducted in Jimma University specialized Hospital from March 20–April 20, 2019. The institutional-based cross-sectional study design was employed on 224 nurses working in Jimma university specialized hospital. All nurses in Jimma University specialized Hospital was the source population and the sampled nurses working in different wards present during the data collection was the study population. All nurses working for more than 6 months in the hospital were included Nurses who were not present during data collection period were excluded from the study. Nurses who were not willing to take part in the study due to inclination and other unknown reason were also excluded from participating in the study.

Sample size determination and sampling techniques

The sample size of the study was calculated using the formula for estimation of a single population proportion with the assumptions of 95% Confidence Level (CL), marginal error (d) of 0.05. Taking a proportion of 0.682 (68.2%) from the previous study conducted in Gondor [14], and by adding a non-response rate of 10%, a total of 224 nurses were enrolled in the study after using the correction formula. A simple random sampling method was used to select the study participants who were involved in this study.

Data collection tool and procedures

Data was collected using a structured questionnaire. Data collection tools consist of five-part questionnaires: Demographic related questions, Caring dimension inventory scale adapted from the previous study originally developed by Lea and Watson in 1996 with the reliability of Cronbach alpha 0.90 [15]. The job satisfaction scale is taken from the job satisfaction scale developed by Warr et al. 1979 [16]. Interaction scale is adapted from the nurse-physician collaboration scale developed by Rei Ushiro 2009 [17] which has the reliability of Cronbach alpha of 0.80 [17] and Work Environmental Scale adapted from tools developed by Moos, 1994 [18]. A Close-ended self-administered structured questionnaire was distributed to participants by trained data collectors. Data was collected by 3 BSc nurses and 1 supervisor for the duration of approximately one-month duration.

Data processing and analysis

The data were cleaned and entered into Epi data version 3.1 and then exported to SPSS window version 20.0 for analysis. Univariate analysis like simple frequencies tables, percentages, mean, standard deviation, bar chart, radar chart and pie chart were used extensively. Bivariate linear regression analysis was used to determine independent predictors on outcome variable with regression coefficient (B). Significance was concerned at p-value < 0.05 with 95% confidence interval. Multiple linear regression analysis by the coefficient of the determinant (R2) was used to predict the outcome variable with the backward fitness approach in order to get the final significant predictors.

Data quality control

Data were cleaned, coded and checked for consistency and completeness. The principal investigator prepared the template and entered data using Epi Data version 3.1. Finally, after missing value and incorrect entry checked the data was exported to SPSS version 20. Five percent (5%) of the questionnaire was pre-tested on nurses at Shenen Gibe hospital. One-day training was also given for data collectors and supervisor.

Results

Socio-demographic characteristics of respondents

Two hundred twenty-four participants participated giving a response rate of 97.8%. The majority of the respondents 111(50.7%) were female and with regards to marital status, two thirds 132 (60.3%) were single respondents. Most of the respondents186 (84.9%) had work experience less than 5 years. Majority111 (50.7%) were fluent speakers of Afan Oromo followed by Amharic 92 (42%) language. Concerning their educational status majority 123(56.2%) hold diploma and staff nurses. The study also showed that the majority of 87(39.7%) were working in surgical wards and as well as orthodox Christian 84 (38.4%) followers. (Table 1).

Level of nurses caring behavior

Caring behavior was measured in terms of a psychosocial, professional-technical, appropriate and inappropriate aspect of caring behavior. In the current study caring behavior was measured in terms of emotional (psychosocial) and affective (technical-professional) dimension. Thus, the mean and average mean score of each component were psychosocial 40.75 ± 8.94 (81.5%) and professional –technical 24.87 ± 5.55 (82.9%). The mean and standard deviation of the overall scale was 100.36 ± 19.24 (80.3%). The level of agreement with caring behavior was measured in terms of low, medium and high through calculating the mean difference of their agreement. So, low70 (32%), medium 79(36.1%).

Table 1 Socio- demographic characteristics of nurses working in Jimma University specialized Hospital, 2019 (n = 224)

Variables	Category	Number	Percent
Sex	Male	108	49.3
	Female	111	50.7
Ethnicity	Oromo	147	67.1
	Amhara	64	29.2
	Others	8	3.7
Marital status	Married	87	39.7
	Single	132	60.3
Educational status	Diploma	123	56.2
	Bachelor degree and above	96	43.8
Language	Afan Oromo	111	50.7
	Amharic	92	42.0
	Others	16	7.3
Age (year)	15–24	175	79.9
	≥34	44	20.1
Work experience (year)	0–5	186	84.9
	≥6	33	15.1
Working unit	Medical ward	59	26.9
	Surgical ward	87	39.7
	Pediatric ward	54	24.7
	Intensive care, psychiatry and maternity	19	8.7
Religion	Orthodox	84	38.4
	Muslim	71	32.4
	Protestant	58	26.5
	Others	6	2.7
Position	Staff nurse	196	89.5
	Nurse leader (manager)	23	10.5

Job satisfaction among the respondents

The mean and standard deviation of each component of job satisfaction were professional satisfation18.46 ± 5.04 (73.54%), personal satisfaction 18.91 ± 4.53 (75.64%) and satisfaction with motivation and prospect 17.35 ± 4.86 (69.4%) (Fig. 1).

Interactions (nurses- physicians) related factors

The mean score of interactions related factors with respect to joint participation in decision-making process 24.82 ± 5.85, joint participation in client care 21.30 ± 5.23, sharing patient information 18.37 ± 4.35 and collaborative working 14.59 ± 3.64. The average percentages of the mean of all components were: joint participation in decision-making process70.91%, joint participation in client care 71%, sharing patient information 73.48% and collaborative working 72.95% (Fig. 2).

