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The Effect of Caring Training on the Implementation of Caring Behavior and Work Culture of Nurses in Providing Services to COVID-19 Patients in an Indonesia's National Referral Hospital

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Abstract

BACKGROUND: Nursing services are one of the criteria for hospital health care. Nurses are the health care workers who have the most contact with patients. Nurses had relatively limited interaction with patients during the epidemic. As a result, it is necessary to increase caring behavior in service delivery.

AIM: This study aims to determine the effect of caring training on the implementation of caring behavior and work culture of nurses in providing services to COVID-19 patients in an Indonesia's National Referral Hospital.

METHODS: This study used a quasi-experimental design, with one-group pretest-posttest approach. The study was carried out in Indonesia's National Referral Hospital. The research was conducted between August and December 2021. The caring training lasted around 4 h. Purposive sampling was used to select the sample, which included as many as 92 persons. The Caring Behaviors Inventory-42 and value culture tools were used to collect data. Questionnaires and observation sheets were utilized to retrieve direct measurement data. The collected data were analyzed using a univariate test and a Wilcoxon test for bivariate analysis.

RESULTS: The average age of nurses was 34 years old, with an average working time of 9 years. There was no significant difference in knowledge between before and after care training ($p > 0.05$). However, there was a significant difference in attitude, work culture, and caring behavior between before and after caring training ($p < 0.05$).

CONCLUSIONS: When nurses provided care to COVID-19 patients in an Indonesian national referral hospital, the caring training had an impact on their behavior and work culture. The hospital should continue a compassionate training program, reinforce it with regulations, monitor assessments, and apply rewords and consequences.

Introduction

The World Health Organization disclosed in 2020 that more than 10,000 health professionals in 40 countries had been infected with COVID-19, putting them at a high risk of contracting the disease [1]. Nurses are the health-care professionals who have the most contact with patients. To avoid the transmission of disease to patients, nurses continue to undertake infection prevention and control while giving services. There is a sense of worry and concern of catching the COVID-19 sickness when delivering services to patients. The code of ethics for nurses published by the International Council of Nurses offers ethical advice for nurses' roles, duties, responsibilities, behaviors, professional judgment, and interactions with patients and others who receive nursing care or services. Respect, fairness, empathy, responsiveness, caring, compassion, truthfulness, and integrity are all qualities that nurses exhibit [2]. Nursing services have become one of the health-care industry's standards [3]. Caring is the profession's heart, which means that it is an essential and distinct component of nursing [4].

Patients were more satisfied with the "Information You Were Given" and less satisfied with the "Concern and Caring by Nurses" [5]. According to a previous study, characteristics such as job engagement and satisfaction influence nurses' caring behaviors. To attain high caring behaviors, health organizations must give ways to promote nurse work engagement and satisfaction, which is critical to patient safety [6]. Patients' evaluations of nurse caring behaviors in the emergency department were found to be strongly connected to patient satisfaction in another study. Caring conduct may assist the health-care business financially [7].

Caring conduct must be encouraged and made a part of every nurse's culture. As an Indonesian National Referral Hospital, Dr. M Djamil Hospital has established core principles or culture as guides for all levels of the hospital in delivering services, education, and research. Professional, empathy, competitiveness, primary, loyalty, sincerity, friendly, friends, dignity, and dedication were among the values.

It is necessary to strengthen nurses' awareness of caring conduct. Training is one of the strategies

to improve nurses' awareness of caring conduct. Expectations of the connection, values, knowledge and skills, communication, context and environment, and the effect of the relationship were all elements that influenced the caring relationship between a nurse and a patient. Training is a systematic process that guarantees that a person has the necessary information and abilities to accomplish work responsibilities. There are 930 nurses in general hospitals who have completed caring training, accounting for around 10% of all nurses. The results of 20 nurses' supervision and observation revealed that the majority of nurses continue to work in a routine manner, that they lack initiative and a desire to innovate in providing nursing services to patients, particularly in relation to caring behavior that can improve patient satisfaction. Some nurses only come to the patient's room when the patient or family calls, or when there are medical orders that must be followed. This might be due to nurses' lack of knowledge and awareness of caring conduct and work culture [8].

