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Judul Artikel : Factors affecting patient's perception on nurse's carative-caring behaviour.
 Jurnal : Enfermeria Clinica
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NO	PERIHAL	Lampiran	Keterangan
1	Bukti submit artikel	1	
2	Bukti Komentar Reviewer round 1	2	Masukan terkait perbaikan redaksional, tata bahasa, dan masukan lain di manuskrip
3	Bukti revisi round 1	3	Sudah direvisi sesuai masukan
4	Bukti komentar <i>reviewer 1 (round 2)</i>	4	Masukan terkait: 1. Tata bahasa dan redaksional 2. Substansi yang meliputi: perbaikan penulisan metode (kriteria inklusi dan eksklusi, instrument dan validitasnya, subyek penelitian), hasil (penjelasan tentang interpretasi data)
5	Bukti komentar <i>reviewer 2 (round 2)</i>	5	Masukan terkait: 1. Tata bahasa dan redaksional serta penulisan referencing style (harus Vancouver), perbaikan penulisan abstrak pada bagian metode dan jumlah kata harus kurang dari 15 serta penulisan hasil terutama gaya penulisan tabel yang belum sesuai. 2. Substansi terkait metode yang perlu dielaborasi,
6	Bukti perbaikan sesuai saran <i>reviewer</i>	6	Sudah diperbaiki sesuai saran
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Lampiran 1

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Abstract: Objectives: This study aimed to investigate Hypertension care book (HYCAB) in improving the family support and the motivation of the hypertensive patients in performing a healthy lifestyle. Methods: This was a quasi-experimental study employing 24 respondents who divided equally into the intervention and control groups. The samples

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Lampiran 2 Bukti Masukan Reviewer (round 1)

COMMENT FROM REVIEWERS

Author : Ninuk Dian Kurniawati, Elma Karamy, Retnayu Pradanie, Tri Johan
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Title :
FACTORS AFFECTING PATIENTS' PERCEPTION ON CARATIVE CARING OF NURSES

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Lampiran 3 Bukti revisi (round 1)

FACTORS AFFECTING PATIENT'S PERCEPTION ON NURSE'S CARATIVE-CARING BEHAVIOUR

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Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behaviour of nurse's carative-caring at a government hospital in Surabaya. **Methods:** This study used a cross-sectional design. Population was 14.548 and sample was 100 respondents recruited used purposive sampling technique. The independent variables of the study were experience, education, income, and self-acceptance, while the dependent variable was nurse caring behavior. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$. **Results:** The results showed that the patients' perception of carative-caring behaviour was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-care behavior and patients' experience of hospitalization ($p = 0.518$). The same result was found on the relationship between patients' perception and income ($p = 0.407$). **Conclusions:** Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behaviour of nurses.

Keywords: carative-caring, nurse, patient, perception

Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the quality of services they provided as an important aspect of service. Nurses caring behaviour has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided (Afaya et al., 2017). A survey conducted in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahriani (2011) which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behaviour, a preliminary study was conducted by researchers; this too shows a lacking in caring behaviour of nurses. Two out of eight patients being investigated perceived nurses' caring behaviour as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status (Nursalam, 2015). Previous studies showed that patient's characteristics can affect the perception of caring (Arief, Ertawati, & Laili, 2017). The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by (Afaya et al., 2017). The Theory of Human Caring (Watson, 2009) underpinning this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. A descriptive with a cross-sectional approach was applied to investigate the research question. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gain ethics approval from the Faculty of Nursing Universitas Airlangga Ethics Committee No 1440-KEPK on May 27th, 2019.

This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The

questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the r value and r table of the product moment. The validity of the questionnaires showed r value $>$ r table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

The CBI-24 was developed initially by Wolf et al (1994) based on Watson transpersonal caring theory and refined by Wu et al (2006) to become CBI-24. The Indonesian version was adopted from Oktapianti (2017). This inventory consisted of 24 items likert scale questionnaire which comprised four subscales: respectful, assurance, connectedness, knowledge and skill. Mean score was calculated and converted into percentage. Mean score of 25%-50% was consider poor, 51%-75% was consider average, and 76%-100% was consider good for perception of nurse caring behavior.

The self-acceptance questionnaire was adopted from Suryani and Mey (2013) that consisted of 5 items likert scale questionnaire measuring three indicators: knowledge about disease, description about disease, and self-acceptance. Score of 1 was gave for strongly disagree, 2 for disagree, 3 for somewhat disagree, score of 4 for agree, and score of 5 for strongly agree. All scores were summed and converted into percentage and interpreted: 25%-50% was interpreted as low, 51%-75% was interpreted as average, and 76%-100% was interpreted as high for self-acceptance.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of regression logistic linear with a degree of significance of $p < 0.05$.

Results

Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally, table 1 informs that 32% of respondents were employed with salary being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3-7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was good (67%).

Table 1 Respondents' characteristics

Characteristic of respondents	Category	n	(%)
Sex	Male	51	51.0
	Female	49	49.0
Age	17 – 25	20	20.0
	26 – 35	16	16.0
	35 – 45	10	10.0
	>46	54	54.0

Characteristic of respondents	Category	n	(%)
Education	Elementary	25	25.0
	Junior high	24	24.0
	Senior high	41	41.0
	Bachelor	10	10.0
Employment	Unemployed	6	6.0
	Student	16	16.0
	Housewives	19	19.0
	Civil servant/army	2	2.0
	Employ	32	32.0
	Entrepreneur	16	16.0
	Retirement	9	9.0
Income	< 3.871.052	68	68.0
	≥ 3.871.052	32	32.0
Health insurance	No insurance	10	10.0
	Insurance	90	90.0
Experience of hospitalization	Yes	55	55.0
	Never	45	45.0
Length of stay in hospital	3 – 7 days	91	91.0
	8 – 14 days	8	8.0
	>2 weeks	1	1.0
Self-acceptance	Low	1	1.0
	Average	9	9.0
	High	90	90.0
Perception of nursing caring behavior	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66 % of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Parameter	Poor % (n=100)	Average	Good
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectfull	-	64	36
Connectedness	-	84	16

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a

correlation with the perception of the nurse carative caring behavior with a positive direction ($p= 0.019$, st error 0,242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p = 0.029$, st error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Variable Dependent	Variable Independent	Std. Error	P-value
Carative caring Behavior	Experience	0.465	0.518
	Education	0.242	0.019
	Income	0.550	0.407
	Self-acceptance	0.715	0.029

* Regression logistic linear statistical analysis

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had experience hospitalization. These findings support by (Akin, 2007) who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time (Karaca & Durna, 2018; Patiraki et al., 2014). The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behaviour. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perspective on the quality of caring of the nurses. Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring (Laal, 2013). Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses. Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education

affects patient's perception in a positive direction (Lumbantobing, Adiningsih, Praptiwi, & Susilaningsih, 2018). Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durna (2018). Karaca & Durna (2018) showed that there was no relation between income and nursing services. This finding similar to the one by Akhtari-zavare (2010) that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut (2017) that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare (2010) showed that patients with higher incomes may received more information and have higher expectations, whereas low-income patients tend to be easily satisfied with service they received.

