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CARING BEHAVIORS NURSE BASED ON QUALITY OF NURSING WORK LIFE AND SELF-CONCEPT IN NURSING NURSES IN HOSPITAL

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ABSTRACT

Background and Objectives: *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*, From the data that has been obtained that *Caring behaviors* of nurses in nursing care in hospitals is still not optimal. The aim in this research was to develop a model of *Caring behaviors* Based *Quality Of Nursing worklife* and *Self-Concept* of nurses in nursing care in hospital.

Methods: The method used was *a survey,* using designs *explanatory,* using questionnaires and observations of nurses, samples used were 71 nurses Hospitals in Probolinggo. This study consists of a variable*exogenous variables,* namely *nursing quality of worklife, and self-concept* and *endogenous variables* that *Behaviours caring* nurse. This research. UsingData Analysis *Smart PLS.*

Findings: The results showed that 1) *Quality Of Nursingworklife* effect on *Caring Behaviors,* 2) *Quality Of Nursing worklife* effect on *Caring Behaviors* Nurses, 3) *Quality Of Nursing worklife* affect the *Self-Concept* Nurses, 4) *Self-Concept* has an influence on *Caring Behaviors Nurse, 5) Quality Of Nursing worklife* and *Self-Concept Caring* nurse affect the *behaviors* of nurses in nursing care. *Caring* Model *Behavior* based *Quality of Nursing Work Life and Self-Concept*Nurses in Nursing at the Hospital indispensable for nurses.

Conclusions: Strategies to increase the *caring behavior* of nursing care in hospitals by improving *the Quality of Nursing Work Life and Self-Concept* nurse. The new findings: Model *Caring Behaviors Self-Concept* nurse is there covering *Fhysical, personal, moral, social and family. Caring behavior* in nursing care is influenced by variables *Quality of Nursing Work Life and Self-Concept.*

INTRODUCTION

Caring is important to nursing. *Caring* is a unifying focus for the practice of nursing, *caring behavior* is a concept inherently difficult to do, but it is very important that staff health explore what is of concern *(caring),* in order to better understand what good treatment, User health experience and the results, and how fix, *Caring* is an interpersonal interaction, *caring* is an interpersonal process that characterize expert nurses. *Caring* behavior is also very important for growth and development, improve and enhance the human condition or way of life. *Caring* contains three things that can't be separated, namely attention, responsibility, and performed with sincerity, Wafika (2009) *Caring* behavior is also 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. Provide care *(Caring)* is simple, not just an emotional feeling or behavior is simple, because *caring* Behavior is a concern to achieve better care, so that patients were satisfied with the services provided At an organization of health services such as hospitals, *Quality of Nursing work Life* (QWL) described as strengths, motivate and

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increase the productivity of the employees in the work environment in the organization, Dargahi (2007), *Quality of Nursing Work Life* is a management approach continuously directed at improving the quality of work.

The quality in question is the ability to produce goods or services, which are marketed and how to provide continuous service are always tailored to the needs of consumers, so that the goods and services produced is able to compete and won the market. Program *Quality of Nursing Work Life* basically looking for ways to improve the quality of life and create jobs, better or achieving high performance, Kheradman *et al,* (2010) Seeing these conditions, or *Caring* Nurses *Caring* Behaviors *behaviors* of patients is still lacking, and ultimately affect patient satisfaction, according Azizi *et al.* (2012) the behavior of the nurse *caring* for the patient can give patient satisfaction, so that patients feel cared for, feel comfortable and safe.

Therefore, the organization should pay attention. *Quality of nursing work life,* quality of care received by patients related to the quality of working life is accepted by nurses, Ross (2012). This is overall the responsibility of the organization, but because nurses are the most frequent contact with patients, twenty-four hours a day, so it is necessary to focus on *the Quality of Work Life* nurse. 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., Watson (2003) stressed that of all the above elements, Behaviors is the most important in service quality due to the relationship between health providers is a factor that affects the healing process of the client.