A previous study found that 11% of nurses in Ireland and 47% of nurses in Greece have low quality of care services [9]. Following many high-profile incidents of poor quality care in England, concerns about a lack of compassion, and a need to emphasis on values, another study was conducted [10], [11]. Communication and relationships might be aided not only by speaking the same language but also by learning to comprehend the needs and goals of residents [11]. Based on the findings of interviews with 10 patients, there was 50% misunderstanding between patients and nurses on nursing activities to be performed, and 20% of patients' requirements were not inquired by nurses while they were being cared for. The aim of this study was to determine the effect of caring training on the implementation of caring behavior and work culture of nurses in providing services to COVID-19 patients in an Indonesia's National Referral Hospital.

Methods

Study design and research sample

The study design in this study was quasi-experimental, using one-group pretest-posttest design and no comparison group. This research was conducted at Dr. M Djamil Hospital, an Indonesian National Referral Hospital, from August to December 2021. The sample for this study was nurses who provide services to COVID-19 patients at isolation room. The study sample was drawn from a population that was chosen based on inclusion and exclusion criteria, with a sample size calculated using the percentage formula. The nurses in this study were chosen at random from a pool of 92 nurses who provide services to COVID-19 patients. All of the participants in the study received care training.

Operational definition

The operational definition of this study includes key factors such as knowledge, which is defined as nurses' capacity to answer questions on caring behavior, knowledge, and attitude, which is defined as a self-response/perspective nurse's about caring behavior. A nurse's appraisal of the actions carried out by caring behavior is called behavior. A nurse's sense of caring conduct is called work culture. Empathy, competition, loyalty, and sincerity, friendly, friends, dignity, and commitment are basic professional characteristics that are intended to be adopted in their implementation. Caring training, which is a program in the field of nursing services and training in a National Referral Hospital, was the independent variable in this study. Nurses from the National Referral Hospital who give services to patients took part in the training. The training lasted 4 h and included Watson's 10 ways of caring, as well as work culture and therapeutic communication [12]. Lectures, dialogues, and role play are used as training approaches. The training materials were delivered in 1 h for each lecture and discussion for each of the three modules, with the last hour dedicated to caring conduct role play. Age is defined as the respondent's tenure in years, gender is defined as male or female, and education level is classified as vocational, bachelor's degree, or master's degree.

The Caring Behaviors Inventory (CBI)-42 tool was used to collect data on attitude and caring behavior [12]. The CBI-42 was used to evaluate attitudinal variables. It is a 42-item instrument with questions graded on a 1 (strongly disagree) to 4 (strongly disagree) Likert scale. The alternative observation result "yes" if the nurse implements caring behavior in line with the statement when delivering nursing services to patients was used to measure caring behavior on the CBI-42 observation instrument. If the nurse does not employ caring behavior in line with the statement when delivering nursing services to patients, the outcomes of the observation were "No." The response "yes" scored a 1 whereas the response "no" received a 0 score.

The questionnaires for the knowledge and work culture factors are still being created by the researchers. Knowledge based on an instrument type multiple-choice question with a total of 10 questions, each with a score of 0 if incorrect and 1 if correct, and affective to 10 caring factors Watson. Professional, empathy, competition, priority, loyalty, sincerity, friendly, friends, dignity, and commitment are among the 14 categories on the Work Culture Instrument, which are rated on a scale of 1 (never) to 4 (always). Data collection for caring behavior is based on nurses' knowledge and attitudes, which are derived from the responses to respondents' questionnaires; data collection for nursing conduct is based on observations made before and after completing the caring program. The responses to the respondents' questionnaires provided information about work culture. For nurses who did not offer care,

the questionnaire's validity and reliability were validated before it was sent to all respondents.

Data analysis

For categorical variables, frequency and percentage were utilized, while mean was used for numerical variables in data analysis. The Wilcoxon test is used in bivariate analysis. SPSS version 18.0 was used to analyze the data [13].

Results

Table 1 shows the mean age of respondent was 34 years old. Respondents have worked for an average of 9 years. The majority of the respondents (94.6%) were women with a vocational degree (59.8%).