Lastly, a significant correlation was found between the self-acceptance and the patient's perception of carative caring behaviour. The higher someone's self-acceptance, the higher the perception of nurse's carative caring behavior. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude towards their lives and would be of higher perception of the care provided by the nurse. These finding similar with researched by Zefry & Purnama (2016) who conducted research on social support with self-acceptance which suggested that there was a significant link between social support with the self-acceptance of chronic renal failure patients. Patients included in this study received continuous supports from their family and loved ones during the treatment and their illness trajectory. Moreover, the patients have accepted all the disease and discomfort stemmed from the disease. They had accepted their suffering as the destiny of the God thus they were patience and sincere. The nurses had also provided continuous support to the patients, listen to the patient attentively, and empathize with the patient's problem thus it helped the patients to be able to underwent treatment well. This is support a statement by Kozier that states caring enabled patients to improve a person's self-actualization, lowered stress and enhanced good self-esteem (Kozier, 2004).

Conclusions

Factors related to the perception of patients on nurse's carative caring were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the patient's perception of nurse's carative caring.

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Lampiran 4. Bukti masukan reviewer 1 (round 2)

Factors Affecting Patients' Perception on Carative Caring of Nurses

Keywords: carative, caring, nurse, patient, perception

Abstract: **Objectives:** This study aimed to analyze factors that influence patients' perceptions of the behavior of nurses's carative caring at a government hospital in Surabaya. **Methods:** This study used a cross-sectional design. Population was 14,548 and sample was 100 respondents as inpatients recruited used purposive sampling technique. The independent variables of the study were experience, education, income, and self-acceptance, while the dependent variable was nurse caring behavior. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$. **Results:** The results showed that the patients' perception of carative caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative care behavior and patients' experience of hospitalization ($p = 0.518$). The same results were found on the relationship between patients' perception and income ($p = 0.407$). **Conclusion:** Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self acceptance, the better patient's perception of carative caring behavior of nurses.

1 INTRODUCTION

The industrial 4.0 makes developments and changes in health areas especially in hospital. The threat of loss of consumers can be experienced by hospitals if they are unable to compete in quality or cost. The quality of health care in the hospital is very related to the quality of the nurse (Lestari, 2014). Caring nurses become one that determines the patient's perception and patient satisfaction towards the health service provided (Afaya et al., 2017). Satisfaction results in several hospitals in Jakarta showed that 14% of patients were dissatisfied with health services caused by poor caring behavior (Depkes RI). This is in line with the study of (Fahriani, 2011) which results that the level of caring for the nurse in RSUD Klaten as much as 62% is in a low category. Preliminary studies conducted by researchers show that two patients say nurses are lacking in communicating with patients and performing actions with less attention to patient comfort and eight other patients saying that nurses have been good at serving patients.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status (Nursalam, 2015). Each patient has different backgrounds, experiences, values, and cultures (Potter & Perry, 2009), so that each patient's perception is also different and will affect patient satisfaction as well as his assessment of the quality of behavior caring nurses. The Theory of Human Caring (Watson, 2009) reveals that Caring is required between nursing givers and beneficiaries to improve and protect patients who will influence patient healing (Ariani & Aini, 2018). Human caring theory by Jean Watson mentions there are ten carative caring that can reflect the caring behavior of nurses.

Previous study showed that characteristics of patients can affect the perception of caring (Arief, Ertawati, & Laili, 2017). The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by (Afaya et al., 2017). The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses's carative caring at RSU Haji Surabaya.

2 METHODS

This research was conducted in a government-funded hospital in Surabaya, Indonesia in May to June 2019. The design was a descriptive with a cross-sectional approach. The hospital inpatient population was 14.548 and sample of research was 100 patients selected by purposive sampling technique. The hospital had four building for inpatients. This study was conducted in several wards, which comprises of medical-surgical and labor wards. This wards was selected because they were the largest wards and it could be representative of the study population in the hospital.

This study included patients with minimum of two days hospitalization, no psychiatric disorders, compost mentis, and able to communicate well. The exclusion criteria for the sample was patients who are in life-threatening illnesses. The instrument used in this study was three parts, the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI) – 24. The questionnaires were tested for its validity and reliability prior the study. The Cronbach alpha for self-acceptance questionnaire was 0,786 showing that the questionnaire was reliable.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of regression logistic linear with a degree of significance $p < 0,05$.

3 RESULTS

Table 1 showed the respondents' characteristics: the percentage of gender man and woman were only a difference two person, males 51 respondents (51%) and females 49 respondents (49%). More than half respondents' age were the most > 46 years old (54%), the last educations' respondents were mostly senior high school (41%), moreover it can be seen from the table that the mostly employed (32%) and mostly revenue of respondents were less than the standard minimum salary in Surabaya (68%). Also respondents mostly had insurance for health insurance themselves (80%). The majority of respondents had experienced of hospitalization (55%) and length of stay in hospital respondents

Commented [MOU1]: Exclusion criteria is not the opposite of inclusion criteria.

Is it possible that patient who are compos mentis and able to communicate well is in life-threatening illness?

Commented [MOU2]: Explain about this inventory, i.e., how many statements/questions, how to measure it, how to interpret it

Commented [MOU3]: Tested to how many respondents?

Commented [MOU4]: How about its validity?

Commented [MOU5]: Explain about the ethical consideration

majority were 3-7 days (91%). Self-acceptances' respondents had high self-acceptance (90%) and caring behavior perception of respondents were good (67%).

Table 1: Respondents Characteristics

No	Characteristic of respondents	Category	f	(%)
1	Sex	Male	51	51,0
		Female	49	49,0
2	Age	17 – 25	20	20,0
		26 – 35	16	16,0
		35 – 45	10	10,0
		>46	54	54,0
3	Education	Elementary	25	25,0
		Junior high	24	24,0
		Senior high	41	41,0
		Bachelor	10	10,0
4	Employment	Unemployment	6	6,0
		Student	16	16,0
		Housewives	19	19,0
		PNS/TNI/Polri	2	2,0
		Employ	32	32,0
		Entrepreneur	16	16,0
5	Income	Retirement	9	9,0
		< 3.871.052	68	68,0
		≥ 3.871.052	32	32,0
6	Health insurance	No insurance	10	10,0
		Insurance	90	90,0
7	Experience of hospitalization	Yes	55	55,0
		Never	45	45,0
8	Length of stay in hospital	3 – 7 days	91	91,0
		8 – 14 days	8	8,0
		>2 weeks	1	1,0
9	Self-acceptance	Low	1	1,0
		Average	9	9,0
		High	90	90,0
10	Perception of nursing caring behavior	Poor	0	0,0
		Average	67	67,0
		Good	33	33,0

Table 2 showed that the majority of perception of caring behavior based on parameters that from 100 respondents no one assessed poor in any carative caring parameters. The ability of nurses to ensure the presence of humanity during the treatment (assurance), the most answer for assurance were average, valued by respondents (66.0%). Assessment of the ability of the nurse in

demonstrating professionalism in the knowledge and skills, the most respondent's answers were average (69%). The ability of nurses to respecting someone (respectful), the most respondents answer were average too (64%). And established a positive relationship (connectedness) by nurse, the most respondents' answer were average (84%).

