

RINGKASAN

**MODEL *WORK ENVIRONMENT*, *QUALITY OF NURSING WORKLIFE*
DAN *SELF-CONCEPT* TERHADAP *CARING BEHAVIORS* PERAWAT
DALAM ASUHAN KEPERAWATAN DI RUMAH SAKIT**

Dalam pelayanan kesehatan *Caring* sangatlah penting untuk keperawatan. *Caring* adalah fokus pemersatu untuk praktek keperawatan, *Caring* merupakan interaksi interpersonal. Proses interpersonal tersebut menjadi karakteristik perawat. Sedangkan *Caring Behaviors* adalah Kepedulian dalam pelayanan, dengan memperbaiki dan meningkatkan kondisi atau cara hidup manusia. *Caring Behaviors* mengandung 3 hal yang tidak dapat dipisahkan yaitu perhatian, tanggung jawab, dan dilakukan dengan ikhlas (Wafika 2009). *Caring Behaviors* juga merupakan sikap peduli, menghormati dan menghargai orang lain, artinya memberi perhatian dan mempelajari kesukaan seseorang dan bagaimana seseorang berfikir dan bertindak. *Caring Behaviors* merupakan kepedulian untuk mencapai Asuhan keperawatan yang lebih baik, sehingga pasien merasa puas dengan pelayanan yang diberikan.

Asuhan keperawatan yang diberikan pada pasien, memerlukan ketekunan dan dilakukan secara bertanggungjawab dan tanggung gugat dari berbagai kemungkinan masalah yang dialami pasien, baik masalah kepuasan maupun ketidakpuasan terhadap pelayanan yang diberikan. Berdasarkan data Survei Indeks kepuasan Masyarakat, perawat RSUD Waluyo Jati Kraksaan (IKM 2012), hasil penilaian tentang *Caring Behaviors* Perawat menunjukkan adanya ketidakpuasan pasien rawat inap terhadap layanan keperawatan mencapai 24% kurang berperilaku *Caring*, sedangkan 76 % perawat sudah berperilaku *Caring*.

Organisasi perlu memperhatikan *Quality of nursing work life*, kualitas pelayanan yang diterima oleh pasien berhubungan dengan kualitas kehidupan kerja yang diterima oleh perawat, Ross HJ (2012). Pelayanan kesehatan yang berkualitas dapat dilihat dari perilaku, ataupun keterampilan yang ditunjukkan oleh perawat maupun dokter serta pemberi pelayanan kesehatan lainnya selain dari ilmu yang mereka miliki. Oleh Karena itu perlu menggunakan pendekatan keperawatan dalam asuhan keperawatan, dengan pendekatan *Caring Behavior*.

Pendekatan dimaksud adalah dengan menggunakan konsep dan ilmu yang terkait dengan keperawatan, salah satunya adalah *caring* Watson (2003). *Caring Behavior* yang dikembangkan oleh *Watson's* (2007) yang dikenal dengan *Theory of human Caring* menjadi salah satu teori yang diperlukan untuk meningkatkan *caring behavior* perawat. Sedangkan variabel yang kemungkinan dapat menjadi model diantaranya *Work environment*, *Quality Of Nursing worklife* dan *Self-Concept* perawat.

Tujuan penelitian ini adalah mengembangkan model *Caring behaviors* perawat berdasarkan *Work environment*, *Quality Of Nursing worklife* dan *Self-Concept* perawat dalam Asuhan Keperawatan di Rumah Sakit. Model ini dapat memperbaiki *caring behaviours* perawat dalam melaksanakan asuhan keperawatan pada Klien.

Metode yang digunakan dalam penelitian ini adalah *survey*, yaitu penelitian yang ditetapkan dengan mengambil sampel dari populasi dan

menggunakan kuesioner sebagai instrumen pengumpulan data. Ditinjau dari waktu penelitian ini menggunakan desain *cross-sectional* dengan sifat penelitian yaitu memberikan penjelasan (*explanatory research*). Berdasarkan persepsi responden, yaitu menjelaskan hubungan atau korelasi antara variabel berdasarkan jawaban responden melalui pengujian hipotesis. Dengan tujuan menemukan penjelasan tentang gejala yang terjadi yaitu *Work Environment*, *Quality Of Nursing Worklife* dan *Self Concept* perawat yang digunakan untuk menyusun modul *Caring Behaviors* berbasis pada teori Watson (2007). Pada tahap awal penelitian ini adalah meneliti tentang pengaruh *Work Environment*, *Quality Of Nursing Worklife* dan *Self Concept* perawat terhadap *Caring Behaviors* Perawat dalam Asuhan Keperawatan. Responden dalam penelitian ini adalah 71 perawat dengan rincian 55 perawat Rumah Sakit Umum Waluyo jati kraksaan dan 16 Perawat Rumah sakit Umum Tongas Kabupaten Probolinggo