Table 1: Characteristic of respondents

Variables	Value
Age (years)	
Mean ± SD	34.55 ± 5.11
Minimum-maximum	26.00–53.00
Duration of work (years)	
Mean ± SD	9.6 ± 5.32
Minimum–maximum	1.00–29.00
Sex, f (%)	
Male	5 (5.4)
Female	87 (94.6)
Level of education, f (%)	
Vocational degree	55 (59.8)
Bachelor degree	37 (40.2)

SD: Standard deviation.

Table 2 described an average value of knowledge, attitude, culture, and caring behavior before and after caring training in an Indonesia's National Referral Hospital.

Table 2: The average value of knowledge, attitude, culture, and caring behavior before and after caring training in a Indonesia's National Referral Hospital (n = 92)

Variables	n	Mean ± SD	Minimum-maximum
Knowledge			
Pre-test	92	9.36 ± 1.01	5.00–10.00
Post-test		9.50 ± 1.01	5.00–10.00
Attitude			
Pre-test	92	144.33 ± 20.59	42.00–168.00
Post-test		148.49 ± 20.50	42.00–168.00
Work culture			
Pre-test	92	42.63 ± 11.69	29.00–56.00
Post-test		53.12 ± 3.43	38.00–56.00
Caring behavior			
Pre-test	92	38.19 ± 4.08	23.00–42.00
Post-test		41.39 ± 1.27	34.00–42.00

SD: Standard deviation.

Table 2 shows that before and after training, the average value of knowledge, attitudes, work culture, and caring behavior increased. Workplace culture has increased the most, followed by attitudes, caring conduct, and knowledge following training.

Table 3 showed an average value of knowledge, attitude, culture, and caring behavior before and after caring training in an Indonesia's National Referral Hospital.

Table 3 shows that there was no significant difference in knowledge before and after caring training,

Table 3: The mean differences of knowledge, attitude, culture, and caring behavior before and after training in a Indonesia's National Referral Hospital (n = 92)

Variables	n	Mean ± SD	p
Knowledge			
Pre-test	92	9.36 ± 1.01	0.171[a],*
Post-test		9.50 ± 1.01	
Attitude			
Pre-test	92	144.33 ± 20.59	0.015[a],*
Post-test		148.49 ± 20.50	
Work culture			
Pre-test	92	42.63 ± 11.69	0.000[a],*
Post-test		53.12 ± 3.43	
Caring behavior			
Pre-test	92	38.19 ± 4.08	0.000[a],*
Post-test		41.39 ± 1.27	

[a]Wilcoxon test, *p < 0.05 considered statistically significant. SD: Standard deviation.

with a Wilcoxon test result of p = 0.171 (p > 0.05). There was a significant difference between before and after caring training in terms of attitude, work culture, and caring behavior (p < 0.05).

Discussion

The average age of respondents was 34 years, with the lowest age being 26 and the highest age being 53 years, according to the findings of the study. This indicates that the average age was that of a middle-aged adult. According to Chaghari *et al.*, samples aged 27–51 years old with a mean age of 39.08 were used to develop a new optimum model for in-service training of nurses [14]. The oldest age group was more conscious that they should have spent more time in the laboratory, and they were the most confident in their ability to master bed bath. The training session's organization or previous experience does not appear to have a substantial impact on the learning outcome, although age and internship experiences do appear to influence the learning outcome [15]. It is hoped that as one's age increases, so does one's maturity, as well as psychological maturity, so that one may expect to give greater service in dealing with patients with more compassionate conduct. However, age does not always ensure that a nurse's care will be excellent or bad, or that it will be high or low. It is entirely dependent on the individual. In this scenario, ongoing coaching in the form of refresher training for nurses on caring behavior at all ages is required to build a better work ethic for nurses at work, including the implementation of improved caring conduct at work.