Table 2: Carative caring behaviors' parameter

Parameter	Poor	Average	Good
	% (n=100)		
Assurance	-	66,0	34,0
Knowledge and skill	-	69,0	31,0
Respectfull	-	64,0	36,0
Connectedness	-	84,0	16,0

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The result of education variable analysis ($p = 0,019$) meaning the education relationship with the perception of carative caring behavior nurses are strongly correlated and positive direction. The direction of a positive relationship means the higher the patient's education, the higher the perception of carative caring behavior.

Self-acceptance variable had the result ($p = 0,029$) meaning that the self-acceptance relationship with the perception of caring carative behavior correlates strongly and the direction is positive which means that the higher the self-acceptance of the patient, the higher the perception on behavior carative caring nurse.

Variable Dependent	Variable Independent	Std. Error	P-value
Carative caring Behavior	Experience	0,465	0,518
	Education	0,242	0,019
	Income	0,550	0,407
	Self-acceptance	0,715	0,029

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* Regression logistic linear statistical analysis

4 DISCUSSIONS

The results of the study showed that there was no relationship between the experience of

hospitalization and the perception of carative nurses. Patients with hospitalized experience was not related to their perception with the carative caring behavior of nurse, although based on demographic data showed that most patients had experience hospitalized. These findings support by (Akin, 2007) that in his research was not find the relationship between experience cared for by nursing care. Patient expectations might vary according to previous experience, patients could compare the treatments they receive at the moment and previously received treatment. The positive or negative experiences received before could be reflect in the care they receive at this time (Karaca & Durma, 2018) (Karaca and Durma, 2018). The more experience hospitalized, the patient will compare with the previous treatment, so it is not always the same as the previous expectations and treatments obtained today (Patiraki et al., 2014).

Level education of respondent was significant with perception on carative caring behaviour of nurses. The number of patients in data demographic showed that majority of respondents had high education. (Laal, 2013) from Iran researched about the patient's perspective on the quality of caring nurses that the level of patient education had significant results on the quality of caring nurses. The high level of education was related to the low quality of caring nurses, while the low level of patient education was related to good caring quality by nurses. Another study that demonstrates the relationship between the level of patient education and caring behavior perception was the researched by (Lumbantobing, Adiningsih, Praptiwi, & Susilaningsih, 2018) where higher education would have a broader understanding. About the needs of satisfactory services that were in terms of communication, nursing care, attitudes, and other concerns, so that someone with high educational characteristics would usually provide a rational response as well as expectations higher than others who have lower education.

Respondent's income had no significant relation to the perception on carative caring of nurses. Respondents have low income which was less than the standard minimum salary of Surabaya and the most patients have a health insurance, so every patient have equal rights and fulfilment of nursing services. Therefore the perception of patients was not significantly affected by low or high patient income. (Karaca & Durma, 2018) showed that there was no relation between income and nursing services. These finding same with researched by (Akhtari-zavare, 2010) that there was

no relationship between patient's family income and all of nursing services, it could happen because the characters in his study was patient who lived in the urban areas, so there was no difference in their expectations, regardless of the income they get low or high. Another study from (Akbulut, 2017) showed that the patient's perception focused on the quality assessment of clinical interactions between patients and nurses, not derived from the patient's income level. The patient's perception focused on the quality assessment of clinical interactions between patients and nurses, not derived from the patient's income level. Research (Akhtari-zavare, 2010) showed that patients with high incomes have received much information and have high expectations, whereas low-income patients tend to be satisfied with any service they received. The Indonesian government has established a National Health Insurance called BPJS. People who used health insurance have the same rights as other communities in obtaining healthcare services (Mailani, et al 2017). Based on the results of the distribution data showed that most patients use BPJS, so they did not think too much about the cost of treatment in hospital, because with the help of BPJS patients can still be hospitalized well.

In this study, significance was found in relation to the self-acceptance. The higher the acceptance of one's self, the higher the perception of carative caring behavior done by nurses. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude towards their lives and would be of higher perception of the care provided by the nurse. These finding similar with researched by (Zefry & Purnama, 2016) who conducted research on social support with self-acceptance which suggests that there was a significant link between social support with the self-acceptance of renal failure patients chronic. RSU Haji's patients mostly have an admission to the condition is very high, because of the support of the family that continues to accompany the patient during treatment. Besides they believed that the disease they suffer is the destiny of God so that they were patient and sincere. The nurses in RSU Haji also always provided support to the patient, listen to the patient attentively, and empathize with the patient's problem so that it can affect the patient to be able to undergo treatment until healed. Caring is also able to improve a person's self-actualization, lowering stress so that individuals can form good self-esteem (Kozier, 2004).

5 CONCLUSIONS

Factors related to the perception of patients on carative caring nurses in RSU Haji Surabaya were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the patient's perception of carative caring nurses..

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Lampiran 5 Bukti Masukan Reviewer 2 (round 2)

FACTORS AFFECTING PATIENT'S PERCEPTION ON NURSE'S CARATIVE-CARING BEHAVIOUR

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Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behaviour of nurse's carative-caring at a government hospital in Surabaya. Method: This study used a cross-sectional design. sample was 100 respondents recruited used purposive sampling technique. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$. Results: The results showed that the patients' perception of carative-caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-care behavior and patients' experience of hospitalization ($p = 0.518$). The same result was found on the relationship between patients' perception and income ($p = 0.407$). Conclusion: Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behaviour of nurses.

Keywords: carative-caring, nurse, patient, perception

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Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the quality of services they provided as an important aspect of service. Nurses caring behaviour has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided (Afaya et al., 2017). A survey conducted in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahriani (2011) which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behaviour, a preliminary study was conducted by researchers; this too shows a lacking in caring behaviour of nurses. Two out of eight patients being investigated perceived nurses' caring behaviour as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status (Nursalam, 2015). Previous studies showed that patient's characteristics can affect the perception of caring (Arief, Ertawati, & Laili, 2017). The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by (Afaya et al., 2017). The Theory of Human Caring (Watson, 2009) underpinning this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

A descriptive with a cross-sectional approach was applied to investigate the research question. This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gain ethics approval from the Faculty of Nursing Universitas Airlangga Ethics Committee No 1440-KEPK in 2019.

