RESEARCH ARTICLE

Knowledge and Social Support as Determinants of Nurse Caring Behavior

Sujatmiko*, Nursalam**

*Doctoral Student, Faculty of Public Health, Airlangga University, Indonesia
**Faculty of Nursing, Airlangga University, Indonesia
Email: miko.satriabhakti@gmail.com

ABSTRACT

One of the nursing behavior is caring, which is an action that aims at giving physical care and noticing emotion while increasing either client's secure sense or safety. Good knowledge and good social support from the people are very needed by nurses in order to improve caring behavior to the patients. Moreover, this research aimed at knowing the correlation between either knowledge or social support and caring behavior of nurses at RSUD Nganjuk (regional hospital of Nganjuk). Design of this research was cross sectional. The population of this research was all of the nurses at RSUD Nganjuk who were 250 nurses (respondents). The samples were taken through purposive sampling and there were 100 respondents as the samples. The data was obtained through questionnaire and analyzed by Spearman Rank test with $\alpha = 0.05$. The result of Spearman Rank test between the variable of knowledge and caring behavior showed p-value = 0.000 (there was a significant correlation between nurse's knowledge and caring behavior). The result of Spearman Rank test between social support and caring behavior showed p-value = 0.000 (there was a significant correlation between social support for nurses and caring behavior. Hospital training regarding caring needed to be given periodically for the nurses in order to support caring behavior. More effective caring behavior must begin to be given as early as possible in the institution of nursing education through lecture and practice/ novice.

Keywords: Nurse, Knowledge, Social support, Caring behavior

INTRODUCTION

Nursing is one of professions in hospital that has important role in organizing health service because for 24 hours, the nurses were around patients and responsible against the nursing service for the patients. UU No. 23 in 1992 (Indonesian Republic law) stated that healing disease was implemented by doctors and nurses through medical treatment and or nursing based on nursing science. The relationship between nurse and patients became the major of nursing science because the success in curing and the improvement of patients' health were really influenced by the relationship between nurse and patient (Kozier, et.al, 2009).

Furthermore, one of the nursing behaviors was caring, which was an action that aimed at giving physical care and noticing emotion while increasing either client's secure sense or safety (Carruth, et.al, 1997). Griffin (1983) described nurse caring as an essential interpersonal process that required the nurse to do activity of specific role through communicating expression of certain emotion to the clients.

Based on Swanson (1993), caring was a way for creating and or keeping health that could be done through having relationship in good value with others. Thus, it had intimate relation with commitment and responsibility. In this case, caring was seen as a support in motivationg the individual in order to make them to become a nurse. Besides, it could become a safisfaction for the nurses if they knew that they had made a change for their client's life. Swanson explained that caring behavior was divided into 5 dimensions, which were: (1) Maintaining belief, (2) Knowing, (3) Being with, (4) Doing for, and (5) Enabling.

The level of quite good knowledge would enable for nurse to understand something and the nurse could respond it rationally and conceptually, the nurse could comprehend what they should do to reach what the goal was (Nursalam, 2005). However, knowledge was really needed for the nurse in order to be able to conduct health care based on the standard of nursing care. Therefore, the nurse must know and be able to do components which were in standard of nursing care, such as theory, nursing diagnosis, planning, implementation, evaluation, and writing nursing note (Nursalam, 2005). Nevertheless, in order to create caring behavior, the nurse must have good knowledge regarding caring.

However, the nurses in doing their job were always faced to interpersonal problems that became a stressor for themselves. This caused a boredom for the nurses, thus, it impacted on their work performace. Social support

in work environment and family was really needed for creating work enthusiasm for the nurses. By having positive social support from the people around them, it was expected that the nurse had good coping ability. Hence, it could create caring ability to the patients sincerely.

METHODS

Type of this research was correlational analytic by utilizing cross sectional design, which was a research that emphasized measurement time or data observation of either independent or dependent variable only once in a time (Nursalam, 2013). This research was conducted in 2017 at RSUD Nganjuk. Population in this research was all of the nurses who worked at RSUD Nganjuk and there were 250 respondents. Meanwhile, the sample in this research was taken by purposive sampling technique and there were 100 respondents. The independent variables of this research were knowledge about caring (X1) and nurse social support (X2), meanwhile, the dependent variable in this research was nurse caring behavior (Y).

Data collection in this research utilized questionnaire adapted from Nursalam (2013) with score scale:
1. Variable of knowledge:
   Score scale:
   True answer: score 1
   False answer: score 0
   Category:
   Good: 76% - 100%
   Sufficient: 56% - 75%
   Less: ≤ 55%
2. Variable of Social Support:
   Score scale:
   Never: Score 1
   Almost never: Score 2
   Sometimes: Score 3
   Usually: Score 4
   Almost always: Score 5
   Always: Score 6
   Category:
   Positive: if the value of T score > T mean
   Negative: if the value of T score ≤ T mean
3. Variable of caring behavior:
   Score scale:
   Yes: Score 1
   No: Score 0
   Category:
   Good: 76% - 100%
   Sufficient: 56% - 75%
   Less: ≤ 55%

Furthermore, the data that had been categorized so presented in the form of frequency and percentage (Nugroho, 2014), then analyzed by using *Spearman Rank test* with α 0/05.