The investigation revealed that the average respondent has worked for 9 years, with the shortest period of employment being 1 year and the longest being 29 years. Work motivation, nurse's impression of the use of the team approach, duration of work, and education level are all characteristics linked to nurse performance, according to a previous study [16]. The length of time that someone have worked at an office, agency, or other setting is referred to as their working

period. It was often considered that the longer someone worked, the more proficient and experienced they were at doing their job. Nurses with higher experience have worked for longer periods of time. When nurses meet challenges with patient care, such as caring conduct toward patients, this experience might be beneficial. According to the researcher's analysis of this study, the length of work for nurses will have an impact on their work, including patient care. This is because the amount of time spent working has an impact on the job experience of nurses, allowing them to be better trained in areas such as caring conduct. The sense of caring among nursing students is a dynamic condition that changes during the nurse education process, according to a prior study. Students' impressions of caring are influenced by the academic year, past job experience in health care, and kind of university access [17]. According to Asmuji *et al.*, work period was related to caring nurse behavior, which means that the longer a nurse has worked in nursing services, the better the caring behavior was for the patient. However, a long working period can lead to boredom, which can erode caring behavior, so continuous efforts to maintain caring behavior through training are required [18].

The investigation revealed that the average value after caring training is higher than before training on the knowledge variable. Participation in all four repeated tests and feedback was linked to considerably higher increases in skills scores 12 months after training in a previous research, but this was not the case for knowledge [19].

Another study found that once public health professionals had completely engaged in the knowledge, attitude, and self-efficacy program from focus group talks, their knowledge, attitude, and self-efficacy ratings improved [20]. According to another study, midwives' knowledge improved significantly from pre- to post-test following compassionate and culturally sensitive maternity care training [21]. Nurses' knowledge did not alter significantly before and after caring training, which might be attributable to nurses' strong comprehension of caring behavior. According to the researcher's expectations, they can earn a minimum of vacation time when they attend formal education while in college, where all nursing education was college graduates. Nurses had previously undergone caring training, and a national referral hospital in Indonesia had a caring guide, as well as socializing for all nurses. In addition, the patient satisfaction form for nursing services at the hospital contains data about the caring behavior activities, which is used as an indication of the quality of nursing services and is collected every month by the nursing services division and the nursing committee for review.

The average value of the attitude variable increased after caring training compared to before. This is consistent with the previous study, which found that following a knowledge, attitude, and self-efficacy program with focus group talks, participants were more aware and had a positive attitude [20]. In contrast to the prior study, post-training knowledge, attitudes, and preparation all improved. The attitude change from pre- to 6-month follow-up was not significant [22]. The fact that there is a considerable shift in attitudes after receiving caring training indicates that the training is extremely successful in improving nurses' attitudes toward practicing caring behavior. This may be demonstrated in the data, which shows that nurses respond well to caring training.

The nurse's highest scoring response to the question about her attitude before getting caring training was to engage the patient and family in nursing care. Patients are willing and able to receive the treatment offered, and the national referral hospital gives time/h for families to communicate with nurses and patients through telephone and video chats in an effort to maximize care delivered even when the patient is being treated in a hospital. Following training, the nurse's attitude in applying the greatest level of caring behavior is to politely call the patient's name according to the nickname he prefers. This is in line with humanistic and altruistic principles established through personal experience and rising nursing maturity, as well as an appraisal of one's self-view, beliefs, and encounters with diverse cultures.

Nurses' caring conduct toward patients is influenced by their mindset. This is founded on the assumption that nurses who respond favorably to caring will support all activities linked to caring and will find caring behavior to be simple to adopt, and vice versa. As a result, nurses must develop a good attitude toward caring so that they may behave better toward patients. Periodic training and comprehensive counseling for nurses on care is one of the efforts that may be made.

There was a considerable change in work cultures before and after caring training, according to our research. According to the findings, there is a considerable impact on work culture after receiving caring training. In a previous research, the initiative provided cultural competency training for health workers to help with migrant women's maternity care. In three European nations, midwives' self-perceived cultural competency has improved [21].

Meanwhile, organizational culture elements, among others, influence statements of pleasure or discontent with management, clients, or patients based on service providers [23]. Regulations in the form of recommendations that are communicated, monitored, and evaluated can also help to strengthen culture. For patients having COVID-19 as a guide for carrying out service care in line with their clinical authority, a national referral hospital already has a caring guide and nursing care standards. Nurses provide treatment in line with nursing professional standards and professional ethics that have been adopted by the nursing committee.

Organizations provide positive social support to nurses to promote their professional identity, increase job satisfaction for nurses by balancing job demands, job control, and social support, and foster a supportive work environment to reduce the impact of stress on nurses. Normally, especially during the COVID-19 epidemic, nurses' workload and work-family disturbance are high [24]. Patients with COVID-19 have a psychological impact on nurses working in isolation rooms. The influence on these nurses should be a primary concern to assist them in overcoming psychological issues and providing competent nursing care to COVID-19 patients [25].