Variabel bebas yang diteliti adalah *work environment*, *quality of nursing worklife* dan *self concept*. Variabel terikat yang diteliti adalah *caring behaviors*. Instrument yang digunakan adalah kuesioner dan observasi terhadap perawat pelaksana.

Hasil penelitian menunjukkan: 1) Semakin baik *Work environment* Perawat maka semakin baik kondisi *Quality Of Nursing Worklife* di RSUD Kabupaten Probolinggo, 2) Kondisi *Quality of Nursing Work Life* yang baik akan meningkatkan *Caring Behaviors* Perawat dalam Asuhan Keperawatan di Rumah Sakit, 3) Semakin tinggi *Self concept of nurses* maka akan semakin baik *Caring Behaviors* Perawat dalam Asuhan Keperawatan di Rumah Sakit, 4) ditemukan Model Pengaruh *Work Environment*, *Quality of Nursing Work Life* dan *Self-Concept* Perawat Terhadap *Caring Behaviors* dalam Asuhan Keperawatan di Rumah Sakit. Model ini memiliki asumsi bahwa *caring behavior* dalam asuhan keperawatan di rumah sakit dipengaruhi secara langsung oleh variabel *Quality of Nursing Work Life* dan *Self-Concept*. Strategi untuk peningkatan *caring behavior* dalam asuhan keperawatan di rumah sakit dengan memperbaiki *Quality of Nursing Work Life* dan mengembangkan *Self-Concept* perawat.

Temuan baru: Model *Caring Behaviors* perawat adalah terdapat *Self Concept* yang meliputi *Physical, personal, moral, social dan family* hal tersebut didukung hasil diskusi terarah atau *Focus Group Discussion* yang telah dilakukan. Diskusi dan Kesimpulan: *caring behavior* dalam asuhan keperawatan dipengaruhi oleh variabel *Work Environment*, *Quality of Nursing Work Life* dan *Self-Concept*. Strategi untuk peningkatan *caring behavior* dalam asuhan keperawatan di rumah sakit dengan memperbaiki *Quality of Nursing Work Life* dan mengembangkan *Self-Concept* perawat. Penelitian lebih lanjut dapat diterapkan model ini ke dalam perawatan.

SUMMARY

MODEL WORK ENVIRONMENT, QUALITY OF NURSING WORKLIFE AND SELF-CONCEPT OF NURSE CARING BEHAVIORS IN NURSING IN GENERAL HOSPITAL DISTRICT PROBOLINGGO

Caring in health care is very important for nursing. *Caring* is a unifying focus for nursing practice, *Caring* is an interpersonal interaction, interpersonal process has become characteristic of nurses. While *Caring Behaviors* are Concern in service, to improve and enhance the condition or human life. *Caring Behaviors* contains three things that can not be separated, namely attention, responsibility, and performed with sincerity (Wafika 2009). *Caring Behaviors* also an attitude of caring, respect and respect for others, means paying attention and learning preferences someone and how a person thinks and acts. *Caring Behaviors* of concern to achieve a better nursing care, so that patients were satisfied with the services provided.

Nursing care given to patients, requiring perseverance and carried out in an accountable manner and accountability of various possible problems experienced by patients, both problems of satisfaction and dissatisfaction with the services provided. Based on data from community satisfaction index survey, nurses Waluyo Jati Hospital Kraksaan (IKM 2012), Nurses *Caring Behaviors* found the results of the assessment, dissatisfaction inpatients to nursing services reached 24%, less Behave *Caring*, as much as 76% Others Behave *Caring* nurse.

In nursing care, organizations need to consider *Quality of nursing work life*, quality of care received by patients related to the quality of working life is accepted by nurses, HJ Ross (2012). Quality health care can be seen from the behavior, or skills demonstrated by nurses and doctors and other health care providers apart from the knowledge that they have, Hence it is necessary to use the approach in nursing care nursing.