RESULTS

Table 1. Distribution of knowledge, social support and caring behavior

Variable	Category	f	%
Knowledge Level	Less	1	1
	Sufficient	33	33
	Good	66	66
Total		100	100
Social Support	Positive	66	66
	Negative	34	34
Total		100	100
Caring Behavior	Less	1	1
	Sufficient	28	28
	Good	71	71
Total		100	100

Based on the research result above, it was known that the total of respondents were 100 nurses at RSUD Nganjuk and most of them had good knowledge level (66%). Besides, it was known that among 100 nurses, most of them had positive social support (66%). Moreover, it was also known that among 100 nurses, most of them had good caring behavior (71%).

Table 2. Relationship between knowledge and caring behavior

Knowledge	Caring Behavior			Total
	Less	Sufficient	Good	
Less	0	1	0	1
Sufficient	1	25	7	33
Good	0	2	64	66
Total	1	28	71	100
α = 0.05	p-value = 0.000	r = 0.798		

The result of cross tabulation between knowledge and caring behavior showed that among 100 nurses at RSUD Nganjuk, most of them had either good knowledge level or good caring behavior (64 respondents). The result of Spearman Rank test showed that *p-value* = 0.000 < α (0.05), hence, H0 was rejected and it meant that there was a significant correlation between nurse's knowledge and caring behavior of nurses at RSUD Nganjuk. Moreover, it was known that r value = 0.798, which showed strong correlation power and one-way correlation. In other words, it meant that the better the nurse's knowledge regarding caring, the better their caring behavior.

Table 2. Relationship between knowledge and caring behavior

Social Support	Caring Behavior			Total
	Less	Sufficient	Good	
Negative	1	22	11	34
Positive	0	6	60	66
Total	1	28	71	100
α = 0.05	p-value = 0.000	r = 0.613		

The result of cross tabulation between social support and caring behavior showed that among the total of 100 nurses at RSUD Nganjuk, most of them had either good knowledge level or positive social support which were 60 respondents. The result of *Spearman Rank* test showed that p-value = 0.000 < α (0.05), thus, H0 was rejected and it meant that there was a significant correlation between nurse social support and caring behavior of nurses at RSUD Nganjuk. Moreover, it was known that r value = 0.613, which meant that it was the medium correlation power and one-way correlation. In other words, it was the better the social support for nurses, the better their caring behavior.

DISCUSSION

This research had showed that there was a significant correlation between nurse's knowledge and nurse caring behavior at RSUD Nganjuk. The power of the correlation was categorized strong and one-way correlation, which meant that the better the nurse's knowledge about caring, the better their caring behavior.

According to Gibson (2006), one of the factors that influenced individual behavior and performance was intellectual ability. The intellectual ability included intelligence, capability in calculating, verbal comprehension, perceptual speed, deductive reasoning, space and memory visualization (Robbins, 2009). However, the knowledge or cognitive one was an important domain in order to create personal attitude. An attitude that was based on knowledge would be more everlasting rather than attitude that was not based on the knowledge (Notoatmodjo, 2003).

Tomey (1994) stated that essentially, caring behavior was a reflection from a knowledge regarding humanity. Meanwhile, according to Swanson (1993), one of caring dimensions was knowing, which was the nurse must know patient's condition, comprehend the meaning of an incident in the life, avoid assumption, focus to the patient, search signs, value accurately and interestingly. Furthermore, the efficiency and effectiveness of knowing was as a therapeuthic caring that was improved by empirical knowledge, ethics and aesthetics that correlated with health problem either actually or potentially.

Researchers believed that nurse caring behavior at RSUD Nganjuk could become well because being supported by good knowledge about caring that was owned by nurses. Most of nurses at RSUD Nganjuk could comprehend well the defiition of caring, component and caring process, the use of caring, and caring dimensions.

This knowledge could not be separated from the factor of nurse's education level at RSUD Nganjuk, which most of them were in diploma (D-III) until bachelor (S-1 Ners) degree. Besides, the policy of hospital training also gave contribution against the improvement of nurse's knowledge about caring.

Moreover, the research result showed that there was a significant correlation between nurse social support and nurse caring behavior at RSUD Nganjuk. The power of this correlation was categorized as medium correlation and one-way correlation. In other words, it stated as the better the sosial support owned by nurse, the better their caring behavior.

