

Optimalizing Caring Behavior In Emergency Room

Santi Surbakti, Enie Novieastari, Sri Purwaningsih

Abstract: Nurses' caring is the main factor to determine patient satisfaction. It is one of indicators to measure service quality in hospital. This study aims at optimalizing role of head nurse to improve caring behavior of nurses. The method used in this study is pilot study with quantitative approach. The sample selection is accidental sampling on 20 patients. The sample was selected by using random sampling technique on 48 nurses at emergency room in Hospital X Jakarta. From the data analysis, it was found that 67% of patients said that nurses had applied caring on behavioral, administrative and environmental aspects. The self-efficacy of nurses in applying caring behavior was 61%. After implementing some caring programs, nurses' caring behavior had improvement at 79%. The problem was solved by organizational development using Kurt Lewin and **plan, do, check and action** methods. The programs conducted included socializing the importance of caring behavior, creating a champion team, composing guidebooks and standard operating procedures, campaigning "**hellomynameis**", and creating IGD room's yells. Caring behavior of nurses in emergency room can be optimized by involving role of head nurse in making behavioral change. Caring behavior can be an organization's culture by improving nurses' commitment to use caring as the essence of self.

Index Terms: caring, nurse, behavior, pilot study

1 INTRODUCTION

Caring is part of the nursing services quality. The caring philosophy that exists in every service given to the patient, has an important meaning to the patient, then it formed a satisfaction, which becomes one of the indicator of service quality. This is in line with Fawcett's premise which stated that caring criterias in attitude and behavior assure good nursing service. WHO (2008) also stated that the quality of nursing service is very prominent, and the quality of health services even become one of the determinants of building health services in hospitals [1]. Caring's implementation in nursing practice should pay attention to several factors that are attached to a nurse. According to Griffin, caring involves cognitive, moral and emotional factors [2]. This is supported by research conducted by Graber & Graber who says that a nurse should give attention and affection. Basically caring behavior is an attitude, caring, respect and respect for others, it means giving more attention to someone and how someone is acting [3]. Because caring behavior is a fusion of human behavior that is useful in improving health status in helping the sick. The problem is, people still complain about the services provided by nurses so it is not uncommon for people who are able to find quality services that prioritize caring. In line with that statement, research conducted by Mailani that 46.4% of patients said caring behavior of poor nurses and 59.5% of patients were not satisfied with caring behavior of nurses in hospital wards dr. Rasidin Padang [4]. The study was supported by research conducted by Gurusinga on caring nurse good category (60%) and for satisfied category (55%) at Grandmed Lubuk Pakam Hospital [5].

In addition to the inpatient room, Emergency Room (IGD) is one room that requires a full service caring. This installation provides the first service in patients especially those who are critical and or emergency. In general, patients come in painful conditions that require more services. For nurses, the job at the ER is a challenging and stressful job. So to realize caring in emergency services requires more effort to be applied. The phenomenon of caring behavior of nurses that have not been optimal is still found in public hospitals in Jakarta. The observations show that from 5 interactions between the patient and the nurse there was no nurse mentioning his name while interacting with the patient, no nurse calling the patient by his name, still found garbage around the patient, and one patient who was cold but there was no blanket. Class A vertical general hospital that became the national referral hospital (top referral) has not applied caring behavior optimally in providing nursing care to patients. In addition, the hospital does not have guidelines and SOPs on caring behavior of nurses in providing nursing care. Based on the above background, the authors are interested to make changes in organizational behavior in Hospital X Jakarta which aims to optimize the function of the head of space in improving caring behavior of nurses in providing nursing care.

2 RESEARCH METHOD

2.1 Location and Time

The residency was conducted in Hospital X Jakarta. The residency activity was carried out from 16 October to 16 November 2017.

2.2 Research Design

The methodology used in the activities of the reformer agents related to the caring behavior of the nurses in providing nursing care to the patients was to use a pilot study approach. This method starts from situation analysis, making Plan of Action (POA), implementation, evaluation and situation analysis by using literature review. The space chosen to be a pilot study is the Emergency Room of Hospital X Jakarta by

