



Factors Related of Nursing Caring Behavior in Dealing Patients of Tuberculosis in Jeneponto

Syahridha^{a*}, Elly L. Sjattar^b, Veni Hadju^c

^{a,b}*Magister Program of Nursing Science, Medical Faculty, Hasanuddin University*

^c*Faculty of Public Health, Hasanuddin University*

Email Address: cheerfulnurse@rocketmail.com

Abstract

This study aimed to analyze the factors related to nurses caring behavior in dealing with tuberculosis patients in Jeneponto regency. This study is an observational descriptive using a study design Cross-sectional. The total of sample was 36 nurses in 18 health centers. The variables of the study were individual factors (age, sex, education level, years of service, employment status, marital status, and communication skills), psychological factors (attitude, motivation, perception and learning), organizational factors (leadership, supervision and workload). Data collected through questionnaires and observation. Data were analyzed with univariate and bivariate analyzes. The results showed that there was a significant relationship between individual factors (communication skills, $p = 0.020$), psychological factors (attitudes, $p = 0.023$; motivation, $p = 0.021$), and organizational factors (leadership, $p = 0.020$) with the nurses caring behavior in dealing with patients of tuberculosis. In addition there is a significant relationship between individual factors, psychological factors and organizational factors with six dimensions of caring behaviors such as readiness and willingness (communication skills, $p = 0.028$; attitudes, $p = 0.023$; motivation, $p = 0.023$; learning, $p = 0.028$; and workload, $p = 0.012$), Explanation and facilities (motivation, $p = 0.003$; perception, $p = 0.020$; and leadership, $p = 0.020$), comfort (attitudes, $p = 0.023$; and motivation, $p = 0.023$), the act for anticipation (employment status, $p = 0.048$; and perception, $p = 0.028$), Fostering trusting relationships (attitudes, $p = 0.003$; perception, $p = 0.036$; learn, $p = 0.005$; and leadership, $p = 0.005$), as well as monitoring and follow-up (supervision, $p = 0.023$).

* Corresponding author.

E-mail address: cheerfulnurse@rocketmail.com.

So it is advisable to related parties primarily Jeneponto health department in order providing health facilities to increase adequate motivation with nurses either in the form of reward and optimizing the role of leadership and supervision.

Keywords: Nursing Caring Behavior; Dealing Patients of Tuberculosis; Factors; Jeneponto.

1. Introduction

Tuberculosis is one of the infectious diseases that endanger health. This disease can spread quickly because it can spread through the air when people suffering from tuberculosis coughs and sneezes so the droplets contain *Mycobacterium tuberculosis* can be exposed to anyone who was around the patient. Tuberculosis is a public health problem that is very important and serious all over the world because in most countries in the world pulmonary tuberculosis disease is not controlled, this is due to the many patients who are not successfully treated, as well as being a major cause of death caused by infectious diseases [1].

Every year there are 9 million new cases and deaths reaching nearly 2 million people. In Indonesia, in 2010, tuberculosis disease ranked fifth in the world after India, China, Africa, and Pakistan. With the increase in tuberculosis disease cases, the government implemented a strategy Directly Observed Treatment Short-course (DOTS) optimally to combat tuberculosis disease [1]. This strategy focuses on the discovery and cure patient of tuberculosis to break the chain of transmission of tuberculosis so as reducing the incidence of tuberculosis in the community. However it can be only properly implemented if it has adequate capable human resources of providing quality health services.

The quality of health services in health centers and in hospitals were strongly influenced by the quality of the physical facilities, the type of power available, drugs and medical devices as well as the provision of services [2]. The offered health services by the health service in the form of services which impact on the health status of individuals or groups of people after they receive services [3]. Therefore, the role of service providers was essential, the quality health care can be seen from the behavior and skills exhibited by nurses and other health care providers except their own knowledge. Reference [4] stressed that of all the above elements, the most important of behaviour in the quality of service because of the relationship between health providers is a factor affecting the healing process of the client [4]. Moreover, the nursing profession is the spearhead of the health service itself. The nurses must interact and provide direct nursing care in accordance the nursing knowledge.

The nurse who have a concern in providing nursing care to patients in health centers are nurses who have a caring attitude. This is supported by the theory states that caring is a nurse's attention wholeheartedly to the patient. Caring, empathy, communication gentleness and compassion from nurses to patients would establish therapeutic nurse-client relationship [5]. Thus the patient feel comfortable, safe and a sense of stress due to illness in the suffering is reduced so that patients can complete treatment, but a reality in practice there are still nurse behave less caring for patients. This is supported by research of [6] found that 90% of patients say do not feel comfortable talking with the nurses, 84% of which had negative experiences because nurses do not pay attention to the needs of patients [6]. In another study conducted by [7] states that nearly half of nurses caring

did not behave according to the patient's perception, especially the ability of nurses to communicate with patients [7]. The nurse communication can be one of the keys to success in doing nursing care. Because the therapeutic nurse communication can foster a trusting relationship with the patient.

