



Effect of Caring Behavior Training on Patient Anxiety: A Study in the Inpatient Installation of Surabaya Islamic Hospital

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Abstract: Background: Patient anxiety on nurses' caring behavior is an important predictor of hospital services. Caring training is expected to improve caring behavior and reduce patient anxiety. This study aims to explore the effect of caring behavior training on patient anxiety in the inpatient installation of Surabaya Islamic Hospital. **Method:** This study used a quasy-experiment design and pre-post test control group. A total of 36 nurses (18 intervention groups and 18 control groups) were included as respondents. The study instrument was in the form of observation sheets and questionnaires. Data analysis using paired t-test and independent t-test. **Results:** The implementation of nurse caring behavior can reduce the patient's anxiety level and increase patient satisfaction with hospital services. The increase in patient satisfaction with nursing services provided by nurses before and after getting caring behavior training and mentoring was lower than the implementation of caring behavior and nurse motivation before and after getting caring behavior training. **Conclusion:** The study shows caring behavior training has a positive impact on patient anxiety. Patient anxiety decreased significantly after nurses received training and mentoring on caring behavior. Therefore hospital management needs to carry out caring training routinely to maintain nurses' caring behavior so that they can provide service satisfaction for patients.

Keywords: Caring Behavior Training, Caring Behavior, Patient Anxiety, Nurses.

1. Background

Patients come to the hospital to get treatment for the disease that is being suffered. Some situations that are not conducive are often encountered by patients who come to the hospital from the parking lot until the patient returns from the hospital. The first situation that a patient can encounter is difficulty parking a vehicle. Then the patient goes to the place of registration with various situations ranging from the requirements that must be prepared for the patient's Social Security Organizing Agency (called BPJS), registration fees for general patients and filling out forms if the patient is hospitalized. After the list of patients has to wait their turn to be examined by a doctor, even then the patient can be postponed to be examined because there is a patient who comes with an emergency condition. Examination procedures for patients to make diagnoses require patients to be patient and sometimes hurt by medical measures such as infusion and injection. In addition, patients are faced with unclear information from the medical team about the disease.

Based on the phenomena that exist from various kinds of obstacles problems can bring up the patient's discomfort stimulus while being hospitalized. One of the dissatisfaction in hospital health services such as providing unclear information from the medical team about the disease that is not explained by nurses or doctors to patients. This gives nurses' caring behavior that is not good such as bad, rude communication, nurses who are not alert in giving treatment to patients, not empathetic, slow in acting so that they seem unprofessional. There are many more examples of nurse behavior in providing services to patients who are far from what the patient wants.

One of the causes of patient anxiety is poor caring behavior of nurses. Here the researcher will focus on nurses caring behavior and nurse motivation in caring behavior using training methods. Open behavior overt behavior of a nurse in providing nursing care and caring to patients can foster a high level of trust in the patient for his recovery in care in the inpatient room. One model for increasing nurse work motivation in carrying out nursing services is to have a self image as someone who is

important to others (Nyborg and Brekke, 2007). Self image is very related to caring. Nurses can have a self image as someone who is important to others, if the nurse can understand caring behavior well, so that nurses can have the motivation to apply carative caring to patients. Vilma and Egle (2007) inform about nurses' experiences related to work motivation, stated that motivation will decrease if the nurse is not empowered in competency-enhancing activities, such as education or training.

Watson defines human beings as living things consisting of three things, namely the mind, body, soul that is influenced by self-concept, which is unique and free to make choices. Health as a subjective experience, not an absence of disease. This is in accordance with the demands of the community at this time, namely to expect quality nursing services. The advantage of Watson's theory lies in the carative factor which contained ten elements introduced by Jean Watson in 1980. Watson looked at the carative factor as a core guide to nursing. The weakness of this theory according to Watson (2003), physical needs is also the basis for giving care, but in theory Watson focuses more on the psychosocial needs of clients while on the other hand, the severity of an illness determines the length of length of hospital stay and type of treatment which is given. This can increase the use of complex technology, so the quality of early care is impossible to give. In addition, ten karative factors in caring theory that describe the psychosocial needs of clients are based on other disciplines, thus requiring further research to show the application of the theory in nursing practice (Kozier, 2004).

Existing carative theory researchers chose Jean Watson's carative theory approach because the researchers viewed Watson's caring theory as oriented to human caring and the core of nursing practice that is expected to be patient anxiety in the adult hospital (Interne) Surabaya Hospital. Nurses as providers of nursing services must strive to maintain the quality of service while taking into account the caring aspect. Caring behavior can be applied in nursing services, if the nurse has a good understanding of the caring behavior. This study aims to determine the effect of caring behavior training on the anxiety of patients in the inpatient installation of Surabaya Islamic Hospital.