This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents,

self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the r value and r table of the product moment. The validity of the questionnaires showed r value $>$ r table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

The CBI-24 was developed initially by Wolf et al (1994) based on Watson transpersonal caring theory and refined by Wu et al (2006) to become CBI-24. The Indonesian version was adopted from Oktapianti (2017). This inventory consisted of 24 items likert scale questionnaire which comprised four subscales: respectful, assurance, connectedness, knowledge and skill. Mean score was calculated and converted into percentage. Mean score of 25%-50% was consider poor, 51%-75% was consider average, and 76%-100% was consider good for perception of nurse caring behavior.

The self-acceptance questionnaire was adopted from Suryani and Mey (2013) that consisted of 5 items likert scale questionnaire measuring three indicators: knowledge about disease, description about disease, and self-acceptance. Score of 1 was gave for strongly disagree, 2 for disagree, 3 for somewhat disagree, score of 4 for agree, and score of 5 for strongly agree. All scores were summed and converted into percentage and interpreted: 25%-50% was interpreted as low, 51%-75% was interpreted as average, and 76%-100% was interpreted as high for self-acceptance.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of linear logistic regression with a degree of significance of $p < 0.05$.

Results

Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally, table 1 informs that 32% of respondents were employed with salary being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%), with an average length of stay in hospital were 3-7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average?? (67%).

Table 1 Respondents' characteristics

Characteristic of respondents	Category	n	(%)
Sex	Male	51	51.0
	Female	49	49.0
Age	17 – 25	20	20.0
	26 – 35	16	16.0

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Table 1 Respondents' characteristics

Characteristic of respondents	Category	n	(%)
Education	35 – 45	10	10.0
	>46	54	54.0
	Elementary	25	25.0
	Junior high	24	24.0
	Senior high	41	41.0
Employment	Bachelor	10	10.0
	Unemployed	6	6.0
	Student	16	16.0
	Housewives	19	19.0
	Civil servant/army	2	2.0
	Employee?	32	32.0
Income	Entrepreneur	16	16.0
	Retirement	9	9.0
	< 3.871.052	68	68.0
	≥ 3.871.052	32	32.0
Health insurance	No insurance	10	10.0
	Insurance	90	90.0
Experience of hospitalization	Yes	55	55.0
	Never	45	45.0
Length of stay in hospital	3 – 7 days	91	91.0
	8 – 14 days	8	8.0
	>2 weeks	1	1.0
	Self-acceptance	Low	1
Perception of nursing caring behavior	Average	9	9.0
	High	90	90.0
	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66 % of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Table 2 Carative caring behaviour

Parameter	Poor % (n=100)	Average	Good
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectfull	-	64	36
Connectedness	-	84	16

Table 3 showed the level education and self-acceptance had a

significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p = 0.019$, st error 0,242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p = 0.029$, st error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Table 3 Carative caring behavior and individual characteristics

Variable Dependent	Variable Independent	Std. Error	P-value
Carative caring Behavior	Experience	0.465	0.518
	Education	0.242	0.019
	Income	0.550	0.407
	Self- acceptance	0.715	0.029

* Regression logistic linear statistical analysis

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had experience hospitalization. These findings support by (Akin, 2007) who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time (Karaca & Durma, 2018; Patiraki et al., 2014).

The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behaviour. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perspection on the quality of caring of the nurses. Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring (Laal, 2013). Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses.

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Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education affects patient's perception in a positive direction (Lumbantobing, Adiningsih, Praptiwi, & Susilaningsih, 2018). Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durma (2018). Karaca & Durma (2018) showed that there was no relation between income and nursing services. This finding similar to the one by Akhtari-zavare (2010) that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut (2017) that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare (2010) showed that patients with higher incomes may received more information and have higher expectations, whereas low-income patients tend to be easily satisfied with service they received.

Lastly, a significant correlation was found between the self-acceptance and the patient's perception of carative caring behaviour. The higher someone's self-acceptance, the higher the perception of nurse's carative caring behavior. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude towards their lives and would be of higher perception of the care provided by the nurse. These finding similar with researched by Zefry & Purnama (2016) who conducted research on social support with self-acceptance which suggested that there was a significant link between social support with the self-acceptance of chronic renal failure patients. Patients included in this study received continuous supports from their family and loved ones during the treatment and their illness trajectory. Moreover, the patients have accepted all the disease and discomfort stemmed from the disease. They had accepted their suffering as the destiny of the God thus they were patience and sincere. The nurses had also provided continuous support to the patients, listen to the patient attentively, and empathize with the patient's problem thus it helped the patients to be able to underwent treatment well. This is support a statement by Kozier that states caring enabled patients to improve a person's self-actualization, lowered stress and enhanced good self-esteem (Kozier, 2004).

Conclusion

Factors related to the perception of patients on nurse's carative caring were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the

patient's perception of nurse's carative caring.

Acknowledgement

Conflict of interests

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FACTORS AFFECTING PATIENT'S PERCEPTION ON NURSE'S
CARATIVE-CARING BEHAVIOUR

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Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behaviour of nurse's carative-caring at a government hospital in Surabaya. Method: This study used a cross-sectional design. Sample was 100 respondents recruited used purposive sampling. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$. Results: The patients' perception of carative-caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-caring behavior and patients' experience of hospitalization ($p = 0.518$) and there was no relationship between patients' perception and income ($p = 0.407$). Conclusion: Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behaviour of nurses.

Keywords: carative-caring, nurse, patient, perception

Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the quality of services they provided as an important aspect of service. Nurses caring behaviour has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided (1). A survey conducted in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahriani (2) which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behaviour, a preliminary study was conducted by researchers; this too shows a lacking in caring behaviour of nurses. Two out of eight patients being investigated perceived nurses' caring behaviour as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status (3). A systematic review of comparative studies concluded that there is no congruence of perception between nurse's caring behavior (4). Previous studies showed that patient's characteristics can affect the perception of caring (5). The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by Afaya et al (1). The Theory of Human Caring by Watson that (6) underpins this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gain ethics approval from the Faculty of Nursing Universitas Airlangga

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This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the r value and r table of the product moment. The validity of the questionnaires showed r value were bigger than r table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

The CBI-24 was developed initially by Wolf et al (1994) based on Watson transpersonal caring theory. The number of items of the CBI questionnaire were reduced from 42 into 24 items by Wu et al (7); it was then refined by Wolf et al (8) to became CBI-24. The Indonesian version was adopted from Oktapianti (9). This inventory consisted of 24 items Likert scale questionnaire which comprised four subscales: respectful, assurance, connectedness, knowledge and skill. Mean score was calculated and converted into percentage. Mean score of 25%-50% was consider poor, 51%-75% was consider average, and 76%-100% was consider good for perception of nurse caring behavior.

