

Conference Paper

Predictors of Nurse's Caring Behavior towards Patients with Critical Illness

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Abstract

Background: Caring for a critical ill patient are challenges for nurses. The nurse is required to deliver comprehensive nursing care including mental, psychological and physical. Caring behavior of nurse is influenced by several factors both internal and external. Objectives: This study aimed was to examine the relationship between nursing supervision, spirituality, caring efficacy, emotional quotation, work stress and working periods with caring behavior while deliver care for a critical patient. **Methods:** Cross-sectional design was used with the number of participants were 66 nurses. Data were collected in July 2018 in three wards: emergency room, HCU, and ICU in dr. DradjatPrawiranegara Hospital, Banten. Instruments used were the Spiritual Orientation Inventory questionnaires, Manchester Clinical Supervision Scale, Caring Behavior Assessment, and Caring Efficacy Scale which were modified and tested for validity and reliability. Data were analyzed using multivariate linear regressions. **Results:** The results showed that there were significant relationships between nursing supervision ($r = 0.511$; $p < 0.01$), spirituality ($r = 0.448$; $p < 0.01$), caring efficacy ($r = 0.433$; $p < 0.01$) and emotional intelligence ($r = 0.419$; $p < 0.01$) with nurse caring behavior in care critical patients ($p < 0.001$). There was no significant relationship between Work Period and work stress with caring behavior ($p > 0.05$). Final statistical analysis by using multiple regression showed that nursing supervision (Beta = 0.434; $p < 0.01$), spirituality (Beta = 0.312; $p < 0.01$) and caring efficacy (Beta = 0.297; $p < 0.01$) were recognized as predictors of nurse's caring behavior in care critical patient ward. **Conclusion:** The Increasing of nursing supervision as an external effort and developing activities are expected to improve spirituality and caring efficacy of nurse is needed to improve nurse's caring behavior in caring for a critical patient.

Keywords: Caring Behavior, Caring Efficacy, Critical Patient, Spirituality, Nursing Supervision.

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1. Introduction

Critical ill patients are patients who have different needs. The condition of critical ill are unstable and using special devices. This condition can cause stress for a patient and requires more attention to care. Which states that patients in critical care are different from the other treatments, this is illustrated by the different characteristics of patients



in critical situations, the environment, special medical equipment and demands for biological treatment, psychologically, and socially in critical care. In other words, nurses are required to be more caring for patients.

Caring is a process carried out by health workers, especially nurses which includes nursing knowledge and practice [1]. Caring behaviour is expressed as a feeling that provides a change in behaviour, safety and work according to standards. When nurses provide nursing care with a sense of kindness, caring, the touch of affection, presence and always listening, patients or family will feel very happy, trusting and comfortable with the nurse. Caring is an important part and aspect in providing nursing services, so that each nurse has the responsibility to develop and improve nursing services in caring behavior. The results of previous research showed that nurses caring behavior can increase patient satisfaction, the better nurses caring behavior in providing services, the more fostered the relationship between nurses and patients [2].

However, in reality there are a lot of nurses does not provide a good caring behavior. Based on previous research results show that nurses caring behavior in Indonesia is still in low category[2–4]. Based on several previous studies also identified, nurses caring behavior is influenced by several factors, both external and internal of the individual of nurses. Internal factors include the level of knowledge [5], work period[6], caring efficacy [7], emotional intelligence [8], and spirituality [9].

In addition to internal factors, several external factors have also been investigated to have a relationship with nurses caring behavior. These factors include supervision [10], organizational culture [11], and work stress [12]. The research result from [3] and [13] show that work stress can affect caring behaviour. The higher level of work stress causes lower nurses caring behavior. Based on the results of the literature review, it is found that most research on caring behavior is a research that relates one or two variables with caring behavior. No research has been found that examined simultaneously between internal and external factors associated with caring behavior, so it can be predicted which factors are more dominant in influencing nurses caring behavior. Research on caring behavior in a critical care area is limited. This study aims to analyse the factors associated with nurses caring behaviour and also can identify factors that are predictors of caring behaviour of nurses in caring for critical ill patients care.

2. Methods

2.1. Study design and Sample

This study is an analytic study with a cross-sectional approach. The population in this study were all nurses Dradjat Hospital Prawiranegara Serang who served in the ICU, HCU and emergency room. Sampling in this study using a total sampling technique, amounting to 66 people.

2.1.1. Instrument

Instruments used were the Spiritual Orientation Inventory questionnaires, Manchester Clinical Supervision Scale, Caring Behavior Assessment, and Caring Efficacy Scale and work stress questionnaires which were modified and tested for validity and reliability. Data were collected using a questionnaire that was developed from The previous research studies and had been tested for validity and reliability. The results of Validity and Reliability Tests are shown in table 1.

TABLE 1: The results of validity and reliability Test.