Tuberculosis data in South Sulawesi province in 2013, there were 7354 patients of tuberculosis who follow treatment and consisting of 6481 patients who experienced healing (88%) [8], this indicates that the achievement of treatment success rate has been set by the WHO was 85% (9). Unlike the case in the regency of Jeneponto which has a fairly low cure rate was only 67.4% and was ranked bottom after regency of North Luwu [9].

From the initial survey conducted by researcher at one of the health centers in Jeneponto, it was found that the nurse in charge of tuberculosis having in the lack of attention to the procedures of patient treatment, so many patients drop out. Meanwhile, according to the patients interviewed at their home states they do not understand the explanation given by a nurse so they are taking medicine inappropriately.

Based on this background, the researcher aim to analyze factors associated with nurses caring behavior in dealing with patients of tuberculosis in the regency of Jeneponto.

2. Material and Method

Location and Design of research

This research was conducted in 18 health centers in Jeneponto. The research design used was cross sectional to examine the relationship of independent variables (individual factors, psychological factors and organizational factors) with a nurse caring behaviors in dealing with patients of tuberculosis in the regency of Jeneponto.

Population and Sampel

The population was all nurses who deal with patients of tuberculosis in Jeneponto. The sample were 36 people by using saturated sampling and have met the inclusion criteria.

Method of data collection

Methods of data collection in this research using a questionnaire with Likert scale consisting of 38 item statements to individual factors, psychological factors and organizational factors and 34 items of questions for nurses caring behavior. The used questionnaire have qualified for validity and reliability.

Data Analysis

Data were analyzed by measuring scale and purpose of research using computerized software program. Data was analyzed by univariate to look at the frequency distribution of the characteristics of respondents and each variable. Bivariate analysis using Chi Square test to analyze the relationship of individual factors, psychological factors and organizational factors with the nurse caring behavior in dealing with patients of tuberculosis in the

regency of Jeneponto.

3. Results

Univariate Analysis

According to the table 1 it was known that the individual factors to the most respondents are in the age range of 25-35 years were 26 people (72.2%), with the female gender were 24 people (66.7%) and the most recent education is Diploma 3 years of Nursing were 21 persons (58.3%), the highest in the range ≥ 5 years were 22 people (61.1%).

Table 1: The frequency distribution of nurse factors based on age, sex, level of education, tenure, marital status, employment status and communications capabilities , 2015 (N = 36)

No	Variable	Frequency (n)	Percentage (%)
1	Age		
	25-35 year	26	72,2
	35-45 year	10	28,7
2	Sex		
	Male	12	33,3
	Female	24	66,7
3	Level of education		
	SPK	2	5,6
	DIII	21	58,3
	S1	6	16,7
	Ners	7	19,4
4	Tenure		
	< 5 year	14	38
	≥ 5 year	22	61,1
5	Marital status		
	Unmarried	17	47,2
	Married	19	52,8
6	Employment status		
	Civil servant	19	52,8
	Volunteer	17	47,2
7	The communication capabilities		
	Poor	14	38,9
	Excellent	22	61,1

The respondents with marital status have been married were 19 people (52.8%) and the respondents who become civil servant status were 19 people (52.8%) and there were 22 people (61.1%) who have good communication skills.

Table 2: The frequency distribution of nurse factors based on attitude, motivation, learning and nurse perception who dealing with tuberculosis in Jeneponto regency , 2015 (N=36)

No	Variable	Frequency (n)	Percentage (%)
1	The Attitude		
	Poor	16	44,4
	Excellent	21	55,6
2	Motivation		
	Lower	16	44,4
	Higher	20	55,6
3	Perception		
	negative	14	38,9
	positive	22	61,1
4	Learning		
	Ever follow training	22	61,1
	Never follow training	14	38,9

Based on the table 2 from the psychological factor, most respondents have a good attitude and motivation were 20 people (55.6%), a positive perception were 22 people (61.1%) and that once the study were 22 people (61.1 %).