The self-acceptance questionnaire was adopted from Suryani and Mey (10) that consisted of 5 items Likert scale questionnaire measuring three indicators: knowledge about disease, description about disease, and self-acceptance. Score of 1 was gave for strongly disagree, 2 for disagree, 3 for somewhat disagree, score of 4 for agree, and score of 5 for strongly agree. All scores were summed and converted into percentage and interpreted: 25%-50% was interpreted as low, 51%-75% was interpreted as average, and 76%-100% was interpreted as high for self-acceptance.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of linear logistic regression with a degree of significance of $p < 0.05$.

Results

Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally, table 1 informs that 32% of respondents were employed with salary

being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3-7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average (67%).

Characteristic of respondents	Category	n	(%)
Sex	Male	51	51.0
	Female	49	49.0
Age	17 – 25	20	20.0
	26 – 35	16	16.0
	35 – 45	10	10.0
	>46	54	54.0
Education	Elementary	25	25.0
	Junior high	24	24.0
	Senior high	41	41.0
	Bachelor	10	10.0
Employment	Unemployed	6	6.0
	Student	16	16.0
	Housewives	19	19.0
	Civil servant/army	2	2.0
	Employ	32	32.0
	Entrepreneur	16	16.0
	Retirement	9	9.0
Income	< 3.871.052	68	68.0
	≥ 3.871.052	32	32.0
Health insurance	No insurance	10	10.0
	Insurance	90	90.0
Experience of hospitalization	Yes	55	55.0
	Never	45	45.0
Length of stay in hospital	3 – 7 days	91	91.0
	8 – 14 days	8	8.0
	>2 weeks	1	1.0
Self-acceptance	Low	1	1.0
	Average	9	9.0
	High	90	90.0
Perception of nursing caring behavior	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66 % of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated

as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Parameter	Poor % (n=100)	Average	Good
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectfull	-	64	36
Connectedness	-	84	16

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p = 0.019$, st error 0,242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p = 0.029$, standard error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Variable Dependent	Variable Independent	Std. Error	P-value
Carative caring Behavior	Experience	0.465	0.518
	Education	0.242	0.019
	Income	0.550	0.407
	Self-acceptance	0.715	0.029

* Regression logistic linear statistical analysis

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had

experience hospitalization. These findings support by Akin (11) who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time (12,13)

The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behaviour. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perception on the quality of caring of the nurses (14). Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring (14). Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses (14). Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education affects patient's perception in a positive direction (15). Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durna (12). Their study showed that there was no relation between income and nursing services. This finding similar to the one by (16) that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut (17) that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare (18) showed that patients with higher incomes may receive more information and have higher expectations, whereas low-income patients tend to be easily satisfied with service they received.

Lastly, a significant correlation was found between the self-acceptance and the patient's perception of carative caring behaviour. The higher someone's self- acceptance, the higher the perception of nurse's carative caring behavior. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude towards their lives and would be of higher perception of the care provided by the nurse. These finding similar with a study on social support with self-acceptance which suggested that there was a significant link between social support with the self-acceptance of chronic renal failure patients by (19). Patients included in this study received continuous supports from their family and loved ones during the treatment and their illness trajectory. Moreover, the patients have accepted all the disease and discomfort stemmed from the disease. They had accepted their suffering as the destiny of the God thus they were patience and sincere. The nurses had also provided continuous support to the patients, listen to the patient attentively, and empathize with the patient's problem thus it helped the patients to be able to underwent treatment well. This is support a statement by Kozier that states caring enabled patients to improve a person's self-actualization, lowered stress and enhanced good self-esteem (20).

Conclusion

Factors related to the perception of patients on nurse's carative caring were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the patient's perception of nurse's carative caring.

Acknowledgement

Conflict of interests

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FACTORS AFFECTING PATIENT'S PERCEPTION ON NURSE'S CARATIVE-CARING BEHAVIOUR

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Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behaviour of nurse's carative-caring at a government hospital in Surabaya. **Method:** This study used a cross-sectional design. Sample was 100 respondents recruited used purposive sampling. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$. **Results:** The patients' perception of carative-caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-caring behavior and patients' experience of hospitalization ($p = 0.518$) and there was no relationship between patients' perception and income ($p = 0.407$). **Conclusion:** Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behaviour of nurses.

Keywords: carative-caring, nurse, patient, perception

Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the quality of services they provided as an important aspect of service. Nurses caring behaviour has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided (1). A survey conducted in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahriani (2) which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behaviour, a preliminary study was conducted by researchers; this too shows a lacking in caring behaviour of nurses. Two out of eight patients being investigated perceived nurses' caring behaviour as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status (3). A systematic review of comparative studies concluded that there is no congruence of perception between nurse's caring behavior (4). Previous studies showed that patient's characteristics can affect the perception of caring (5). The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by Afaya et al (1). The Theory of Human Caring by Watson that (6) underpins this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gain ethics approval from the Faculty of Nursing Universitas Airlangga

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This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the r value and r table of the product moment. The validity of the questionnaires showed r value were bigger than r table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

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Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally, table 1 informs that 32% of respondents were employed with salary

being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3-7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average (67%).

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	Average	9	9.0
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Perception of nursing caring behavior	Poor	0	0.0
	Average	67	67.0
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Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p=0.019$, st error 0.242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p = 0.029$, standard error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

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* Regression logistic linear statistical analysis