Caring environment (organizational factors)

Each component has the mean and standard deviation of satisfaction with staffing and support 15.62 ± 6.01 (average mean of 62.48%) and satisfaction with nurse management 19.01 ± 6.99 (average mean of 63.57%) (Fig. 3).

Bivariate linear regression analysis

Bivariate linear regression analysis revealed significantly associated variables with caring behavior at $p < 0.05$. Among background variables, age, religion (orthodox), working unit (surgical and pediatric wards), professional satisfaction, personal satisfaction, satisfaction with motivation and prospect, joint participation in decision-making process, joint participation in client care, sharing patient information, collaborative working, satisfaction with nurse management, number of patient per shift and plan to leave the hospital were variable significant at bivariate level (Table 2).

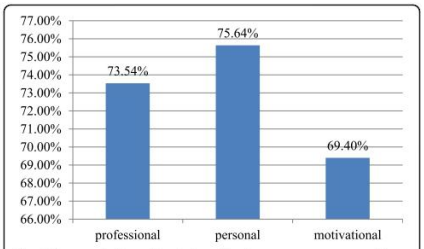

Fig. 1 Bar graph illustrating Job satisfaction among nurses working in Jimma University specialized hospital, 2019

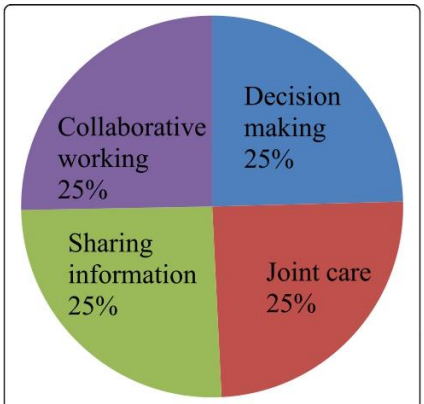

Fig. 2 Pie chart illustrating Interaction components among nurses working in Jimma University specialized hospital, 2019

Multivariate linear regression analysis

Variables significantly associated with caring behavior in the multivariate analysis include religion, being working in a surgical ward, personal satisfaction, professional satisfaction, satisfaction with staffing and support satisfaction with staffing joint participation care process. Hence, a unit increases in personal satisfaction increase caring behavior by an average of 1.12(beta = 1.12, $p = 0.00$, CI at 95%) whereas a unit increase in professional satisfaction increase caring behavior by an average of 1.07(beta =

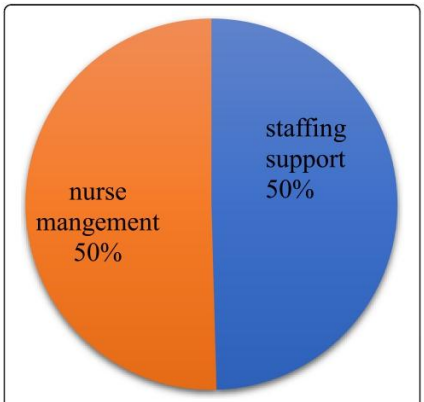

Fig. 3 Pie chart illustrating caring environments among nurses working in Jimma University specialized hospital, 2019

Table 2 Bivariate linear regression analysis of factors associated with caring behaviour among nurses in Jimma University specialized hospital, 2019 (n = 224)

Variables	Outcome variable: caring behavior		
	Unstandardized B	P- value	CI at 95%
Background variables			
Age 15–24 (year)	6.646	0.04	(0.299.12.993)
Age > =25(year)	6.646	0.04	(0.299.12.993)
Religion (orthodox)	6.780	0.010	(1.649,11.911)
Surgical ward	−6.941	0.009	(−12.106, −1.776)
Pediatric ward	7.614	0.011	(1.744,13.484)
Job satisfaction variables			
Satisfaction with prospect and motivation	1.278		
Professional satisfaction	1.766	0.00	(1.314,2.219)
Personal satisfaction	1.888	0.00	(1.378,2.397)
Interaction (interdisciplinary) variables			
Joint participation in decision making	0.963	0.00	(0.543,1.384)
Joint participation in client care	1.239	0.00	(0.776,1.702)
Sharing patient information	1.196	.0.00	(0.626,1.766)
Collaborative working	1.598	0.00	(0.924,2.272)
Care environment (organizational) variables			
satisfaction with nurse management	0.49	0.008	(0.128,0.853)
Workload and intention to leave variables			
Number of patients per shift	0.904	0.00	(0.502,1.306)
Plan to leave the hospital	−6.146	0.019	(−11.276, −1.017)

1.07, CI at 95%). Similarly, a unit increase in joint participation in caring process increase caring behavior by an average of 0.58(beta = 0.58, p = 0.00, CI at 95%) as well with regard to organizational factors, a unit increase satisfaction with nurse management increase caring behavior by an average of 0.85(beta = 0.85, $p = 00$, CI at 95%). Overall the variance by 41% of caring behavior is due to the effect of all predictors as summarized in the final model of the study ($R2 = 0.412$, $p = 0.00$, $F = 16.250$). This indicates that variance by average 59% of caring behavior was due to other factors (Table 3).