Table 3: The frequency distribution of organizational factor consist of leadership, supervision and work loading

No	Variable	Frequency (n)	Percentage (%)
1	Leadership		
	Optimal	14	38,9
	Less Optimal	22	61,1
2	Supervision		
	Less Optimal	15	41,7
	Optimal	21	58,3
3	Work loading		
	Less	11	30,6
	Higher	25	69,4

Based on Table 3 it was known that the organizational factors in the most respondents said that wasor leadership is optimal were 22 people (61.1%), supervision had been optimal were 21 people (58.3%) and respondents who have a high workload were 25 people (69, 4%).

Table 4: Distribution of caring nurse and 6 caring dimension based on patient perception in Jeneponto regency, 2015 (N = 36)

No	Variable	Frequency (n)	Percentage (%)
A	The behaviour of <i>caring</i>		
	Poor	17	47,2
	Excellent	19	52,8
1	Willingness and readiness		
	Poor	15	41,7
	Excellent	21	58,3
2	The explanation and facilities		
	Poor	17	47,2
	Excellent	19	52,8
3	Comfort		
	Poor	15	41,7
	Excellent	21	58,3
4.	The act for anticipation		
	Poor	15	41,7
	Excellent	21	58,3
5.	Fostering trust relationship		
	Poor	13	36,1
	Excellent	23	63,9
6.	Monitoring and follow up		
	Poor	16	44,4
	Excellent	20	55,6

Based on the table 4 it was known that the nurse caring behavior as perceived by patients mostly have good caring behavior were 19 people (52.8%).

Anayisis Bivariate

In Table 5, show that there was a significant relationship between individual factors (communication skills, p = 0.020), psychological factors (attitudes, p = 0.023; motivation, p = 0.021), and organizational factors (leadership, p = 0.020).

Table 5: The relationship of individual factors, psychological factors and organizational factors with the nurse caring behaviors as perceived by patients in Jeneponto 2015 (N = 36)

Variable	The Caring behavior				Total		P
	Poor		Excellent		N	%	
	N	%	N	%			
A The individual factors							
1 Age							
25-35 year	12	46,2	14	53,8	26	100	0,564
35-45 year	5	50	5	50	10	100	
2 Sex							
Male	8	66,7	4	33,3	12	100	0,097
Female	9	37,5	15	62,5	14	100	
3 The level of education							
SPK	1	50	1	50	2	100	0,849
DIII	10	47,6	11	52,4	21	100	
S1	2	33,3	4	66,7	6	100	
Ners	4	57,1	3	42,9	7	100	
4 Tenure							
< 5 year	5	36	9	64	14	100	0,270
≥ 5 year	2	55	10	46	12	100	
5 The marital status							
Unmarried	8	47,1	9	52,9	17	100	0,985
Married	9	47,4	10	52,6	19	100	
6 The employment status							
Civil Servant	10	52,6	9	47,4	19	100	0,492
Voluntary	7	41,2	10	58,8	17	100	
7 The communication ability							
Poor	10	71,4	4	28,6	14	100	0,020
Excellent	7	31,8	15	68,2	22	100	
B The psychological factors							
1 The attitude							
Poor	9	56,2	7	43,8	16	100	0,023
Excellent	8	40,0	12	60,0	20	100	
2 Motivation							
Lowers	11	68,8	5	31,2	16	100	0,021
Higher	6	30,0	14	59,1	20	100	
3 Perception							

	negative	8	57,1	6	42,9	14	100	0,342
	positive	9	41	13	59,1	22	100	
4	Learning							
	Never	9	64,3	5	35,7	14	100	0,102
	Ever	8	36,4	14	63,6	22	100	
C	The organizational factors							
1	Leadership							
	Less optimal	10	71,4	4	28,6	14	100	0,020
	Optimal	7	31,8	15	68,2	22	100	
2	Supervision							
	Less optimal	7	46,7	8	53,3	15	100	0,611
	Optimal	10	47,6	11	52,4	21	100	
3	Work loading							
	Higher	11	44	14	56	25	100	0,559
	lower	6	54,5	5	45,5	11	100	

* Chi square test

Thus there was a positive relationship between the communication skills, motivation and leadership to nurses caring behavior.

In Table 6, it was known that the individual factor has significant relationship between communication skills with readiness and willingness ($p = 0.20$), and employment status has a significant relationship with the act of anticipation ($p = 0.048$).

On the psychological factor it was found that there is a significant relationship between motivation with readiness and willingness ($p = 0.023$), Explanation and facilities ($p = 0.03$). The attitudes also have a significant relationship with the readiness and willingness ($p = 0.023$), comfort (0.023), and build a trusting relationship ($p = 0.03$). Similarly, the perception has a significant relationship with the explanation and facilities ($p = 0.020$) and precaution ($p = 0.028$). Learning has a significant relationship with the readiness and willingness ($p = 0.038$), and build a trusting relationship ($p = 0.005$). At the organizational factors have significant relationship between the leadership with an explanation and facilities ($0,020$), and build a trusting relationship ($p = 0.005$). Supervision has a significant relationship with the monitoring and follow-up ($p = 0.023$) and the workload has a significant relationship with the readiness and willingness ($0,012$).