In addition, we discovered a significant difference in caring behavior before and after caring training in our study. A previous study indicated that following a knowledge, attitude, and self-efficacy program with focus group talks, participants had more confidence and capacity to work, as well as a desire for ongoing training and feedback [20]. Education or learning through formal and non-formal education is one way to improve nurses' caring behavior. Formal education for nurses has been carried out at the high school level, but based on the facts on the ground, there are still many patient complaints about nurses' lack of caring, so the training is classified as non-formal education. Nurses' caring conduct must be improved further [26]. Comprehensive training is one of the ways to improve a nurse's abilities to care for others. In contrast to the previous studies, it appears that the clinical environment and organizational values of the health-care system are the most important helping and inhibiting variables for closing the gap between theory and practice. As a result, it is vital to take steps to improve organizational culture [27].

The study's findings also revealed that the training had an impact on nurses' caregiving behavior. The content on caring is presented to the participants in this program in its whole, not half-heartedly. Participants were provided information on the concept of caring, caring in nursing practice, the 10 aspects of Watson's caring characteristic, and the application of caring behavior, which was done through role play and applied to patients in the room. Respondents got clear information and support from resource individuals, resulting in all respondents being excited about completing the training and having a favorable influence on nurses' greater caring conduct in the room.

Following the training, nurses behaved differently when serving COVID-19 patients. This is related to the fact that during the COVID-19 pandemic, the field of nursing services at a National Referral Hospital manages nursing resources based on the workload analysis of nurses who provide services to COVID-19 patients who use level 3 personal protective equipment to avoid contracting COVID-19 and work burnout. Nurses who work in wards and care facilities for patients with COVID-19 have been reported to face mental and emotional stress, as well as working under insufficient professional circumstances, according to a previous study [28], [29], [30]. The sector of nursing services offers prizes in the form of awards for the top nurses who give care to COVID-19 patients.

Based on this, the researcher concludes that effective caring training is provided to nurses in an effort to improve nurses' patient caring behaviors. This may be used as an input for hospital management to conduct frequent training as a refresher course for nurses on caring behavior to enhance nurses' caring behavior. In addition, to become part of the service culture, a reward system for those who have implemented successfully and repercussions for those who have not implemented it optimally is required following frequent training.

After conducting research at national referral hospitals, particularly in West Sumatera, this is critical in an endeavor to improve nurses' competency in adopting caring behaviors while giving services to patients, particularly in pandemic situations, by employing personal protection equipment. Caring conduct might help patients be more satisfied with the services they've received. This study looked at nurse conduct based on knowledge, attitudes, work culture, and caring behavior. After training, there is no discernible difference in knowledge. The assertions provided in the questionnaire for the knowledge and work culture variables are currently being refined by the researchers. In relation to the intended behavior, a more complete explanation of the questionnaire is required. This study had a one-group pretest-posttest design with no comparison group, as well as data collecting that required to be strictly controlled. The limits of study findings that describe the impact of training on the application of caring behavior and workplace culture are still not sufficiently explored. However, source literature and past research outcomes provided significant evidence for this study.

Nursing practice implications, it may increase nurses' professionalism in providing patient care, develop a positive relationship between nurses and patients while receiving treatment, and improve organizational culture as a nurse's work culture. More detailed study with a bigger number of respondents will be required in the future. It will take more research, such as action research, to develop a type of training that can improve nurses' ability, as well as more developed instruments, such as measures to be measured on a regular basis, to measure patient satisfaction to evaluate the caring behavior that has been done.

Conclusions

Although there was no difference in knowledge between before and after caring training, there was a

difference in attitude, culture, and caring behavior. It may be concluded that caring training has an impact on implementing nurses' use of caring behavior and work culture when giving services to COVID-19 patients in general hospitals. Nurses should use caring behavior in all service delivery to patients, nursing supervisors should give direction, role models, mentorship, and monitoring of nurses' caring behavior, and the hospital should maintain a caring training program, enforcing laws, monitoring assessments, and enacting incentives and penalties.

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