Accordingly, the final model of the study:

Table 3 Multiple linear regression analysis of factors associated with caring behaviour among nurses in Jimma University specialized hospital, 2019 (n = 224)

Variables	Outcome variables: Caring behaviour		
Background variables	Unstandardized B	P-value	CI at 95%
Work unit (surgical ward)	−6.730	0.002	(−11.025, −2.436)
Work unit (Intensive care, psychiatry and maternity wards)	−7.834	0.054	(−15.447, −0.220)
Job satisfaction variable			
Personal satisfaction	1.119	0.00	(0.611,1.627)
Professional satisfaction	1.072	0.00	(0.604,1.539)
Interaction (interdisciplinary) variable			
Joint participation in caring process	0.584	0.007	(0.159,1.009)
Care environment (organization)			
Satisfaction with nurse management	0.852	0.00	(0.399,1.304)
Satisfaction with staffing and support	−1.140	0.00	(−1.657, −0.623)

Caring behavior = 16.25–6.730 (Being working in surgical ward) + 1.12 (Personal satisfaction) + 1.07 (Professional satisfaction) + 0.58 (Joint participation in caring process) + 0.85 (Satisfaction with nurse management) -1.14 (Satisfaction with staffing and support) + 4.35.

Discussion

The finding of this study showed that the proportion of nurses who had caring behavior was 80.3%. A relatively high proportion of nurses had professional – technical (82.9%) caring behavior compared to psychosocial (81.5%) caring behavior. This indicates that nurses more perceived concrete observable aspects of caring behavior than expressive caring behavior. This finding is similar to study conducted in Gondor and Sweden in which nurses have perceived the technical- professional aspect of caring behavior than psychosocial caring behavior. This similarity might be due to the nature of their profession in which nurses pay special attention mainly involving practical caring rather than motivational concern [14]. However, this finding is in contrast with the study done in Japan and Jordan, in which a high proportion of nurses have perceived a psychosocial (emotional) aspect of caring behavior. This might be because of the difference in organization nature, prevailing attitude given by society [7, 19]. The finding of the study also revealed that nurses' job satisfaction was associated with caring behavior. Nurses who had personal satisfaction with

their job had high caring behavior which is consistent with a study conducted in Gondor on the perception of caring behavior [14, 20].

On the other hand, a cohort study conducted in South Africa revealed that caring behaviors related to job dissatisfaction reflected in increased duration absenteeism [21]. In this study, caring behavior is positively associated with collaborative working as measured joint participation in the client care process among nurses and physicians (B = 0.54, $p < 0.007$, CI95%) which is similar to the study conducted by Lu et al. [22]. However, the study conducted in Slovenian hospital showed those nurses and physician involvements in teamwork were low compared with the current study [23]. These variations might be due to the difference in organizational support, leadership style and the level of salary.

With regard to caring environment, nurses caring behaviors were significantly associated with caring environment as measured presence empowering nursing leader management, staffing and support (B = 0.85, $P = 0.00$) which is consistent with study conducted in New York, Korea, and Saudi Arabia found that nurses who viewed the working environment as empowering were more likely provide high caring behavior [3, 5, 16]. In line with these findings, a study conducted in Australia also indicates a relationship between a nurse's autonomy and strong ward management with caring behavior [2, 24]. The current study also indicates the presence of inverse relation with working units like intensive care unit, psychiatric and maternity wards which is inconsistent with the study conducted by Ferrous H. Omar [25]. This disparity might be due to presence strictly followed up, unfavorable behavior clients in the psychiatric ward, and the presence of workload leads to a low perception of caring behavior.

Limitation of the study

The cause and effect relationship cannot be confirmed in this study since the research design is cross-sectional in nature.

Conclusion

The proportion of nurses who had a high perception of caring behavior was found to be lower. This study found that nurses' personal and professional satisfaction with their job was positively related to caring behavior. Moreover, nurses caring behavior enhanced with increased empowered nurse's management in coordinating, planning, controlling the whole process of caring behavior. Furthermore, caring behavior was positively associated with joint participation in client care especially among nurses and physician which is the most pivotal role in the provision of quality care services for the client as a team.

Abbreviations

CARE-Q: Caring assessment report evaluation questions; CBA: Caring behavior assessment; CBI: Caring behavior inventory; CDI: Caring dimension inventory; DNCB: Determinants of nurse caring behavior; ICU: Intensive care unit; JUSH: Jimma University Specialized Teaching Hospital; OPD: Outpatient department; USA: United State of America

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Authors' contributions

AO was involved in conceptualizing and designing of the study. MA was involved in organizing, field supervision and writing the manuscript. Both authors were involved in result writing and analyzing the finding, reviewing and approving the final manuscript.

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This research work was funded by Jimma University. The funder didn't participate in designing and data collection, analysis, writing, and submission of the article for publication.

Availability of data and materials

The data used during this study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

The study was reviewed and approved by the Institutional Review Boards of Jimma University Ethical review board. The purpose of the study was explained to medical director and staffs of the hospital and permission was obtained. All nurses were provided written consent, clearly stating the objectives of the study and their right to refuse to participate in the study. No minors were involved in the study and the consent was obtained from the participants themselves.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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ORIGINAL RESEARCH

Assessing the caring behaviors of critical care nurses

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ABSTRACT

Objective: To assess the critical care nurses' perception of their caring behaviors and factors affecting these behaviors.
Methods: Participants of this descriptive correlational exploratory study included 277 critical care nurses selected conveniently from nurses worked in all critical care units in King Khalid Hospital, Jeddah. A self-reported questionnaire namely, "Critical Care Nurses Caring Behavior Perception" developed by the researchers after reviewing related literature was used to assess caring behaviors and their affecting factors as perceived by critical care nurses.
Results: Seventy percent of the nurses aged between 31 to 50 years old and more than half of nurses had ICU experience ranged from 6 to 10 years, while two thirds of nurses had no previous training about caring behaviors. The study findings revealed that the majority of nurses had high scores of perceived caring behaviors, whereas the mean of their perception was 296.96 ± 18.32. There was a statistical significant positive relationship between nurses' perception and their work circumstances, workload, job satisfaction, educational background and patient characteristics.
Conclusions: It is important to consider critical units' circumstances, nurses' educational background, job satisfaction, as well as the nature of critically ill patients in order to promote nurses awareness and implementation of caring behaviors. Moreover, replication of the current study using qualitative approach for in-depth analysis of the impact of factors could affecting caring behaviors on nurses' perception in various highly specialized critical care units.