4. Discussion

This research showed there are significant relationship between individual factors (communication capability) with the nurses caring behavior. By using the chi square test obtained p value = 0.020 ($\alpha < 0.05$). The results are consistent with research of Ardiana in 2010 [7]; which states that nearly half of nurses was not behaving caring

according to the patient's perception, especially the ability of nurses to communicate with patients while the nurse communication can be one key to success in performing nursing services.

Table 6: The relationship of individual factors, psychological factors and organizational factors with 6 dimensions nurse caring behaviors in handling patient of tuberculosis in the regency of Jeneponto 2015

No	Variable	Readiness and willingness	Explanation and facilities	Comfort	The Act of Action	Fostering trust relationship	Monitoring and Follow up
A The individual factors							
1	Age	0,379	0,6	0,311	0,311	0,473	0,481
2	Sex	0,358	0,097	0,473	0,642	0,447	0,549
3	Level of education	0,847	0,087	0,336	0,847	0,553	0,988
4	Tenure	0,321	0,676	0,589	0,321	0,501	0,400
5	Marital status	0,194	0,516	0,194	0,194	0,923	0,709
6	Employment status	0,535	0,985	0,955	0,048	0,549	0,086
7	The communication capabilities	0,028	0,102	0,418	0,563	0,501	0,400
B The Psychological factors							
1	Attitude	0,023	0,332	0,023	0,364	0,003	0,549
2	Motivation	0,023	0,003	0,23	0,364	0,393	0,549
3	Perception	0,4	0,020	0,133	0,028	0,036	0,400
4	Learning	0,038	0,102	0,413	0,418	0,005	0,593
C The organizational factors							
1	Leadership	0,133	0,020	0,133	0,418	0,005	0,593
2	Supervision	0,607	0,535	0,059	0,230	0,526	0,023
3	Work loading	0,012	0,559	0,521	0,521	0,127	0,517

* Chi square test

Nurses in dealing with patients of tuberculosis should be able to develop a relationship of mutual trust and caring relationship with humans. Nurses can build a trusting relationship by introducing themselves at the beginning of the contact; reassure patients about the presence of a nurse to help, the nurse should be warm and friendly. Nurses who are caring in relationships with other people must also show empathy and easily approachable and willing to listen to others. Nurses are more sensitive, sociable, polite and able to communicate well with others [10].

On the psychological factors, there is a significant correlation between attitude and motivation with the nurses caring behavior. The statistical analysis showed there are significant relationship between the attitude with the nurses caring behavior ($p = 0.023$, $\alpha = 0.05$). Besides that, based on the statistical test between the attitude with the six dimensions of caring behavior shows that there is a significant correlation between attitude with comfort ($p = 0.023$), and build a trusting relationship ($p = 0.003$). These results are consistent with a study conducted by [11] which confirms there is a significant relationship between the attitudes of the officer's with the officer performance at pulmonary tuberculosis in health center [11]. Assuming of research, the nurse have a good behavior will produce good behavior. With the good attitude of the nurse, the patient will feel comfortable when receiving nursing care can be built up so that a trusting relationship, where patients feel confident will help nurses and entrust received treatment for 6 months, any side effects that will be felt by the patient according to the treatment.

The test results showed no statistically significant relationship between motivation and nurses caring behavior ($p = 0.021$, $\alpha = 0.05$). In addition, based on the statistical test between motivation and behavioral dimensions of caring nurse, it was found that there is a significant relationship between motivation and readiness and willingness ($p = 0.023$) and an explanation and facilities ($p = 0.003$). This research is in line with research of Wahyuningsi which states there is a correlation between levels, knowledge, motivation, and the workload on the performance of nurses in implementing safety patient at hospital of Syekh Yusuf Gowa [12]. The researcher assumption with good motivation then nurses can perform readiness and willingness to face patient of tuberculosis so they can provide a good explanation regarding tuberculosis disease and treatment procedures. It should also be supported by the availability of adequate health facilities so that nurses can be motivated to provide maximum service.

According to field observations there are 3 health centers that do not have a separate room, it enable the nurses have less motivated to provide care to a patient because they must give an explanation in public and have a worry of contamination with other patients as well as concerns about stigma and discrimination.