Moreover, the nursing profession which is the spearhead of the health service itself. Nurses need to interact and provide direct nursing care, according to the science of nursing has. Implications for the health or the health care system. This is consistent with the ultimate goal of nursing, which helps clients achieve health potential fully. In helping clients achieve fully the potential health nurses should have a holistic approach. In this study objective to be achieved is *caring behaviors* Develop models based *Quality of nursing worklife* and *Self-Concept* nurse at the hospital.

MATERIALS AND METHODS

This study uses *survey* research methods, 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). The approach used was a *cross sectional study.* In the early stages of this study is to examine the influence, *Quality Of Nursing worklife* and *Self-Concept* nurses *Caring Behaviors* for Nurses in Nursing Hospital.

RESULTS AND DISCUSSION

Here are the results of research that started from the first step displays the description and the next is the analyst models, respondents drawn as many as 71 nurses at the two hospital administration, as in the following Table: Table 1 shows that *the Quality of Nursing Work Life* Nurses in hospitals Waluyo Jati Kraksaan Probolinggo and hospitals Tongas Probolinggo felt quite, quality of work life of nurses affected by the condition can be seen feel enough for the conditions *of work life dimentions,* was enough for the conditions of *work design dimentions,* was enough for the conditions of *work context dimensions,* 37 nurses (52.11%) was enough for the *work* conditions of *world dimension.* The standout was the condition of worklife dimensions and Work World Dimension can affect the quality of work life of nurses

Table 2 shows that the *Self-Concept of nurses* in hospitals Waluyo Jati and hospitals Tongas Kraksaan Probolinggo Probolinggo still felt weak, weak condition of Self-Concept is very much influenced by the condition that 45 nurses (63.38%) feel weak for *physical conditions,* 59 nurses (83.09%) feel weak for *moral condition,* 59 nurses (83.09%)

Table 1. Variable Frequency Distribution and Sub Variable *Quality of Nursing Work Life* Nurse

No.	Variable *Quality of Nursing Work Life* (X2)	Category						Total	
		Good		Enough		Less			
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)
1	*Work Life Dimentions*	11	15.49	56	78.87	4	5.63	71	100
2	*Work Design Dimentions*	5	7.04	48	67.61	18	25.35	71	100
3	*Work Context Dimentions*	5	7.04	48	67.61	18	25.35	71	100
4	*Work World Dimension*	11	15.49	37	52.11	23	32.39	71	100

Table 2. Variable Frequency Distribution and sub-variables *Self-Concept of Nurses* Nurses

No.	Variable *Self-Concept of Nurses*(X3)	Category				Total	
		Strong		Weak			
		(f)	(%)	(f)	(%)	(f)	(%)
1	*Physical*	26	36.62	45	63.38	71	100
2	*Moral*	12	16.91	59	83.09	71	100
3	*Personal*	12	16.91	59	83.09	71	100
4	*Social*	25	35.21	46	64.79	71	100
5	*Family*	9	12.68	62	87.32	71	100

feel weak for *personal condition,* 46 nurses (64.79%) feel weak for *the social* conditions and 62 nurses (87.32%) feel weak for *family* conditions.

2.510 (T count> 1.96). So H1 accepted which means the *quality of nursing work life* affect the nurse *caring behaviors.*

Table 3. Distribusi Variable Frequency and Table 3 Sub Variables Nurses *Caring Behaviors* in Hospital