Key Words: Critical care nurse, Caring behavior, Perception, Job satisfaction

1. INTRODUCTION

Caring has been described as the moral ideal of nursing and the 'heart' of nursing.[1] Moreover, caring is the major intellectual, theoretical, heuristic, and core central to the practice of the nursing profession.[2, 3] Despite the lack of a universal definition for caring, it is known that in consist of two major elements of instrumental and expressive actions. The instrumental caring behaviors consist of the technical and physical behaviors, and the expressive caring behaviors include the psychosocial and emotional behaviors.[4] The caring behaviors include a wide variety of features and actions and these may be words, thoughts, feelings, looks, actions, movement, gestures, body language, touch, acts, procedures and/or information.[5] Therefore, caring entails personal, spiritual, moral and to a certain degree the social involvement of the nurse, as they commit to self, health team members and patients.[6]

Watson (2009) theory shows that caring as the disciplinary foundation for nursing and caring science as an advanced view of nursing and human sciences.[7] Watson articulated ten carative factors which conceptually and practically illustrate caring behaviors and these encompassed; formatting a humanistic-altruistic system of values, strengthening hope

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and faith, cultivating self and/or others sensitivity, establishing a help-trust relationship, encouraging and accepting both positive and negative feelings expression, and utilizing a creative problem-solving caring process. The other factors articulated by Watson were providing a transpersonal teaching-learning, providing protective, corrective and/or supportive physical, social, spiritual, and mental environment, enhancing the gratification of human needs, and existential-phenomenological-spiritual forces.[7,8]

In nursing practice the nurses' caring behaviors may be influenced by numerous factors and these may include the patient's diagnosis, the type of institution, nurse's age and experience, self-respect, beliefs and workplace circumstances.[9,10] Literature also shows that there are cultural differences in caring behaviors.[11] Other studies have reported that the methods used in nurse's assignment, lack of time and lack of caring support can significantly impact nurses' caring behaviors.[12,13]

Critical care nurses have a crucial role in providing direct individualized holistic care to meet the bio-psycho-social needs of critically ill patients and their families via the integration of caring processes. Available studies focusing on caring-oriented behaviors in critical care settings have described how critical nurses care for patients and their families.[14,15] However critical care nurses continue to be confronted with critically ill patients' in pain, agony, facing difficulty life support decisions and complicated therapeutic modalities.[16] Critical care nurses regularly face challenging ethical dilemmas associated with patients' care, advanced technology and tremendous changes in healthcare delivery, all of which necessitate the implementation of challenging decisions and new advocacy and caregiver responsibilities for the nurses.[17]

Nurses may be confronted with barriers in their ability to express caring in the critical care settings. The barriers can result into limited caring time for the patients and limited expression of caring behaviors, hence a difficulty in finding meaning or value in nurses' work and subsequently a decline in job satisfaction.[18] The critical care units are usually considered to be highly stressful environments for the patients, their families and the health care providers. The stress in the critical care settings is extended by regular activities such as difficult decisions related to end-of-life care, strict standards for quality of patient care, inadequate opportunities for communication with relatives and high ICU nurse's turnover rates.[19] The use of advanced technology has also tremendously limited the opportunities for improving caring communication, caring involvement, and caring provision in a safe effective and time saving manner.[20]

Thus, nurses in a high technology environment may need more emphasis on advocacy roles and direct patients care.[21] Critical care nurses should maintain the balance between their technological and humanistic caring behaviors during the provision of individualized holistic patient care.[22] The other factors influencing critical care nurses' caring behaviors include the nurse-patient ratio because this is critical to the establishment of a therapeutic nurse-patient relationship and helps the nurses to incorporate caring behaviors into comprehensive patient care.[23,24] The critical care nurses' work experience may also alter their caring behaviors and it has been reported to have a positive correlation to the nurse's caring behavior.[25–28]

The patient factors may also influence the nurses' caring behaviors in critical care settings since in such settings nurses are dealing with patients who have life threatening health problems and dependent on advanced machines to support life as mechanical ventilators. Literature shows that experienced nurses caring for awaken mechanically ventilated patients find it to be more demanding but improved with good opportunities for patient interactions, and to incorporate patient needs and preferences.[29]

Critical care nurses are significant members of the health care team and work in a complex environment. Critical care nurses confront multiple factors and situations that need them to be aware of the need and role of caring behaviors.[30,31] The current study was conducted to assess the critical care nurses perception of their caring behaviors and factors affecting these behaviors.

Research questions

What are the caring behaviors perceived by critical care nurses at King Khalid Hospital, Jeddah? Is there a relationship between the critical care nurses' characteristics and their caring behavior perception? What are the factors affecting critical care nurses' caring behaviors?

2. METHODOLOGY

2.1 Design

A descriptive correlational design was used in this study. The study was conducted at King Khalid Hospital (KKH) which is 531-beds military hospital located in the Western Region of Saudi Arabia. The study focused on all critical care units in (KKH). The units where the data was collected were the following; four general intensive care units (ICU 1, ICU 2, ICU 3 and ICU 4), coronary care unit (CCU), acute coronary intensive care unit (ACICU), neonatal care unit (NICU), pediatric intensive care unit (PICU), burns care unit, and emergency department (ED).