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Acknowledgement

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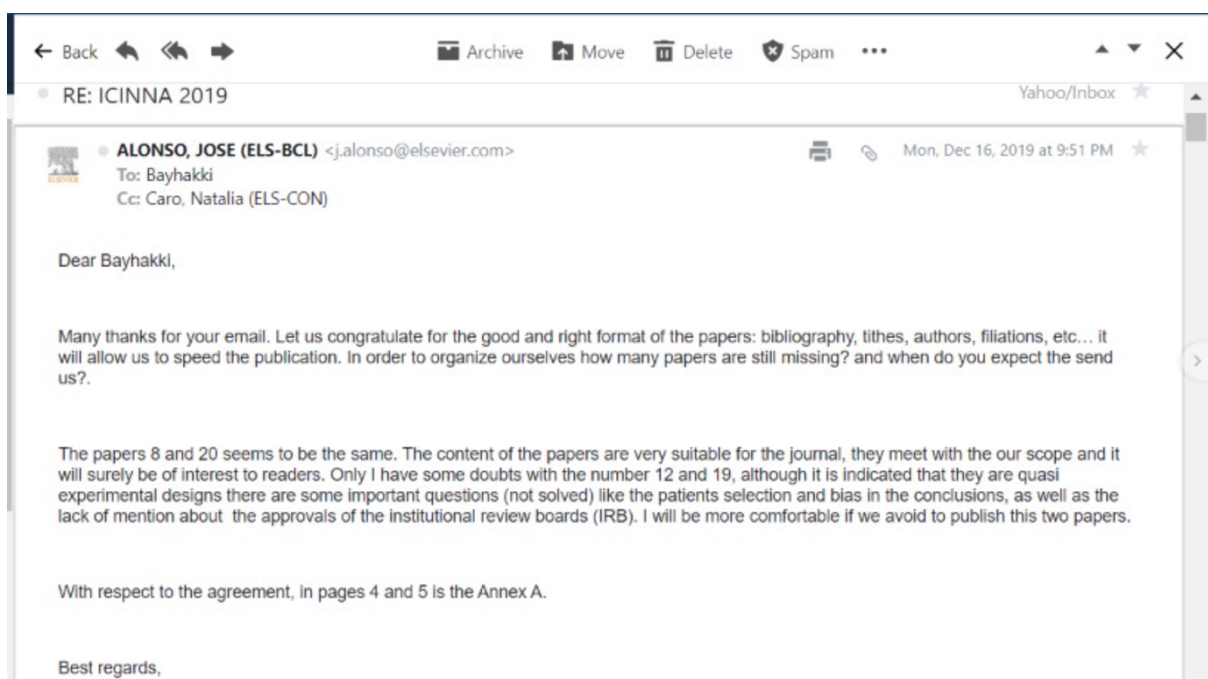
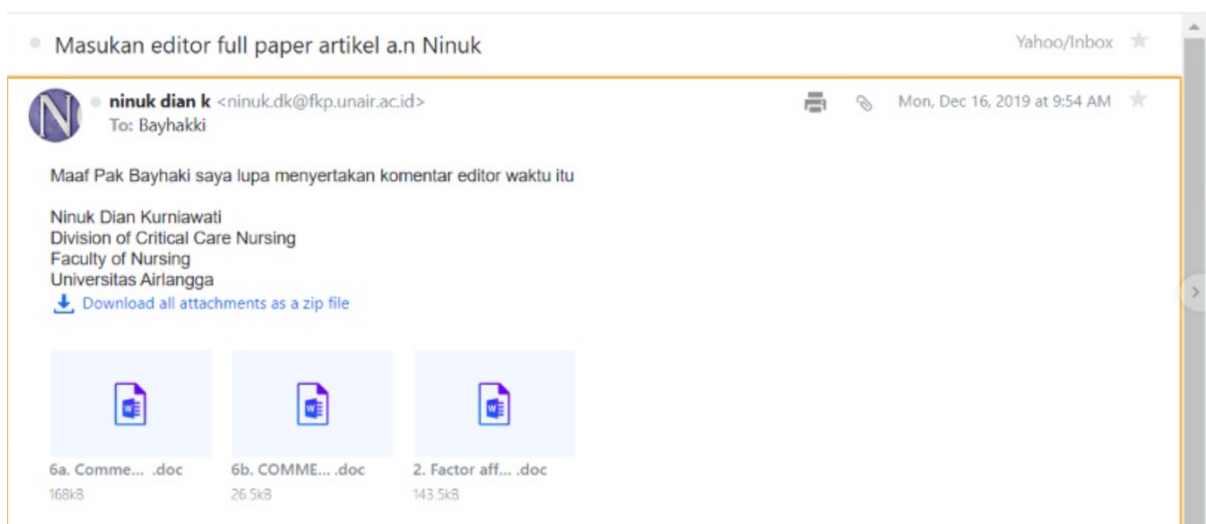
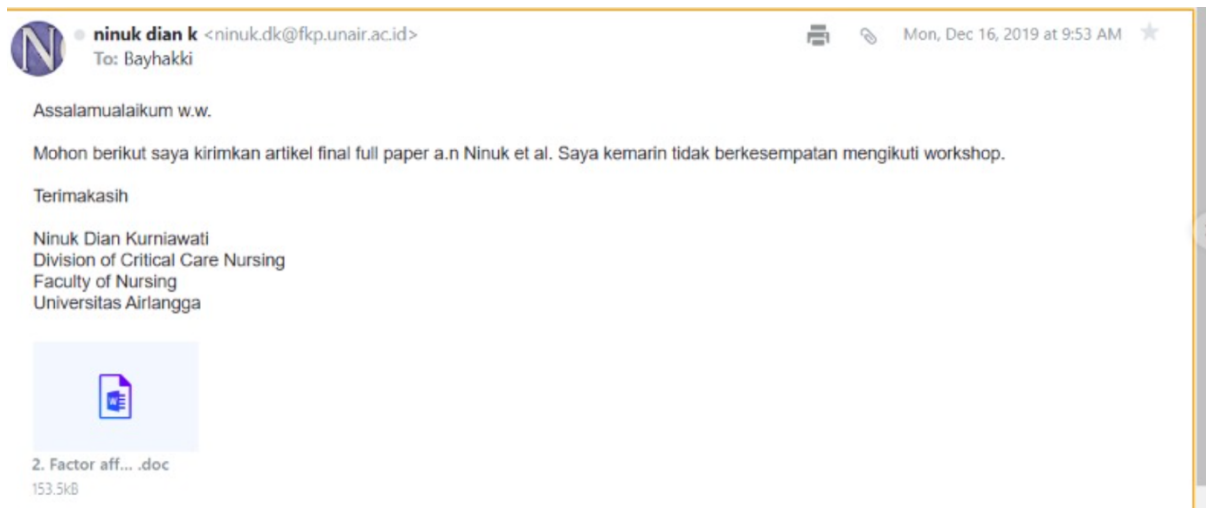
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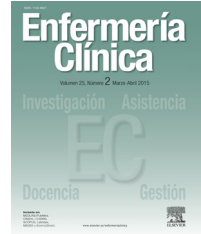
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Factors affecting patient's perception on nurse's carative-caring behaviour

~~Carative-caring behaviour~~

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KEYWORDS

Carative-caring;
Nurse;
Patient;
Perception

Abstract

Objective: This study aimed to analyze factors that influence patient's perceptions of the behavior of nurse's carative-caring at a government hospital in Surabaya.

Method: This study used a cross-sectional design. Sample was 100 respondents recruited used purposive sampling. Data obtained by giving questionnaires to respondents and analyzed using Regression Logistic Linier test with degree of significance of $p < 0.05$.

Results: The patients' perception of carative-caring behavior was influenced by their level of education ($p = 0.019$) and self-acceptance ($p = 0.029$). Interestingly, this study revealed that there was no relationship between patients' perceptions of nurse caring carative-caring behavior and patients' experience of hospitalization ($p = 0.518$) and there was no relationship between patients' perception and income ($p = 0.407$).

Conclusion: Self-acceptance and patient education could affect patients' perceptions of nurse caring behavior. The higher the level of education and self-acceptance, the better patient's perception of carative-caring behavior of nurses.