The approach in question is using the concept and knowledge related to nursing, one of which is *caring* Watson (2003). *Caratif* factor based *Watsonâ€™s* (2007) *Theory of Human Caring* become one theory is needed to improve the *behavior caring* nurse. While the variables that could possibly serve as a model among *Work environment*, *Quality Of Nursing worklife* and *Self-Concept* nurse.

The purpose of this research is to develop a model *behaviors Caring* nurse berdsarkan *Work environment*, *Quality Of Nursing worklife* and *Self-Concept* of nurses in nursing care in hospital. By compiling this model can improve *Behaviours caring* nurses in performing nursing care to clients.

The method used in this research is the *survey*, the research determined by taking a sample of the population and the use of a questionnaire as a main data collection instruments. Judging from the time this study using *cross-sectional* design with the nature of the research is to give an explanation (*explanatory research*), based on the perception of respondents, which

explain the causal relationship between variables based on respondents' answers through hypothesis testing. with the goal of finding an explanation of the symptoms that occur are *Work Environment*, *Quality Of Nursing worklife* and *Self Concept* nurses used to compile the module *Caring Behaviors* based on the theory of Watson (2007). In the early stages of this study is to investigate the influence of *Work Environment*, *Quality Of Nursing worklife* and *Self Concept* nurses *Caring Behaviors* for Nurses in Nursing. Respondents in this study are 71 nurses with details of 55 nurses General Hospital Waluyo teak Kraksaan and 16 General Hospital Nurses Tongas Probolinggo

Independent variables were, among others, *work environment*, *quality of nursing worklife* and *self concept*. The dependent variable studied is *caring behaviors*. The instrument used was a questionnaire and observations of nurses.

The results show *Work Environment* influence on *Quality Of Nursing worklife*, *Work Environment* influence on *Caring Behaviors*, *Quality Of Nursing worklife* effect on *Caring Behaviors* Nurse, *Quality Of Nursing worklife* affect the *Self concept* Nurses, *Self Concept* has an influence on *Caring Behaviors* Nurses and *Quality Of Nursing worklife* and *Self-Concept* *Caring* nurse affect the *behaviors* of nurses in nursing care.

The study's findings: 1) Getting Better *Work environment* Nurse the better conditions *Quality Of Nursing worklife* in hospitals Probolinggo, 2) Conditions *Quality of Nursing Work Life* Good will increase the *Caring Behaviors* Nurses in Nursing at the Hospital, 3) Higher *Self concept of nurses*, the better *Nurses Caring Behaviors* in Nursing at the Hospital, 4) found the Model Effects of *Work Environment*, *Quality of Nursing Work Life* and *Self-Concept* Against *Nurses Caring Behavior* in Nursing at the Hospital. This model assumes that the *caring behavior* in nursing care in hospital are directly affected by the variable *Quality of Nursing Work Life and Self-Concept*. The strategy for improving *caring behavior* in nursing care in hospitals by improving the *Quality of Nursing Work Life and Self-Concept* nurse.

The new findings: Model *Caring Behaviors* nurses is contained *Self Concept* that includes *Physical, personal, moral, social and family* it is supported by the results of the discussion focused or *Focus Group Discussion* has done. Discussion and Conclusion: *caring behavior* in nursing care is affected by the variable *Work Environment Quality of Nursing Work Life and Self-Concept*. Strategies to increase the *caring behavior* of nursing care in hospitals by improving the *Quality of Nursing Work Life and Self-Concept* nurse. Further research can be applied this model to the treatment.