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2.2 Study participants

A convenience sampling technique was used to recruit the participants from each of the above critical care units. The total number of nurses working in critical care units was 277. The number of nurses working in the general ICUs, CCU, ACICU, NICU, Burns and emergency department was 58, 17, 25, 56, 16, 17 and 88, respectively. Regarding the inclusion criteria for participants, all critical care nurses in previously mentioned critical care units and willing to participate were included in the current study.

2.3 Study instrument

A self-administered questionnaire consisting of three parts was used for data collection. The first part of the questionnaire had items collecting data about the nurses' Demographic characteristics of age, gender, country of residence, educational level, past and current ICU work experience duration and setting/s, in addition to the current ICU environment. The second part of the questionnaire was the Modified version of Caring Behaviors Assessment Scale (CBAS). The CBAS is a standardized scale which was developed by Cronin and Harrison in 1988. The CBAS has 63 items categorized under 7 domains of caring behaviors based on Watson's carative factors as follows; humanism/faith-hope/sensitivity (16 items), helping/trust (11 items), positive/negative feelings expression (4 items), teaching/learning (8 items), supportive/protective/corrective environment (12 items), human needs assistance (9 items) and existential/phenomological/spiritual forces (3 items). Whereas, its reliability of the CBAS using Chronbach's alpha has been reported to range from 0.66 to 0.90 for the seven subscales.[17,32] All items of the CBAS are rated on a 5-point Likert scale [1 for less important to 5 for most important]. The CBAS was slightly modified in the current study and the modifications included rephrasing of all 63 statements on the original tool so that each statement reflected the perception of the nurses and not that of the patients as indicated on original tool. The third section of questionnaire included the Factors of Nurses Caring Behaviors [FNCB] which was used to identify the factors perceived to affect the caring behaviors of critical care nurses. The FNCB was developed by the researcher after reviewing the related literature.[9, 10, 13] The FNCB consisted of 32 items about the possible factors which may affect the nurses caring behaviors. The factors were categorized under four categories of: work place circumstances (14 items), nurses' workload, job satisfaction, and general interest in nursing profession (6 items), nurses' educational background (4 items), and patients' characteristics (8 items). All the items were rated on a 5-point Likert scale (1 for totally do not affect to 5 for completely affect). The questionnaire was tested for validity by asking the 5 experts in the field to assess relevancy and necessary modifications were done and after pilot the tool was tested. The Chronbach's alpha for modified CBAS and the FNCB were .96 and .93 respectively.

2.4 Ethical considerations

The study was reviewed and approved by the research and ethics committee of the college of nursing- Jeddah and KAIMRC. All the respondents were fully informed about the research purpose and the nature of the study. Also all respondents were required to indicate their willingness to participate in the study by signing a consent form. Participants were informed of their right to withdraw from the study at any time. The confidentiality of participants was mianatained by using code numbers rather than respondents' real names during data collection and analysis. The questionnaire used for data collection were handled only by the research team.

2.5 Data analysis

The data was analyzed using the Statistical package for social science software (SPSS version 20) software. Descriptive statistics were used to describe the sample and nurses' caring behaviors. The correlaton statistics, *t*-test, and ANOVA were used to evalaute relationships between perceived caring behaviors and demographic characteristics. The significance level was set at $p < .05$.

3. Results

3.1 General description of socio-demographic and work related characteristics

Table 1 shows the distribution of critical care nurses according to their socio-demographic and work related characteristics. The table revealed that the total number of nurses was 277. In relation to their age and gender, it was found that nurses' age ranged between 20 and 60 years old, whereas above two thirds of the studied sample (70.8%) were in the age group between 31 to 50 years old and the majority of nurses (87%) were females. In relation to marital status, the result demonstrates that more than half of the studied sample (53.8%) was married.

Concerning the nurses' educational level, it was found that 63.9% of nurses had bachelor degree of nursing, while about one third of the nurses (36.1%) had diploma degree. Regarding nurses' previous training or awareness about caring, around two thirds of nurses (65.3%) had no previous caring training.

Table 1. Distribution of nurses according to their characteristics

Characteristic	Category	No. (n = 277)	(100%)
Age in years	20-30	12	4.3%
	31-40	88	31.8%
	41-50	108	39.0%
	51-60	69	24.9%
Gender	Male	36	13%
	Female	241	87%
Marital status	Single	105	37.9%
	Married	149	53.8%
	Divorced	23	8.3%
Level of professional education	Diploma	100	36.1%
	Bachelor	177	63.9%
Received previous caring training	No	181	65.3%
	Yes	96	34.7%
ICU Work experience in years	<1	22	7.9%
	1-5	50	18.1%
	6-10	98	53.8%
	>10	56	20.2%
Unit of Work	General ICU	58	21%
	CCU	17	6.1%
	ACICU	25	9 %
	NICU	56	20.2%
	PICU	16	5.8%
	Burns	17	6.1%
	Emergency	88	31.8%
Current unit workload (nurse to patient ratio)	1:1	112	40.4%
	1:2	77	27.8%
	1:4	88	31.8%

Regarding to ICU experience duration, it was found that the majority of nurses (71.9%) had more than one year up to ten years of experience, compared to only (7.9%) had less than one year experience, while around one fifth of nurses (20.2%) had more than10 years of ICU experience.

In relation to the current workplace, it was found that around one third of nurses (31.8%) worked at emergency department (ER), one-fifth (21%) of nurses worked in General ICU similar to the percentage of nurses who worked in NICU. While the lower percentage (less than 10%) of nurses worked in each of other critical units included; CCU, ACICU, and PICU. Regarding the current unit workload, it was found that around two third of nurses (68.2%) were assigned to one or two patients expect for ER nurses (31.8%) were assigned to four patients.