- Santi Surbakti, Dumai General Hospital, Dumai, Riau, Indonesia, PH: +6281268670670. E-mail: santisurbakti1979@gmail.com
- Enie Novieastari, Faculti of nursing, Universitas Indonesia, Depok, west Java, Indonesia, PH: +628129272747, E-mail: enienovieastari@gmail.com
- Sri Purwaningsih, Persahabatan Hospital, Jakarta, Indonesia, PH: +6281287128280, E-mail: sri.purwaningsih1961@yahoo.com

using random sampling technique. Data collection was obtained through interviews, observations, questionnaires and documentation studies. Interviews were conducted to the head of nursing, ER coordinator and head nurse of ER while the questionnaire was distributed to patients and nurses at the ER. The number of patients who become respondents is as many as 20 people and the number of nurses who become respondents is as many as 48 nurses. The author also observed how nurses apply caring behavior in providing nursing care to patients. The author uses a SWOT analysis to describe the strengths, weaknesses, opportunities, and threats that exist in the hospital. The cause of the problem is analyzed through fish bone diagram in terms of man, method, machine, material and money. Problem solving was accomplished with organizational development using Kurt Lewin's theory of change by incorporating elements of management functions i.e. Planning, Organization, Staffing, Actuating, Controlling (POSAC) and Plan, Do, Check and Action (PDCA) approaches.

3 RESULT

The pilot study results identified several attempts made to optimize the function of the headroom in improving caring nurse behavior. The results of the analysis were analyzed using fish bone so that the problem of non-optimal implementation of caring nurses in IGD room. The problem will be solved with organizational development using Kurt Lewin's change method of using three stages of unfreezing, moving and refreezing as well as troubleshooting nursing problems using PDCA approach. The authors assess the nurse's confidence in fulfilling, conveying or showing caring orientation and fostering relationships with patients. Number of nurses who were samples of 48 samples and data 61% of the nurses have a sense of confidence at a moderate level in applying attention to patients. Organizational development is done through the theory of change according to Kurt Lewin, in the first stage that is unfreeze or melt, include; (1) what should be changed, that is; (95% of patients say nurses do not motivate patients, 95% of patients say nurses do not invite patients to pray, 70% of patients say nurse deft, 45% of patients say nurses take action with 25% of patients said there was a service flow chart, 5% of patients said clear directions, 5% of patients said immediately moved to the nursing home; 45% of patients said the ER was too cold; 5% of patients said nurses installed curtains to maintain patient privacy; (b) convince the nursing manager of the conditions that actually occur; (c) caring nurse behavior can be improved; (2) changes in caring behavior of nurses supported by nursing managers; (3) to agree on the efforts that will be done together to change caring behavior of nurses in giving nursing care to the patient. The second step on Kurt Lewin's theory of change is moving or moving / change, in this stage is; (1) the entire process of change communicated through the plan of action that has been made to achieve the organizational goals, the changes made will affect all the people through the making of caring and SPO behavioral guidelines related caring behavior, communicating the impact of change, nurse confidence in applying caring behavior improved ; (2) all nurses are involved in the change process, making special chambers of

IGD chamber that contains the spirit to care for the patient and cultivate it every day. The third step is refreezing or freezing back with effort; (1) change is one of organizational culture; (2) re-evaluate mutually agreed changes; (3) to maintain amendment with guidelines and SPO approved by the director of the hospital; the approach through PDCA method is used as the next problem solving. In the Plan stage or planning is made in the form of a plan of action to improve caring behavior of nurses in providing nursing care, making caring nurse behavior guidelines and SOP caring behavior related nurses, socializing the importance of caring nurse behavior in providing nursing care to patients, campaigning "hellomynameis", making yells containing passion and caring, forming a champion team and brain storming about caring behavior of nurses. (4) Provide reward for caring good nurses. Doing stages or implementation by socializing the importance of caring nurse's behavior in giving nursing care to the patient, making the champion team, making the ER yells, campaigning "hellomynameis", brain storming with team champion about caring behavior of nurse and making guidance and SPO caring behavior of nurses. Stages of check or evaluation is done through several ways such as with the distribution of questionnaires back to measure the patient's perception of caring behavior of nurses and self-efficacy nurses applying caring to patients using the same instrument. From the results of questionnaires obtained data that there is an increase both from the perception of the patient and self-efficacy nurse. Prior to implementation, 67% of patients said nurses had been caring in giving nursing care and after implementation, 94% of patients said nurses had been caring in providing nursing care. Before the implementation of nurses' efficacy 61% but after implementation, nurse efficacy increased to 79%. While the results of observations obtained data that nurses have started campaigning "hellomynameis", mentioning his name when interacting with patients and some other behavior that changes to a better direction. At the action stage a follow-up plan is proposed, which proposes a draft guidance and SOP of caring nurse behavior that has been compiled, approved by the hospital director who will be socialized to the nursing manager, installation coordinator, head of the room and all nurse staff.