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Introduction

Industrial revolution 4.0 changes the health-care industry into a lot of extents. These changes have put nurses and the quality of services they provided as an important aspect of service. Nurses caring behavior has become one determinant factors affecting both patient's perception and satisfaction regarding the health service provided.¹ A survey conducted

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in several hospitals in Jakarta, Indonesia showed that 14% of patients were dissatisfied with health services stemmed from poor caring behavior (Indonesian Ministry of Health). A similar result was revealed by a study by Fahriani² which concluded the level of caring of nurses in a hospital in Klaten, Indonesia in a low category (62%). To confirm the problem related to patient's perception about nurse's caring behavior, a preliminary study was conducted by researchers; this too shows a lacking in caring behavior of nurses. Two out of eight patients being investigated perceived nurses' caring behavior as poor, showed by nurses' pay less attention to patient comfort and did not communicate well, resulting in their dissatisfaction.

Perception is a person's description of objects, people and events. Perception differs from one person to another and this depends on experience, background, knowledge and emotional status.³ A systematic review of comparative studies concluded that there is no congruence of perception between nurse's caring behavior.⁴ Previous studies showed that patient's characteristics can affect the perception of caring.⁵ The characteristics of patients including age, gender, religion, marital status, occupation, education, experience treated, and duration of treatment has been examined by Afaya et al.¹ The Theory of Human Caring by Watson that⁶ underpins this study. This theory mentions that ten carative factors reflect the caring behavior of nurses.

The purpose of this study was to analyze factors that influence patients' perceptions of the behavior of nurses' carative caring at a government hospital in Surabaya, Indonesia.

Method

This research was conducted at a government-funded hospital in Surabaya Indonesia, from May to June 2019. The hospital inpatient-population was 14,548, among these patients, 100 patients were recruited by purposive sampling as the sample of the study. This study took place in several wards, comprises of medical, surgical and labor wards. These wards were selected because they were the largest wards, hence, it represented the hospital population.

The protocol of this study was reviewed and gains ethics approval from the Faculty of Nursing Universitas Airlangga Ethics Committee No 1440-KEPK in 2019.

This study included patients with a minimum of two days hospitalization, no history of mental disorders, no cognitive impairment, fully alert, and able to communicate. Instruments used to collect data were: the demographic characteristics of respondents, self-acceptance questionnaire, and caring behavior inventory (CBI)-24. The questionnaires were tested for its validity and reliability to 20 respondents whose characteristics similar to the study population. The validity of the instruments was measured by comparing the *r* value and *r* table of the product moment. The validity of the questionnaires showed *r* value were bigger than *r* table, therefore all items of the questionnaires were valid. The Cronbach alpha for the CBI-24 was 0.91 and for the self-acceptance questionnaire was 0.786, showing that the questionnaires were reliable.

The CBI-24 was developed initially by Wolf et al. (1994) based on Watson transpersonal caring theory. The number

of items of the CBI questionnaire were reduced from 42 into 24 items by Wu et al.⁷; it was then refined by Wolf et al.⁸ to became CBI-24. The Indonesian version was adopted from Oktapianti.⁹ This inventory consisted of 24 items Likert scale questionnaire which comprised four subscales: respectful, assurance, connectedness, knowledge and skill. Mean score was calculated and converted into percentage. Mean score of 25–50% was consider poor, 51–75% was consider average, and 76–100% was consider good for perception of nurse caring behavior.

The self-acceptance questionnaire was adopted from Suryani and Mey¹⁰ that consisted of 5 items Likert scale questionnaire measuring three indicators: knowledge about disease, description about disease, and self-acceptance. Score of 1 was gave for strongly disagree, 2 for disagree, 3 for somewhat disagree, score of 4 for agree, and score of 5 for strongly agree. All scores were summed and converted into percentage and interpreted: 25–50% was interpreted as low, 51–75% was interpreted as average, and 76–100% was interpreted as high for self-acceptance.

Computer programs were used to process the collected data. The analysis of the variables in this study used the statistical test of linear logistic regression with a degree of significance of $p < 0.05$.

Results

Table 1 shows the respondents' characteristics: more than 50 percent of the respondents were males (51%), aged more than 46 years old (54%) and nearly half of respondents being educated at a senior high school level (41%). Additionally, Table 1 informs that 32% of respondents were employed with salary being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3–7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average (67%).

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66% of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p = 0.019$, st error 0.242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring

Table 1 Respondents' characteristics.

Characteristic of respondents	Category	n	(%)
Sex	Male	51	51.0
	Female	49	49.0
Age	17-25	20	20.0
	26-35	16	16.0
	35-45	10	10.0
	>46	54	54.0
Education	Elementary	25	25.0
	Junior high	24	24.0
	Senior high	41	41.0
	Bachelor	10	10.0
Employment	Unemployed	6	6.0
	Student	16	16.0
	Housewives	19	19.0
	Civil servant/army	2	2.0
	Employ	32	32.0
	Entrepreneur	16	16.0
Income	Retirement	9	9.0
	<3.871.052	68	68.0
	≥3.871.052	32	32.0
Health insurance	No insurance	10	10.0
	Insurance	90	90.0
Experience of hospitalization	Yes	55	55.0
	Never	45	45.0
Length of stay in hospital	3-7 days	91	91.0
	8-14 days	8	8.0
	>2 weeks	1	1.0
Self-acceptance	Low	1	1.0
	Average	9	9.0
	High	90	90.0
Perception of nursing caring behavior	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 Carative caring behavior.

Parameter	Poor	Average	Good
	% (n = 100)		
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectful	-	64	36
Connectedness	-	84	16

Table 3 Carative caring behavior and individual characteristics.

Variable dependent	Variable independent	Std. error	P-value
Carative caring behavior	Experience	0.465	0.518
	Education	0.242	0.019
	Income	0.550	0.407
	Self-acceptance	0.715	0.029

* Regression logistic linear statistical analysis.

behavior of the nurses ($p=0.029$, standard error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had experience hospitalization. These findings support by Akin¹¹ who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time.^{12,13}

The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behavior. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perception on the quality of caring of the nurses.¹⁴ Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring.¹⁴ Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses.¹⁴ Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education affects patient's perception in a positive direction.¹⁵ Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durna.¹² Their study showed that there was no relation between income and nursing services. This finding similar to the one by¹⁶ that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut¹⁷ that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare¹⁸ showed that patients with higher incomes may receive more information and have

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210 higher expectations, whereas low-income patients tend to
211 be easily satisfied with service they received.

212 Lastly, a significant correlation was found between the
213 self-acceptance and the patient's perception of carative
214 caring behavior. The higher someone's self- acceptance,
215 the higher the perception of nurse's carative caring behav-
216 ior. Data showed that the most respondents have high
217 self-acceptance. Patients with high self-acceptance have a
218 positive attitude toward their lives and would be of higher
219 perception of the care provided by the nurse. These finding
220 similar with a study on social support with self-acceptance
221 which suggested that there was a significant link between
222 social support with the self-acceptance of chronic renal fail-
223 ure patients by.¹⁹ Patients included in this study received
224 continuous supports from their family and loved ones dur-
225 ing the treatment and their illness trajectory. Moreover,
226 the patients have accepted all the disease and discomfort
227 stemmed from the disease. They had accepted their suffer-
228 ing as the destiny of the God thus they were patience
229 and sincere. The nurses had also provided continuous sup-
230 port to the patients, listen to the patient attentively, and
231 empathize with the patient's problem thus it helped the
232 patients to be able to underwent treatment well. This is
233 support a statement by Kozier that states caring enabled
234 patients to improve a person's self-actualization, lowered
235 stress and enhanced good self-esteem.²⁰

236 Conclusion

237 Factors related to the perception of patients on nurse's carative
238 caring were education and self-acceptance of patients.
239 The experience of hospitalization and income has no relation
240 to the patient's perception of nurse's carative caring.