3.2 Perceived nurses caring behaviors

Table 2 shows the mean score and standard deviation of the NCBs and related categories. (NCBs) scores ranged between 189 and 315 represented by mean score (296.96 ± 18.32). The highest ranking of the NCBs categories was related to Human/ Needs assistance presented by 95.9% mean score percent and mean ± SD (43.16 ± 2.99), followed by the environment presented by 95.2% mean score percent and mean ± SD (57.12 ± 3.67). While, the least reported NCBs category mean was related to Teaching/Learning presented by 92.1% mean score percent and mean ± SD (36.86 ± 3.86).

Regarding the mean score and standard deviation of the factors affecting NCBs and related categories, Factors affecting NCBs scores ranged between 54 and 160 represented by mean score (134.72 ± 20.8). The highest factor affecting NCBs was workload and job satisfaction represented by 90.2% mean score percent and mean ± SD (27.05 ± 4.90), followed by the workplace circumstances represented by 85.7% mean score percent and mean ± SD (59.97 ± 10.14). While, the least reported factor affecting NCBs was patient characteristics represented by 72.7% mean score percent and mean ± SD (29.06 ± 8.77). For additional information (see Table 2).

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Table 2. Description of nurses' perceived caring behaviors and affecting factors

Item	Categories	Min	Max	Mean± SD	Ranking (%)
Caring Behaviors	Humanism/Faith/Hope	48	80	75.19 ± 5.09	93.9
	Helping/Trust	33	55	51.99 ± 4.42	94.5
	Feelings expression	12	20	18.61 ± 1.96	93.1
	Teaching/Learning	8	40	36.86 ± 3.86	92.1
	Environment	36	60	57.12 ± 3.67	95.2
	Human/Needs Assistance	27	45	43.16 ± 2.99	95.9
	Spiritual Forces	8	15	14.04 ± 1.43	93.6
Factors affecting	Workplace circumstances	28	70	59.97 ± 10.14	85.7
	Workload/job satisfaction	7	30	27.05 ± 4.90	90.2
	Educational background	11	20	16.71 ± 2.07	83.6
	Patient characteristics	8	40	29.06 ± 8.77	72.7

Table 3 exhibits scores of the perceived importance of perceived NCBs, it reveals that the majority of nurses (96.8%) perceived high importance level of caring behaviors. Whereas, only 3.2% of nurses perceived low importance of their caring behaviors.

Also it displays scores of the perceived effectiveness of factors affecting NCBs, the table reveals that the majority of nurses (79.8%) perceived high effectiveness level of factors affecting NCBs. Whereas, only 20.2% of nurses perceived low effectiveness level of their factors affecting caring behaviors.

Table 3. Nurses perceived importance of caring behaviors and the effect of factors on their caring behaviors

Factor	Rating	No of nurses	Percent (%)	Min	Max	Mean ± SD
Perceived NCBs scores	Low important	9	3.2	189	251	296.96 ± 18.32
	High important	268	96.8	252	315	
Factor affecting NCBs	Low effective	56	20.2	54	127	143.78 ± 8.66
	High effective	221	79.8	128	160	

3.3 Relationship between nurses' characteristics and their perceived caring behaviors and affecting factors

Table 4 exhibits the relationship between NCBs and factors affecting NCBs, it was found that there is a positive significant correlation between all categories of NCBs and factors affecting their caring behaviors whereas, p significant at .05 level except for Helping/Trust relationship category of NCBs which has significant correlation only with educational background and workload/job satisfaction at .05 level.

Table 5 displays the relation between nurses' socio-demographic/work related characteristics with their perceived caring behaviors categories and factors affecting their caring behaviors. From this table it was seen that, there is no significant relationship between nurses caring behaviors with their age, gender, and marital status. On the other hand, a significant relationship was found between NCBs and their experience and workload where $p = .000$ for all caring categories. Also, there is a positive significant correlation between nurses previous training only with Helping/Trust, and Environment caring categories where $p = .031$ and .018 respectively. In addition, there is a positive significant correlation between nurses educational level only with feelings expression, Environment and Human/Needs assistance caring categories where $p = .023$, .004 and $p = .004$ respectively.

Regarding the factors affecting nurses' caring behaviors, it was found that, there is no significant relationship between factors affecting NCBs and nurses' age, marital status, and educational level. On the other hand, a significant relationship was found between factors affecting NCBs and nurses' experience and workload where $p = .000$ for all factors categories. Also, there are significant relationship between nurses' gender with work place circumstances and workload/job satisfaction factors where $p = .004$ and .040 respectively. In addition, there is a positive significant correlation between nurses previous training with educational background, and workload/job satisfaction factors where $p = .041$ and $p = .047$ respectively.

Table 4. Correlations between perceived nurses' caring behaviors (PNCBs) and factors affecting their caring behaviors

NCBs Factors		Perceived Nurses Caring Behaviors							
		Humanism Faith/Hope	Helping /trust	Feelings expression	Teaching Learning	Environment	Human Needs Assistance	Spiritual Forces	Total PNCBs
Work place circumstances	*r*	.305	.065	.253	.381	.352	.126	.323	.324
	p	.000**	.282	.000**	.000**	.000**	.036*	.000**	.000**
Educational background	*r*	.433	.449	.407	.286	.517	.251	.409	.509
	p	.000**	.000**	.000**	.000**	.000**	.000**	.000**	.000**
Patient characteristics	*r*	.211	.028	.164	.300	.198	.119	.270	.226
	p	.000**	.648	.006**	.000**	.001**	.049*	.000**	.000**
Workload/ job satisfaction	*r*	.226	.122	.191	.339	.234	.307	.258	0.302
	p	.000**	.042*	.001**	.000**	.000**	.000**	.000**	.000**

Note. r: Pearson coefficient, * $p \leq .05$ at 5% level denotes a significant difference, ** $p \leq .01$ at 1% level denotes a highly significant difference.