At the organizational factors, there is a significant relationship between the leadership with nurse caring behaviors. The result showed that the proportion of nurses who claimed the optimal of wasor leadership which also has a good caring behavior as perceived by the patient were 68.2%. Nurses who declare the wasor leadership is not optimal who have caring behavior as perceived by the patient were 28.6%. The statistically test results showed there are significant relationship between the leadership of the nurse caring behaviors ($p = 0.020$, $\alpha = 0.05$). Similarly with the relationship between the leadership with the dimensions of caring behavior where there is a significant relationship between the leadership with an explanation and facilities ($p = 0.020$) and build a trusting relationship ($p=0.005$). This is in line with the opinion of Robbin stated that a leader must be able to demonstrate an attitude of justice, have a vision, have a consistent assessment and openly accept every criticism by digging a feeling from staff so they are able to express feelings of negative reaction. This research was supported by research by Suryani to get the leadership associated with caring behavior [13]. The assumption of researcher with the result that nurses who deal with patients of tuberculosis only do their job what is transmitted by wasor as head of the program. The leadership can influence the behavior of the people who being led. In leadership there is a process of helping others to work reach the goal. The motivational action from the leader

was able to encourage nurses is not only to providing the maximum nursing care, but it can also the facilitate policy simplify nurses to foster a relationship of trust between nurses and patients through the provision of health facilities The main adequate materials are urgent as poly rooms of tuberculosis, pots, ose, and equipment and other supporting equipment.

5. Conclusion

From these results it can be concluded that there was a significant relationship between individual factors (communication capability), psychological factors (attitudes, motivation), and organizational factors (leadership). Thus there was a positive relationship between the communication skills, motivation and leadership to nurses caring behavior. There are also significant relationship with six dimensions of caring behavior such as the willingness and readiness, description and amenities, comfort, the act for anticipation and relationships of mutual trust as well as monitoring and follow-up. So it is advisable to related parties primarily Department of Health regency of Jenepono in order to provide adequate health facilities as well as facilitating the ability of nurses and increase the motivation of nurses both in the form of reward and optimizing the role of leadership and supervision.

References

- [1] Departemen Kesehatan Republik Indonesia (2012). *Penemuan dan Pengobatan pasien tuberculosis*. Direktorat Jenderal Pengendalian Penyakit dan Penyehat Lingkungan. Jakarta, Indonesia: Penulis
- [2] Bustami. (2011). *Penjamin mutu pelayanan kesehatan & Akseptabilitasnya* Jakarta : Erlangga
- [3] Maninjaya, A.A. (2014). *Manajemen Kesehatan (Edisi 5)*. Jakarta : EGC
- [4] Watson, J.(2005). *Caring science as secreed science*. USA : F.A Pavis Company
- [5] Potter, P. A., &Perry, A.G. (2009). *Buku ajar fundamental keperawatan: konsep klinis, proses dan Praktik (Edisi 7)*. Jakarta: EGC
- [6] Supriatin, E. (2009). *Hubungan faktor individu dan faktor organisasi dengan perilaku caring perawat di instalasi rawat inap RSUD Kota Bandung*. Tesis FIK UI. Tidak Dipublikasikan
- [7] Ardiana, A.(2012) *Hubungan kecerdasan emosional perawat dengan perilaku caring perawat pelaksana menurut persepsi pasiendi ruang rawat inap*.Tesis FIK UI. Tidak Dipublikasikan
- [8] Komdat (2015).*Pusat data dan Informasi kementerian kesehatan RI*. <http://www.komdat.kemkes.go.id/>Diakses tanggal 20 Januari 2015
- [9] Dinas Kesehatan Provinsi Sulawesi Selatan (2013). *Profil kesehatan provinsi Sulawesi Selatan tahun 2012*. Sulawesi Selatan :Penulis

[10] Morrison, P., & Burnard, P. (2009). *Caring and Communicating: hubungan interpersonal dalam keperawatan*. (Edisi 2). Jakarta: EGC.

[11] Maryati. (2012). *Faktor-faktor yang berhubungan dengan kinerja petugas tuberkulosis paru di puskesmas (Studi di Wilayah Kerja Dinas Kesehatan Kota Semarang)*. Semarang : Program Pascasarjana Undip.

[12] Wahyuningsih, R. N., Sidin, A. I., & Noor, N. B. (2013). *Hubungan pengetahuan, motivasi, dan Beban kerja terhadap kinerja keselamatan pasien RSUD Syekh Yusuf Gowa*. Makassar: Pascasarjana unhas

[13] Suryani. (2010). *Hubungan faktor individu dan Perilaku caring perawat di ruang rawat inap RSUD Kota Bandung*. Jakarta: FIK UI. tidak dipublikasikan