2. Method

This study uses a quasy-experiment design and pre-post test control group. A total of 36 nurses (18 intervention groups and 18 control groups) were included as respondents. The inclusion criteria of respondents were nurses who were not on work leave (annual leave, sick leave, or maternity leave), willing to participate in this study. The research instrument was in the form of observation sheets and questionnaires. The independent variable is caring training and the dependent variable is patient anxiety. Data analysis used paired t-test in the same group and independent t-test in different groups.

3. Results

3.1. Characteristics of respondents

Table 1. Characteristics of Intervention Groups and Control Groups (N = 36)

Variable	Intervention Groups (N = 18)		Control Groups (N = 18)	
	N	%	N	%
Age				
22-35 years old	10	55,6	13	72,2
36-45 years old	5	27,8	3	16,7
46-60 years old	3	16,6	2	11,1
Working Period				
Less than 5 years	10	55,6	17	77,7
More than 5 years	8	44,4	1	22,3

Source: Primary Data, 2018

Table 1 shows the majority (55.5%) of the intervention groups including the category of young adults or ages 22-35 years old. While in the control groups, the majority also included the category of young

adults or ages 22-35 years old. In addition, Table 1 also shows that the majority (55.6%) of the intervention groups had a working period of less than 5 years. While in the control groups, the majority (77.7%) also had a working period of more than 5 years.

Table 2. Patient Anxiety Before and After Caring Behavior Training

Variable	Skor Max	Before	Gap	After	Increasing	P Value
Caring behavior	42	30.19 (71.9%)	11.81 (28.2%)	38.91 (92.6%)	8.72 (20.7%)	0,000
Nurse motivation	112	85.7 (76%)	26.3 (24%)	97.22 (86.8%)	11.5 (10.8%)	0,000
Patient anxiety	1	0.859 (85.9%)	0.141 (14.1%)	0.921 (92.1%)	0.062 (6.2%)	0,000

Source: Primary Data, 2018

Table 2 shows the implementation of nurse caring behavior can reduce the patient anxiety level and increase patient satisfaction with hospital services. The increasing of patient satisfaction with nursing services provided by nurses before and after getting caring behavior training and mentoring was lower than the implementation of caring behavior and nurse motivation before and after getting caring behavior training.

4. Discussion

Patient anxiety on nurses caring behavior in providing services is an important predictor of overall hospital services. If the patient is satisfied with hospital services, will promote the hospital. However, if patients are not satisfied with hospital services, will decrease the image of the hospital. Patient anxiety on nurse caring services can be seen from the comparison of patient perceptions of the reality of nursing services with patient expectations, patient anxiety scores have not reached a minimum standard of 90% (Ministry of Health, 2005). Optimization can be seen from patient dissatisfaction with reliability, responsiveness, service assurance, and attention from nurse. Patient dissatisfaction occurs because patients have high expectations of reliability, responsiveness, service assurance, and attention from nurse. However, the reality is that some patients have a perception that is not appropriate so that it triggers anxiety until panic in patients.

Patients 'anxiety is not optimal due to various possibilities such as ideal patient expectations for nursing services, performance has not fulfilled patient expectations because nurse-patient interpersonal relationships are not maximal, the lack of nurse understanding and awareness on behavior that should satisfy patients, most nurses still a junior, and the average nurse education qualification from the nursing diploma program. Factors that influence patient anxiety such as social demographic, expectations about nursing services, physical environment, communication and information, nurse-patient interpersonal relationships, health worker competency and organizational influence, access and quality of service (Rangkuti, 2006; Pohan, 2007; Johansson, 2002; Wijono, 2005).

Patient anxiety is not optimal need special attention from the hospital management, because dissatisfaction with nursing services can result low utilization (Zavare, et al., 2010). This is in accordance with the study of Irawan (2003) which states that one satisfied customer, will deliver to five customer. But, one unsatisfied customer, will deliver to twenty customer. The efforts to improve the quality of human resources can be used to increase patient anxiety such as caring behavior training. This study also found that nurse caring behavior affected patient anxiety. Several previous studies also resulted similar findings, that there was a significant relationship between nurse caring behavior and patient anxiety (Raffii, et al., 2007; Agustin, 2002; Sutriyanti, 2009).

Nurse behavior in providing services is a reflection of the quality of nursing services in hospitals and can affect patient anxiety. This is consistent with the study of Pohan (2007) and Iliia, et al., (2007), which explains that patient anxiety is related to the quality of care for nurses. Patients as consumers feel satisfied when given good service and treated well and get convenience in service. Nurse behavior in providing nursing services that are expected and can satisfy patients is caring behavior, namely the

attention and treatment of nurses to patients well. This caring behavior includes courtesy, responsibility, responsiveness, calm patients, fulfill patient needs, maintain and meet quality standards (Wijono, 1999).

5. Conclusion

The study shows that caring behavior training has a positive impact on patient anxiety. Patient anxiety decreased significantly after nurses received training and mentoring on caring behavior. Therefore, hospital management needs to carry out caring training routinely to maintain nurses' caring behavior so that they can provide service satisfaction for patients.

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