4. DISCUSSION

Efforts to optimize the function of the head of the room in improving caring behavior of nurses, among others, by socializing the importance of caring behavior, create champion team, create guidebooks and SOPs, campaigning "hellomynameis", and make ER yells. The effort gained the full support of the nursing manager, the ER coordinator, the head of the ER and the nurses at the ER. This can be seen from the results that have been obtained that the understanding of nurses increased after the socialization and brain storming. Participants socializing caring behavior nurse 8.38 from point 10 that caring behavior can have a positive impact on nursing services that focus on patients and participants assess 7.38 from point 10 on the level of understanding of caring behavior on the nurse before the socialization of caring behavior on nurses and increased to 9 after getting the socialization. Implementation of brainstorming is felt to be effective in

providing new understanding for nurses. Brainstorming is used to improve understanding by eliminating old assumptions and delivering new solutions [6]. Brainstorming is a method for assessing the need to use ideas produced by groups without criticism or commentary as much as the required solution [7]. The obstacles felt by the nurses of ER in applying caring behaviors are a lack of personnel problems when the patient's capacity is overloaded. This is in line with the research of Moore & Waters which states that the ratio of less nurses will cause nurses work load and performance decreased so that not optimal in doing service [8]. The Kvist study proves that an adequate number of staff is the most important aspect of influencing the quality of hospital care [9]. A similar study by Aiken gave results that improved work environment and reduced ratio of patients to nurses will improve the quality of service and patient satisfaction [10]. In addition, according to Trinkoff, the number of less staff is not justified to perform long service because it will affect the treatment and can increase the potential mistakes by the nurse [11]. Therefore the role of the head of space is very important in implanting caring to the patient although in simple form but will greatly affect the patient. From the results of questionnaires given to the patient, then the description of caring behavior of nurses at ER of Hospital X Jakarta as follows:

a. Caring Behavior of the Nurse from behavioral aspect

According to the patient, 100% of nurses at ER of Hospital X Jakarta immediately receive and conduct checks and listen to patient complaints when entering the ER. 95% of the patients said the nurse answered each patient's question, 85% of the patients said the nurse immediately prepared the equipment needed to treat the patient and 70% of the patients said the nurse explained the patient's condition briefly and clearly. But the focus of attention is 80% of patients say nurses do not mention the purpose, benefits and risks of action to be performed. Each patient is entitled to information for any action that will be given to him / her. This can be set forth in the form of informed consent. Informed consent is the essence of a joint decision [12]. That is, every decision taken is the result of an agreement between the patient and the service provider. This is also in accordance with the opinion of Swanson in the theory of caring that nurses in the act of nursing always ask for the approval of the client and the family (anticipating). Patients who assess that the nurses serve patients with a friendly and without favoritism and while communicating, nurses pay attention to patients and friendly to the patient's family is 100%. 95% of patients rated the patient nurse patiently listened to the patient's complaints and were calm and careful while performing the treatment action. In addition, 90% of patients rated the nurse as efficacy taking action and paying attention to patient comfort while performing the action. Patients who say that nurses do not introduce themselves and ask for the patient's name is 95%. The nurse who mentions her name while interacting with the patient is able to make meaningful changes to the patient towards the positive. This is reinforced by the statement who said the campaign "hello my name is" will help health professionals make contact with patients which is the first step

to provide loving care. In addition 90% of patients said that nurses do not motivate patients. The ability to motivate the patient must be owned by a nurse. This is consistent with one of Watson's carative factors of having the ability to instill confidence, hope and respect for others [13]. 95% of patients say that nurses do not invite patients to pray. Nurses should pay attention to the needs of the patient, one of which is spiritual needs. Rahayu's research says that a spiritual approach will increase patient satisfaction [14]. Patients (70%) also assessed the Emergency Room of Hospital X Jakarta nurses in performing nursing actions and 55% of the patients assessed the nurses did not exactly perform nursing actions. Deft and precision is directly proportional to the skill and competence of a nurse. This is in accordance with the value of caring according to Swanson in the process of doing for the theory of caring that says that the nurse shows the competence or skill as a professional nurse by communicating and providing comfort in his actions. Behavior caring nurses ER from the aspect of behavior according to the patient (73.48%) is already good. Caring behavior is an act based on caring, affection, skill, empathy, responsibility, sensitivity, and support. Caring behavior is expected in nursing is a behavior based on 10 factors carative according to Watson [15].

b. The caring behavior of nurses from the administrative aspect

Patients (90%) said the nurse received the patient quickly and uncomplicatedly and as many as 80% of patients said that nurses were always in place when needed. But the focus of attention is as much as 95% of patients say that patients do not immediately move into the ward. This is because there is no bed available for the patient in the inpatient room because the patient is full. The patient is temporarily admitted to the ER. Behavior caring nurses ER of Hospital X Jakarta according to 56% of patients from the administrative aspects is good. Administration means business and activities that include setting goals and determining ways of organizing the organization or business development and activities related to the implementation of the policy to achieve the goal [16].