Questionnaire	Number of Valid Items	The Lowest r Value	The Highest r Value	Cronbach Alfa
<i>Caring Behaviour</i>	25	0,434	0,728	0,899
Nursing Supervision	13	0,472	0,738	0,893
Emotional Intelligence	69	0,446	0,893	0,979
Spirituality	26	0,392	0,862	0,959
Work Stress	30	0,549	0,896	
<i>Caring Efficacy</i>	19	0,497	0,779	0,812

2.2. Data collection procedure

Data were collected using a questionnaire. After getting permission from the hospital and the head of the room, the researcher explained the purpose of the study and care to fill out the questionnaire. Because the questionnaire is more than 2 questionnaires, the researcher and the respondent agree on the time required by the respondent to fill in the entire questionnaire. Researchers returned to the hospital to take the questionnaire in accordance with the agreed time. The average agreed time for filling out the questionnaire is one to 2 days. Data collection was carried out during July 2018.

2.3. Data analysis

Mean and standard deviations were calculated to analyze caring behavior and other factors of nurses. The relationship between variables was analyzed using the Pearson correlation followed by multiple linear regression analysis to determine the predictors of nurse caring behavior. The data were analyzed using SPSS version 21.

3. Results

Based on Table 2. it was found that the majority of respondents were male (65%), level of education is diploma (63%), with age over 32 years (58%).

TABLE 2: Characteristics of respondents (n=66).

Characteristics	frequency (n)	Percentage (%)
Gender		
Male	43	65
Female	23	35
Level of Education		
Diploma	42	63
Bachelor	5	8
Bachelor + Profession	19	29
Age		
≤ 32 Year	38	58
> 32 Year	28	42
Mean: 32,26, SD: 5,79, CI(95%): 30,83 – 33,68, Min: 24, Max: 47		

Based on table 3 it can be seen that the caring behaviour of nurses is caring with a score range between 67 to 100 with an average score of 87.6. In perceiving nursing supervision, some nurses perceive low and some perceive high. In the aspect of spirituality, most of them are in a low category with an average score 114.38 from a range of 78-130. Caring efficacy is mostly in the high category, nurses emotional intelligence is mostly in the low category, most work stress is in the low category and the nurse's work period mostly less than 7 years.

Based on table 4 it can be seen that there is a significant relationship between nursing supervision ($r = 0.511$; $p < 0.01$), spirituality ($r = 0.448$; $p < 0.01$), caring efficacy ($r = 0.433$; $p < 0.01$) and emotional intelligence ($r = 0.419$; $p < 0.01$) with nurses caring behaviour. However, there is no relationship between work stress and work period with nurses caring behavior.

TABLE 3: Nurse caring behaviour and other factors (n = 66).

Variable	frequency (n)	Percentage (%)
Caring Behaviour		
Less Caring	27	41
Caring	39	59
Mean 87,6 SD 10,12 min 67 max 100		
Nursing supervision		
Good	33	50
Less	33	50
Mean 45,41 SD 6,766 min 26 max 64		
Spirituality		
High	31	47
Low	35	53
Mean 114,38 SD 11,85 min 78 max 130		
Caring Efficacy		
Low	32	48,5
High	34	51,5
Mean 86,3 SD 8,6 min 70 max 112		
Emotional intelligence		
High	31	47
Low	35	53
Median 197 IQR 17 min 166 max 270		
Work Stress		
High	32	48,5
Low	34	51,5
Median 48 IQR 14 min 34 max		
Working Period		
≤ 7 Years	34	52
> 7 years	32	48
Median 7 SD 6.11 Min 3 Max 28		

Table 5. Shows that three of the four variables related to nurses caring behaviour were predictive factors. These three factors produce $R^2 = 0,490$, adjusted $R^2 = 0.465$, $F = 19,854$ and $p < 0.01$. Based on the results of linear regression showed that supervision of nursing, spirituality and caring efficacy can predict caring behaviour of 46.5%. The three variables that were predictors were caring efficacy (Beta 0,297; $p < 0.01$), spirituality (Beta 0.312; $p < 0.01$) and nursing supervision (Beta 0.434; $p < 0.01$). Based on these beta standards, it can be identified that nursing supervision is the most powerful factor to develop nurses caring behaviour.

TABLE 4: Correlation coefficients between Nursing Supervision, Spirituality, Caring Efficacy, Emotional Intelligence, Job stress, and work periods with Caring Behavior.

Variables	1	2	3	4	5	6	7
Nursing Supervision	-	0,131	0,122	0,095	0,031	-0,032	0,511**
Spirituality		-	0,268*	0,388**	-0,205	0,311*	0,448**
Caring Efficacy			-	0,570**	-0,286*	0,364*	0,433**
Emotional Intelligent				-	-0,476**	0,365*	0,419**
Work Stress					-	-0,082	-0,202
Work Period						-	0,206
Caring Behaviour							-

* Significant correlation at level 0,05 (2-tailed)
 **Significant correlation at level 0,01 (2-tailed)

TABLE 5: Predictors of caring behaviour.