ABSTRAK

Introduksi: *Caring Behaviors* merupakan sikap peduli, menghormati dan menghargai orang lain, artinya memberi perhatian dan mempelajari kesukaan seseorang dan bagaimana seseorang berfikir dan bertindak. Perilaku *Caring Perawat* ditemukan hasil penilaian, ketidakpuasan pasien rawat inap terhadap layanan keperawatan mencapai 24%, tidak perilaku *Caring* (IKM 2012) Dari data yang telah diperoleh bahwa *Caring behaviors* perawat dalam Asuhan keperawatan di rumah sakit masih belum optimal. **Tujuan:** Tujuan penelitian ini untuk mengembangkan model *Work environment*, *Quality Of Nursing worklife* dan *Self-Concept* perawat terhadap *Caring behaviors* perawat dalam Asuhan Keperawatan di Rumah Sakit. **Metode :** Desain dalam penelitian ini adalah *survey*, dengan menggunakan desain *eksplanatory*, menggunakan kuesioner dan observasi terhadap perawat pelaksana, Sampel yang digunakan yaitu 71 perawat dengan rincian 54 perawat Rumah Sakit Umum Waluyo jati kraksaan dan 17 Perawat Rumah sakit Umum Tongas Kabupaten Probolinggo. Variabel Penelitian ini terdiri dari *variabel eksogen* yaitu *work environment*, *quality of nursing worklife*, dan *self concept* dan *variabel endogen* yaitu *caring behaviours* perawat. Penelitian ini. Analisis data dengan Menggunakan *Smart PLS*. **Hasil Dan Pembahasan:** Hasil penelitian menunjukkan bahwa 1) Semakin baik *Work environment* Perawat maka semakin baik kondisi *Quality Of Nursing Worklife*, 2) Kondisi *Quality of Nursing Work Life* yang Baik Mampu meningkatkan *Caring Behaviors* Perawat dalam Asuhan Keperawatan di Rumah Sakit, 3) Semakin tinggi *Self concept of nurses* maka semakin baik *Caring Behaviors* Perawat dalam Asuhan Keperawatan di Rumah Sakit, 4) ditemukan Model Pengaruh *Work Environment*, *Quality of Nursing Work Life* dan *Self-Concept* Perawat Terhadap *Caring Behavior* dalam Asuhan Keperawatan di Rumah Sakit. Model *Caring Behavior* berdasarkan *Work Environment*, *Quality of Nursing Work Life* dan *Self-Concept* Perawat dalam Asuhan Keperawatan di Rumah Sakit sangat diperlukan untuk perawat. **Diskusi:** Strategi untuk peningkatan *caring behavior* dalam asuhan keperawatan di rumah sakit dengan meningkatkan *Quality of Nursing Work Life* dan *Self-Concept* perawat. Temuan baru: Model *Caring Behaviors* perawat adalah terdapat *Self Concept* yang meliputi *Physical*, *personal*, *moral*, *social* dan *family*. *caring behavior* dalam asuhan keperawatan dipengaruhi oleh variabel *Work Environment*, *Quality of Nursing Work Life* dan *Self-Concept*.

Kata kunci: *Work Environment*, *Quality Of Nursing worklife*, *Self concept*, *Caring Behaviors*

ABSTRACT

Introductions: *Caring Behaviors* an attitude of caring, respect and respect for others, it means to give one's attention and learning preferences and how a person thinks and acts. Behavior *Caring* nurse found the results of the assessment, dissatisfaction inpatients to nursing services reached 24%, not the behavior of *Caring* (IKM 2012) From the data that has been obtained that *Caring behaviors* of nurses in nursing care in hospitals is still not optimal. **Purpose:** The purpose of this study was to develop a model *Work environment, Quality Of Nursing worklife* and *Self-Concept* nurses on *Caring behaviors* of nurses in nursing care in hospital. **Methods:** The design of this research is a *survey*, using designs *explanatory*, using questionnaires and observations of nurses, samples used ie 71 nurses with details of 54 nurses General Hospital Kraksaan and 17 General Hospital Nurses Tongas Probolinggo. This study consists of a variable *exogenous variables* that *work environment, quality of nursing worklife, and self-concept* and *endogenous variables* that *Behaviours caring* nurse. This research. *Smart Data Analysis Using PLS.* **Results and Discussion:** The results showed that 1) The better *Work environment* Nurse the better conditions *Quality Of Nursing worklife*, 2) Conditions *Quality of Nursing Work Life* Better Able to increase the *Caring Behaviors* Nurses in Nursing at the Hospital, 3) The higher the *self concept of nurses*, the more Good Nurses *Caring Behaviors* in Nursing at the Hospital, 4) found the Model Effects of *Work Environment, Quality of Nursing Work Life and Self-Concept* Against Nurses *Caring Behavior* in Nursing at the Hospital. *Caring Model Behavior* by *Work Environment, Quality of Nursing Work Life and Self-Concept* Nurses in Nursing at the Hospital indispensable for nurses. **Discussion:** Strategies for improving *caring behavior* in nursing care in hospitals by improving the *Quality of Nursing Work Life and Self-Concept* nurse. The new findings: Model *Caring Behaviors* nurse is there covering *Physical Self Concept, personal, moral, social and family.* *caring behavior* in nursing care is affected by the variable *Work Environment, Quality of Nursing Work Life and Self-Concept.*

Keywords: *Work Environment, Quality Of Nursing worklife, Self concept, Caring Behaviors*