c. Caring nurse behavior from environmental aspect

Patients (100%) said that the tool for patient examination was ready in the action room, bright room lighting and beds equipped with safety risk falling. But the focus of attention is 55% of patients say the ER space is too cold and feel uncomfortable with the room temperature and 95% of patients say nurses do not install the curtain for the privacy of patients. This can be handled by providing blankets for patients. Providing information to patients is also important. The nurse should inform the reason for not installing the curtain at all times to facilitate the monitoring of patients with limited patient monitoring equipment. This is in accordance with the concept of caring according to Swanson in the theory of caring which says that nurses in doing nursing actions by providing comfort to clients and maintain client privacy [17]. Nurses caring behaviour according to 64% of patients from environmental aspects is good. Watson mentions that one of the basic assumptions of caring is the caring environment. The caring environment in question includes potential

developments or improving health and care for the sick. Caring in the treatment lies in the space, place and time formed by the internal and external environments of nurses and patients. This environment covers the individual's personal thoughts, intentions and personal beliefs, relevant skill levels, training, experience, social and professional norms, values and worldviews and practice environment [18]. Patients (67%) said that nurses in the ER have applied caring in nursing care. After a reassessment of caring nurse behavior, 94% of patients said that caring nurse behavior in ER is good. Protecting humanity by helping one to find the wisdom of illness, suffering, pain and existence [19]. Implementation of caring behavior by nurses in nursing care is influenced by several factors such as nurse self-confidence in fulfilling, conveying or showing caring orientation and foster caring relationships with patients. Coates (1992) developed an instrument to measure the nurse's efficacy factor in applying caring through a caring efficacy scale questionnaire. According to Robin & Judge (2015) Self efficacy is an individual belief that he is able to perform the task [20]. The results of the instrument depict 61% of nurses in the ER space say that self-confidence applying caring in providing nursing care to patients is sufficient. The reason is the number of patients who suddenly exceed the capacity so that the nurse was not sure apply the caring well. After the implementation, nurse confidence increased to 79%. Competence or skill and personality determines one's confidence. According to Watson (2009) a nurse must have the ability to instill confidence, hope and respect for others and according to Swanson the nurse must be able to demonstrate competence or skill as a professional nurse by communicating and providing comfort in his actions. Efforts to improve caring nurses also cannot be separated from the performance of managers to perform the function and his role in nursing services. Managers must be able to plan the application of caring starting from daily activities, weekly and even yearly. A manager is assigned to provide motivation, thought, and arrangement to achieve goals through others [21]. The nursing manager runs five POSAC functions starting from planning, organizing, staffing, actuating, and controlling [22]. According Robbins & Judge, the role of managers in running management in nursing service organizations includes interpersonal roles, informational roles and decision roles. In essence, the function of managers is to perform service management from planning to control so it is expected to make innovations or changes in nursing services. Success in the implementation of innovations and programs cannot be separated from the role of nursing managers from the field of nursing to nursing staff. This is because the innovations to be applied must be tiered and evenly distributed. The role of the manager remains important in improving caring behavior despite the obstacles in the implementation process. Top managers or nursing areas always perform Actuating function to guide the organization in achieving specific goals [23]. This means that the field of care should keep the caring behavior of nurses who will eventually become the organizational culture in RSUP X. In addition, guidance on caring behavior of nurses can be done through supervision, communication, collaboration and coordination, and motivation to the head of the line manager [24].

5. CONCLUSION

Caring is a dominant aspect of nursing practice. One indicator of service quality in hospitals is patient satisfaction that requires caring nurse behavior in every aspect of health service. Head of the room play a big role in improving caring nurses in providing nursing care to patients. The optimization of the function of the head of the room in the application of caring behavior in providing nursing care to the patients at the ER of Hospital X Jakarta was carried out by pilot project approach using the Plan Do Check and Action cycle (PDCA) and using Kurt Lewin's changing theory. Suggestions that can be given is the application of caring behavior in providing nursing care to the patient is very determine patient satisfaction that will affect the quality of hospital services. With some efforts made between the students and the hospital, it is advisable to have a positive impact on caring behavior of nurses such as re-socializing the importance of caring for all nurses in Hospital X Jakarta, strengthening the guidance that has been made through the existing bureaucracy, campaigning "Hello my name is "for all nurses and health workers in Hospital X Jakarta, making the ER as a pilot project of caring and campaign" Hello my name is ", and cultivate the agreed yells.

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