Table 5. Relationship between demographic characteristics with nurses' perceived caring behaviors and the factors affecting their caring behaviors

Item	Categories	Nurses' Characteristics						
		Age	Gender	Marital Status	Education level	Previous training	Experience	Workload
		t (*p*)	*t* (*p*)	F (*p*)	F (*p*)	*t* (*p*)	F (*p*)	F (*p*)
Caring Behaviors	Humanism/ Faith/Hope	.003	-.001	1.028	1.429	-1.000	3.427	5.793
		.965	.999	.359	.241	.318	.001**	.003**
	Helping/ Trust	.053	1.032	2.521	2.807	-2.169	7.233	18.858
		.377	.303	.082	.062	.031*	.000**	.000**
	Feelings expression	.057	.289	1.845	3.814	-1.869	5.226	12.497
		.344	.773	.160	.023*	.063	.000**	.000**
	Teaching/ Learning	-.083	-.644	.163	1.751	-.932	9.214	8.849
		.166	.520	.850	.176	.352	.000**	.000**
	Environment	.050	.862	1.033	5.743	-2.379	9.394	28.463
		.407	.389	.357	.004**	.018*	.000**	.000**
	Human/Needs Assistance	.100	.979	1.174	5.523	-1.824	4.270	12.506
		.098	.329	.311	.004**	.069	.000**	.000**
	Spiritual Forces	.070	1.320	2.822	.446	-1.876	8.229	25.470
		.245	.188	.061	.641	.062	.000**	.000**
Factors affecting	Workplace circumstance	-.037	2.892	.230	.582	-.864	16.570	9.256
		.542	.004**	.795	.559	.388	.000**	.000**
	Educational background	.021	-.409	1.810	.195	-2.051	6.277	12.660
		.724	.386	.166	.823	.041*	.000**	.000**
	Patient characteristic	-.054	-.653	.394	.171	-1.537	9.237	11.017
		.366	-.514	.675	.843	.126	.000**	.000**
	Workload/job satisfaction	-.082	2.060	.323	2.290	-1.998	18.877	17.028
		.174	.040*	.725	.103	.047*	.000**	.000**

Note. p value for nurse's *t*-test; F*p*: *p* value for F-test (analysis of variance [ANOVA]). * $p \leq .05$ at 5% level denotes a significant difference; ** $p \leq .01$ at 1% level denotes a highly significant difference.

4. DISCUSSION

Critical care nurses provide a comprehensive care to meet the bio-psycho-social needs of critically ill patients and their families. Therefore, the current study aimed to explore the critical care nurses perception of their caring behaviors as well as the factors affecting their caring behaviors, and pin-

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point the relationship between the nurses' perception and their socio-demographic and work related characteristics in King Khalid Hospital (KKH).

The current study findings revealed that the majority of nurses' age ranged between 31 to 50 years old which may be due to the hospital attitude to hire highly experienced nurses in the critical care units. Surprisingly, the majority of nurses had no previous training regarding caring behaviors in relation to their higher perception of caring behaviors, which can be as a result of hospital caring policy and attitude. Moreover, the current study findings revealed that the emergency nurses' workload was one to four because of high turnover rate in the nurse emergency department while the nurse patient ratio was one to one or two patients in other critical care units.

Apparently the majority of critical care nurses in KKH perceived their caring behaviors as highly important specifically human needs assistance which was rated by nurses as the first most important caring behaviors category which confirmed the significance of physiological aspect of care and assistance of critically ill patients for gratification of their physiological needs as the first priority based on Maslow hierarchy of human needs. Which is in line with other researchers who reported that human needs assistance category as the most important caring behaviors as perceived by nurses.[33,34] Similarly to Pajnkihar et al. (2017) results which entitled the carative factor needs as the highest caring behaviors as perceived by nurses.[35] This is contradicting with O'Connell and Landers (2008) who reported that the highest score of nurses caring behaviors was related to humanism/faith/hope/sensitivity domain of caring.[22]

Furthermore, the current study findings also revealed that the supportive/protective/corrective environment items ranked as the second highly important caring behaviors by nurses. This may be influenced by nurses' awareness with the vulnerability nature of the critically ill patients and the importance of maintaining patients' safety and protection in highly sophisticated, hostile and stressful ICU environment.[19,36]

On the other hand, the current study findings revealed that the Teaching/Learning items ranked as the least important caring behaviors by nurses. Which may be rationalized due to limitation in patients' communication by intubation, mechanical ventilation and alteration of patients' level of consciousness which are common problem within the critically ill patients society,[37] in addition to low impact of the effect of the cognitive domain of care from the nurses' perspective, especially the majority of these nurses did not receive any previous training or awareness regarding the caring behaviors. This was incongruent with the findings of other authors who reported that the highest perceived nurses caring behaviors were related to Teaching/Learning on the cognitive domain of caring.[25]

Concerning factors affecting the critical care nurses caring behaviors, the current study findings entitled; workload and job satisfaction, workplace circumstances, educational background, as well as the nature of patients' characteristic, as the overall categorical factors that reported as highly effective on NCBs by eighty percent of nurses. Furthermore, all these factors encountered tremendous challenges for nurses and influence their perception of caring behaviors.[9]