Predictor of Caring Behaviour	Coefficient B	Std. Error	Std. Beta	t
Nursing Supervision	0,650	0,137	0,434	4,726
Spirituality	0,266	0,081	0,312	3,293
Caring Efficacy	0,345	0,110	0,297	3,137

R²0,490, Adjusted R²0, 465, F=19.854,
 *P-value <.01

4. Discussion

The results showed the majority of respondents (59%) in the caring category. Based on the questionnaire answers, it was found that several items in the high category were nurses able to meet the needs of patients, create a protective environment, and receive positive and negative feelings of patients. But there are still some respondents (41%) who are still less caring. based on the answers to the questionnaire obtained a number of items that are still rated low. This means that not all nurses are accustomed to intensive communication with patients about expressing feelings and providing health education.

The lack of communication in question is the lack of response from nurses when patients ask and need answers. The impact of poor communication results in the patient and family assuming that the nurse’s role is not good and the nurse’s caring behaviour is also lacking. Even though, one of the roles of nurses in the critical care room besides to providing nursing services also acts as a translator of information from doctors to patients and families [14].A nurse has a responsibility to implement caring behavior, where if caring behavior is not implemented it will affect health services and the lack

of relationship between nurses and patients. Efforts to increase caring can be done through training to improve knowledge and skills of caring [15].

The results of the analysis show if clinical supervision affects nurses caring behavior, this is in line with research conducted by [10] which shows if supervision has a significant relationship with nurse caring behavior. Other studies have been conducted by [16] about the effect of clinical supervision in improving the quality of care in the intensive care unit with the result that there is a positive correlation between clinical supervision on improving the quality of care services, which includes the quality of care including caring behavioral elements that are shown the nurse.

The results also showed that some items assessed in the good category were about making decisions in planning and organizing, monitoring nursing and non-nursing activities, make a corrections and evaluations. However, about providing direct and indirect direction, and also evaluating staff performance is still lacking. Giving direction is the role of a supervisor, if the role is not pursued, of course the purpose of supervision will not be achieved. [17] revealed that a manager in the lead must be able to provide encouragement, direction, guidance, counseling, control, example and be honest and firm so that his subordinates want to work together and work effectively to realize the desired goals. Supervision training can be done to improve supervision activities. This is in line with the result of research conducted by [18] that shows there are differences between groups are given supervision training and not given supervision training.

This research also shows that Spirituality has a significant relationship with caring behaviour. In a previous study at Dr.DradjatPrawiranegara General Hospital in the adult care room it was also identified that spirituality had a stronger relationship than the level of nurse education [9]. [19] in his research also shows that spirituality has a significant relationship with caring behaviour and has a positive relationship. Spirituality has the potential to increase nurses' caring behaviour.

Caring efficacy is the confidence of a nurse to do caring. This study shows that there is a significant relationship between caring efficacy and nurses caring behavior in caring for critical patients. The results of this study indicate nurses caring efficacy is mostly in the high category. This study also shows that nurses feel confident in their ability to provide nursing intervention and meet patient needs. However, there is still a lack of confidence in nurses to express empathy, care and communicate to giving understanding.

Referring to the theory self-efficacy from [20], some intervention that can be taken to increase self-confidence, especially in terms of caring behaviour include the Master Experience, Vicarious Experience, and Social Persuasion. Master Experience is the

experience of mastering something. Success in direct experience will increase self-efficacy and vice versa where failure will decrease self-efficacy. The Vicarious Experience is the experience of seeing other people's experiences to solve their problems, so that experience becomes an example. Social Persuasion is a feedback on the performance that has been done.

The results of this study also prove that there is a significant relationship between emotional intelligence with nurses caring behaviour. The results of this study are also in line with previous studies in the same hospital but in nurses in adult inpatients. Previous studies have shown that nurses who have low emotional intelligence have 9x greater risk for low caring behaviour [21]. Both of these studies show that both nurses in the adult care room and nurses in the critical care room and emotional intelligence emergency room have a significant relationship with nurses caring behaviour.

The results showed that 3 variables from 4 independent variables that were significant relationship were predictive factors namely nursing supervision, spirituality and caring efficacy. The results also showed that nursing supervision was a factor that had a more powerful factor in nurses caring behaviour compared to spirituality and caring efficacy. The interesting thing in this study is nursing supervision which is an external factor of a nurse which has a greater influence than spirituality and caring efficacy as an internal factor of nurses.

This research also shows that building nurses caring behaviour is not only based on internal factors, but also requires strengthening external factors in the form of supervision from a Nurse Manager. The results of this study also strengthen the results of [22] qualitative studies which show that nurses mention important elements that are believed to enhance patient experience from the quality of nursing care are nurses who are clinically competent, collaborative working relationships, autonomous nursing practice, control of nursing practice, patient-centered managerial and cultural support.

5. Conclusion

The results of this study indicate that nurses caring for behaviour in caring for critical patients is influenced by several factors. Nurse caring behaviour is related to the internal and external factors of a nurse. The caring behaviour in caring for critically ill patients is influenced by internal factors namely spirituality and caring efficacy, while the external factor that affects caring is nursing supervision. Increasing activities or activities that can enhance nurses' spirituality and also nurses' confidence in caring behaviour followed by increasing nursing supervision programs can help improve nurses caring behaviour.

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Conflict of Interest

The authors have no conflict of interest to declare.

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