241 Conflict of interests

242 The authors declare no conflict of interest.

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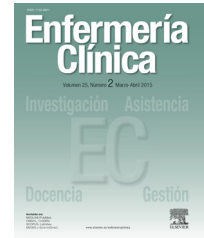
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Factors affecting patient's perception on nurse's carative-caring behaviour[☆]



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Abstract

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Introduction

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Characteristic of respondents	Category	<i>n</i>	(%)
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	Student	16	16.0
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	Civil servant/army	2	2.0
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	Entrepreneur	16	16.0
	Retirement	9	9.0
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Health insurance	No insurance	10	10.0
	Insurance	90	90.0
Experience of hospitalization	Yes	55	55.0
	Never	45	45.0
Length of stay in hospital	3–7 days	91	91.0
	8–14 days	8	8.0
	>2 weeks	1	1.0
Self-acceptance	Low	1	1.0
	Average	9	9.0
	High	90	90.0
Perception of nursing caring behavior	Poor	0	0.0
	Average	67	67.0
	Good	33	33.0

Table 2 Carative caring behavior.

Parameter	Poor	Average	Good
		% (n = 100)	
Assurance	-	66	34
Knowledge and skill	-	69	31
Respectful	-	64	36
Connectedness	-	84	16

Table 3 Carative caring behavior and individual characteristics.

Variable dependent	Variable independent	Std. error	P-value
Carative caring behavior	Experience	0.465	0.518
	Education	0.242	0.019
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Table 1 informs that 32% of respondents were employed with salary being less than the minimum salary standard of Surabaya (68%), the majority of respondents had health insurance (80%). Furthermore, the table shows that more than half of respondents experienced hospitalization (55%) with an average length of stay in hospital were 3–7 days (91%). Respondents had high self-acceptance (90%) and their perception about nurses' caring behavior during the previous hospitalization was average (67%).

Table 2 shows none of the respondent perceived nurse caring behavior in poor category. They rated the ability of nurses to ensure the presence of humanity during the caring process (assurance) as average by 66% of 100 respondents. Likewise, the nurses' ability in demonstrating professionalism (both knowledge and skills) was also rated as average by 69% respondents. The similar finding was also found on nurses' ability to respect someone (respectful) and the nurses' ability to establish a positive relationship (connectedness) as being average by 64% and 84% of respondents, respectively.

Table 3 showed the level education and self-acceptance had a significant relationship with the perception of carative caring behavior. The respondent's level of education showed a correlation with the perception of the nurse carative caring behavior with a positive direction ($p=0.019$, st error 0.242). In other word, the higher the patient's level of education, the higher their perception regarding the nurse's carative caring behavior.

Similarly, self-acceptance also showed a correlation with the patient's perception regarding the carative caring behavior of the nurses ($p=0.029$, standard error 0.715) meaning that the self-acceptance has a relationship with the perception of the nurse's carative caring behavior in a positive direction, indicating that the higher the perception on nurse's carative caring behavior.

Patient's experience about past hospitalization and patient's income showed no significant correlation with patient's perception on nurse's carative caring behavior.

Discussion

The results of the study showed that there was no relationship between the experience of hospitalization and the perception of nurse's carative caring behavior, although based on demographic data, the majority of patients had experience hospitalization. These findings support by Akin¹¹ who found similar finding. One of possible explanation is the patient expectations might vary according to previous experience, patients could compare the present treatments they receive at the moment with the previous treatment. Both positive or negative previous experiences might be compared to the care they received at this time.^{12,13}

The patient's level of education of respondent showed significant correlation with the patient's perception regarding nurse's carative caring behavior. Patient with a higher level of education would have a broader understanding about the needs of satisfactory nursing care, especially nurse's communication, attitudes, and other aspects of nursing care.

This finding differs from that of Laal from Iran who investigated the patient's perception on the quality of caring of the nurses.¹⁴ Laal found that the patient level of education had significant results on their perception on the quality of nurse's caring.¹⁴ Laal concluded that the higher the level of education, the lower the patient's perception regarding the quality of nurse's caring; adversely, the lower the patient's level of education, the better their perception about caring quality of the nurses.¹⁴ Nonetheless, finding of this study is supported by a study that demonstrates the relationship between the level of patient education and perception of nurse's caring behavior which found the level of education affects patient's perception in a positive direction.¹⁵ Someone with a higher level of education usually have higher expectations than others who have lower education, this is not the case in the present study.

Respondent's income had no significant relation to the perception of nurse's carative caring, this shows that the perception of patients was not significantly affected by their income. It is possible due to the respondents of this study were patients who lived in the urban areas, hence, there was no difference in their expectations, regardless of the income. The similar finding was explained by Karaca and Durna.¹² Their study showed that there was no relation between income and nursing services. This finding similar to the one by¹⁶ that also concluded no relationship between patient's family income and nursing services. Another study from Akbulut¹⁷ that found the patient's perception regarding affected by nursing care and the patient-nurse interaction, not derived from the patient's income level. Research by Akhtari-zavare¹⁸ showed that patients with higher incomes may receive more information and have higher expectations, whereas low-income patients tend to be easily satisfied with service they received.

Lastly, a significant correlation was found between the self-acceptance and the patient's perception of carative caring behavior. The higher someone's self-acceptance, the higher the perception of nurse's carative caring behavior. Data showed that the most respondents have high self-acceptance. Patients with high self-acceptance have a positive attitude toward their lives and would be of higher

perception of the care provided by the nurse. These finding similar with a study on social support with self-acceptance which suggested that there was a significant link between social support with the self-acceptance of chronic renal failure patients by.¹⁹ Patients included in this study received continuous supports from their family and loved ones during the treatment and their illness trajectory. Moreover, the patients have accepted all the disease and discomfort stemmed from the disease. They had accepted their suffering as the destiny of the God thus they were patience and sincere. The nurses had also provided continuous support to the patients, listen to the patient attentively, and empathize with the patient's problem thus it helped the patients to be able to underwent treatment well. This is support a statement by Kozier that states caring enabled patients to improve a person's self-actualization, lowered stress and enhanced good self-esteem.²⁰

Conclusion

Factors related to the perception of patients on nurse's carative caring were education and self-acceptance of patients. The experience of hospitalization and income has no relation to the patient's perception of nurse's carative caring.

Conflict of interest

The authors declare no conflict of interest.

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