Nevertheless, a nurse was as a profession in human service field that was always demanded in order to adapt with any changes occurred in their work environment. Numerous and monotonous jobs became a stressor for nurses. Sometimes, the nurse also must face with patient's emotional attitude (Alamasitoh, 2011). Therefore, the nurse really needed social support from the people around in order to be able to overcome the stress in their job. Kaplan et al. (in Cutrona, 1996) explained that social support as the fulfillment of individual basic needs (acceptance, appreciation, help, etc.) that was done by significant others. The kinds of social supports were : emotional support, appreciation support, information and actual help (such as physical resource help) support.

Sosial support from the superior, co-workers, and family would give positive impact against the improvement of workers' performance (Purba, et.al, 2007). Social support in the work place could give contribution on worker's productivity and welfare. The creation of comfortable work environment would depress stress level for the nurses. Therefore, it was needed conducive environment so that nurse's stress level was still in low level (Hodson, 1997). However, this was also occurred in nurse's life. A nurse who had social support tended to be able to fulfill job demands and the nurse would not experience a burnout easily. The nurse's performance here was realized in giving nursing care to the patients, including caring behavior.

The researchers believed that if there were numerous positive social supports for the nurses at RSUD Nganjuk, it would become motivator for the nurse to create work enthusiasm. The nurses realized and felt that their workload was quite hard. However, by obtaining social support from the people around them, the hard workload could be done with good feeling. Therefore, it would create a patience and perseverance in giving caring to the patients as a part of natural attitude to serve other people well and sincerely.

CONCLUSION

The conclusion of this research were: 1) there was a significant correlation between knowledge and caring behavior of nurses at RSUD Nganjuk by strong correlation, 2) there was a significant correlation between social support and caring behavior of nurses at RSUD Nganjuk by medium correlation.

All in all, the recommended suggestion for the hospital was it needed to be given training periodically regarding caring for the nurses in order to support the creation of caring behavior. Meanwhile, the suggestion for the institution of nursing education was it needed to be given caring education as early as possible either in lecture or practice/ novice as a part of graduate competence standard that must be taken. Thus, the creation of caring behavior could be more effective.

REFERENCES

Almasitoh, U.H. (2011). Working Stress Viewed from Multiple Role Conflict and Social Support on Nurse (Stres Kerja Ditinjau Dari Konflik Peran Ganda dan Dukungan Sosial Pada Perawat). *Psikoislamika: Jurnal Psikologi Islam, 8*(1), 63-82.

Carruth, A.K, Tate, U.S., Moffat, B.S., Hill, K. (1997). Reciprocity, Emotional Well-Being, and Family Functioning as Determinants of Family Satisfaction in Caregivers of Elderly Patients. *Nursing Research*, 46(2), 93-100.

Cutrona, E.C. (1996). *Social Support in Couples*. New Delhi: SAGE Publications, Inc.

Gibson, J.L., Ivancevich, J.M., Donnelly, J.J.H., Konopaske, R. (2006), *Organizations: Behavior, Structure and Processes*, Mc.Graw-hill, U.S.

Griffin. (1983). Caring-The Concept, Behaviors, Influences and Impact. *International Journal of Nursing Studies*, 38(1),187-194.

Hodson, R. (1997), Group Relations at Work: Solidarity, Conflict, and Relations with Management. *Work and Occupations Journal*, 24(4), 426–52.

Indonesian Republic Law No. 23 in 1992 regarding Health.

Notoatmodjo, S. (2003). *Basic Principles of Public Health Sciences (Prinsip-prinsip Dasar Ilmu Kesehatan Masyarakat)*. Second Printing. Jakarta: Rineka Cipta.

Nugroho, H.S.W. (2014). *Descriptive Data Analysis for Categorical Data (Analisis Data Secara Deskriptif untuk Data Numerik)*. Ponorogo: Forum Ilmiah Kesehatan (FORIKES).

Nursalam. (2005). *Concept and Application of Research Methodology in Nursing Science (Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan)*. Jakarta: Salemba Medika.

Nursalam. (2013). *Research Methodology of Nursing Science: A Practical Approach (Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis)*. Edisi 3, Jakarta: Salemba Medika.

Purba, J., Yulianto, A., Widyanti, E. (2007). The Impact of Social Support on Burnout on Teachers (Pengaruh Dukungan Sosial terhadap Burnout pada Guru). *Jurnal Psikologi, 5*(1), 77-87.

Robbins, SP & Judge, TA (2009), *Organizational Behavior*. United State of America: Pearson Prentice Hall.

Swanson, K.M. (1993). Nursing as Informed Caring for the Well-Being Of others. *Image*: *The Journal of Nursing Scholarship,* 25(4), 352-357.

Tomey, A.M. (1994). *Nursing Theorists and Their Work*. Missouri: Mosby, Inc.