Furthermore, the current research findings showed that the workload and job satisfaction was ranked by nurses as the first categorical factor affecting NCBs. This is congruence with Elbahnasawy et al. (2016) who found that above half of nurses reported that heavy workload act as a barrier against Watson theory application.[33] Which is supported by other study findings which demonstrated that heavy workload by inadequate nurse-to-patient ratio was perceived as the greatest barriers to care provision.[13,30] Furthermore, Salimi and Azimpour (2013) presented job satisfaction as the highest score affecting caring behavior.[9]

Moreover, the current study findings revealed no significant relationship between NCBs with their age, gender, and marital status. This is similar to another study about cancer nurses' perceptions of caring behaviors.[38] While the current study found a positive correlation between nurses' previous training and workload/job satisfaction with their environment caring categories which is in line with Shen and coauthors' findings whereas nurses' quality of care was affected by the hospital environment.[39] On the other hand, patients' characteristic was the least effective factor on NCBs as reported by nurses. This is in line with other study[9] which reported the patients' gender and age represented by the lowest mean score among the factors affecting caring behaviors, which may be rationalized by the nurses' fair and equal approach in caring provision regardless the patients' characteristics and conditions.

5. Conclusions

The current study offered an evidence that the critical care nurses in (KKH), Jeddah had high awareness regarding all categories of caring behaviors toward the critically ill patients include: humanism/faith/hope, and sensitivity, Helping/trust, expression of positive and negative feelings, teaching/learning, supportive/protective/corrective environment, human needs assistance in addition to existential/phenomological and spiritual forces. However, nurses highly emphasized on the importance of caring behaviors belong to human needs assistance and support-

ive/protective/corrective environment categories of all caring behaviors, while teaching/learning did not have the same higher influence on nurses' perceptions of carative factors.

Differences in health care institutions probably, relate to different caring cultures and nurses' workload. Therefore, it is important to consider ICU circumstances, nurses' educational background, job satisfaction, as well as the nature of critically ill patients in order to promote nurses awareness and implementation of caring behaviors. Moreover, replication of the current study using qualitative design to pinpoint the differences in various hospital settings and correlate with a wide diversity of nurses' characteristics and caring cultures.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declared no conflicts of interest.

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LEMBAR KONSULTASI PEMBIMBINGAN PROPOSAL DAN SKRIPSI
STIKES dr. SOEBANDI JEMBER

Judul Skripsi : HUBUNGAN SIKAP CARRING PERAWAT DALAM MEMBERIKAN ASUHAN KEPERAWATAN DENGAN KEPUASAN KERJA PERAWAT BERDASARKAN LITERATUR REVIEW

Pembimbing 1: Dr. WAHYUDI WIDADA, S.Kep.,Ns.,M.Ked

Pembimbing 2: EMI ELIYA ASTUTIK,S.Kep.,Ns.,M.Kep

Pembimbing I				Pembimbing II			
No	Tanggal	Materi Yang Dikonsulkan & Masukan Pembimbing	TTD DPU	No	Tanggal	Materi Yang Dikonsulkan & Masukan Pembimbing	TTD DPA
1.	15 /11/2021	Konsultasi Judul HUBUNGAN KEPUASAN KERJA PERAWAT DENGAN SIKAP CARING PERAWAT DALAM MEMBERIKAN ASUHAN KEPERAWATAN BERDASARKAN LITERATUR REVIEW Dan Rekap Jurnal Revisi Judul		1.	20/11/2021	Konsultasi Judul Revisi Judul	

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2.	07/12/2021	Konsul Revisi Judul "HUBUNGAN **SIKAP CARING PERAWAT DALAM MEMBERIKAN ASUHAN KEPERAWATAN DENGAN** KEPUASAN KERJA PERAWAT"		2.	01/12/2021	Konsultasi Revisi Judul	
3.	17/12/2021	Konsul Tabel Sintesis Jurnal		3.	20/12/2021	ACC Judul dan ACC Artikel Lanjut BAB 1	
4.	23/12/2021	Konsul Latar Belakang : 1. Introduction 2. Dampak Masalah 3. Solusi yang dilakukan 4. Perumusan Judul		4.	28/12/2021	Konsultasi BAB 1 Revisi	
5.	11/01/2022	Konsultasi BAB 1 via Whatshap Revisi BAB 1		5.	11/01/2021	Konsultasi Revisi BAB 1, Lanjut BAB 2	

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6.	12/01/2022	Konsultasi hasil revisi BAB 1		6.	18/01/2022	Konsultasi BAB 2 Revisi	
7.	12/03/2022	Konsultasi BAB 2 via Whatshap Revisi BAB 2		7.	09/02/2022	Konsultasi Revisi BAB 2, Lanjut BAB 3	
fi.	24 /03/2022	Konsultasi Revisi BAB 2 dan Lanjut BAB 3		8.	24/03/2022	Konsultasi BAB 3 ACC Seminar Proposal	
9.	24/03/2022	ACC Seminar Proposal, Mempersiapkan Ujian		9.	11/7/2022	Pelaksanaan Sempro: 1. Teori kurang spesifik/fokus yang menjelaskan tentang Hubungan sikap earring perawat dalam memberikan asuhan keperawatan dengn kepuasan kerja perawat	

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11.	**25/07/2022**	Konsul Revisi Sempro, ACC lanjut BAB berikutnya		11	01/08/2022	ACC revisi sempro, lanjut BAB berikutnya	

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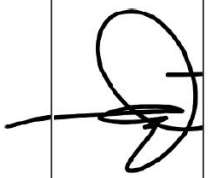
12.	17 /08/2022	Konsul BAB 4,5,6		12.	15/08/2022	Konsul BAB 4,5,6	
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