No.	*Caring Behavior* (Y)	Category						Total	
		Good		Enough		Less			
		(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)
1	*Humanism*	7	9.86	36	50.70	28	39.44	71	100
2	*Faith-Hope*	10	14.08	51	71.84	10	14.08	71	100
3	*Sensitivity*	4	5.63	9	12.68	58	81.69	71	100
4	*Trust*	14	19.72	19	26.76	38	53.52	71	100
5	*Expressions*	22	30.99	38	53.52	11	15.49	71	100
6	*Problem Solving*	4	5.63	38	53.52	29	40.85	71	100
7	*Teaching*	14	19.72	42	59.15	15	21.13	71	100
8	*Support*	8	11.27	41	57.75	22	30.98	71	100
9	*Human need*	9	12.68	40	56.34	22	30.98	71	100
10	*Existential*	22	30.99	35	49.28	4	5.63	71	100

Table 4. Coefficient Parameter Path to Construct Latent Effects of Direct and Indirect Between Variables

No.	Causality relationships directly and not directly between exogenous and endogenous	*Line parameter coefficient*	*Sample Mean (M)*	*Standard Error*	*Value T-Statistics*	Description
1	Effect of *Quality of Nursing Work Life (QNWL)* against*Caring Behavior*	0,014	-0.388	0.228	2,510	Sign
2	Effect of *Quality of Nursing Work Life (QNWL)* against *Self-Concept*	0,001	-0.343	0.102	3.346	Sign
3	Influence of *Self-Concept* of the*Caring Behavior*	0.024	-0.261	0,115	2,305	Sign

Table 3 shows that the nurse *caring behaviors* in Probolinggo East Java felt pretty, caring behavior is shown by the nurses are affected by this condition can be seen from 36 nurses (50.70%) was enough for the conditions of *humanism,* 51 nurses (71.84%) was enough for the condition of *faith-hope,* 58 nurses (81.69%) feel less *sensitivity* to *conditions,* 38 nurses (53.52%) felt less for conditions *trusts,* 38 nurses (53.52%) was enough for the condition *expressions,* 38 nurses (53.52%) was enough for the conditions of *problem solving,* 42 nurses (59.15%) was enough for the conditions *of teaching,* 41 nurses (57.75%) was sufficient to *support conditions,* 40 nurses (56.34%) was enough for the condition of *human need,* 35 nurses (49.28%) was enough for the *existential condition.* So the condition that there can be properly maintained and is one indicator that nursing care should have a relevant basis with activities conducted by nurses.

Here are the results of the coefficient parameters of the path to the PLS analysis obtained by weighting *inner models* by first looking niai T-statistics through the procedure *bootstrap standard error* by the calculation *software Smart PLS version 3.0.* The size of *the reflective individual* is said to be valid if it has a correlation *loading (cross loading)* to *construct latent variables* were measured â ‰ ¥ 5% or the value of T-statistics must be greater than 1.96 (two-party test) at the level of significance of Î ± = 5%. If one of the indicators have a loading value <0.5 or statistical value <1.96 then these variables do not affect each other.

H1 Hypothesis 1: *Quality of nursing worklife* affect the nurse *caring behaviors.*

Table 4 shows the influence of *nursing quality of worklife* for nurses *caring behaviors* with the value of the T-statistic of

Hypothesis H1.2: *quality of nursing worklife* affect the *Self-Concept* Nurses.

Table 4 shows the influence of *nursing quality of worklife* for nurses *Self-Concept* with the value of the T-statistic of 3.346 (T count> 1.96). So H1 accepted which means that the *quality of nursing worklife* of nurses affect the *Self-Concept.*

Hypothesis H1.3: *Self-Concept* nurses affect the nurse *caring behaviors.*

Table 4 shows the influence *Self-Concept* Nurses to the nurse *caring behaviors* with T-statistic values of 2.305 (T count> 1.96). So H1 accepted meaning *Self-Concept* nurses affect the nurse *caring behaviors.*

This is consistent with the concept proposed by Pallas and Bauman (2004) that one of the factors that affect large enough to nurse *caring behaviors* that *quality of nursing worklife* which is a condition that is balanced between by internal factors and external factors. The internal factor is an environmental condition of nurses who come from individuals and organizations nurses were divided into four parts:

- *Individual factors* or individual factors, including life at work and at home, staffing, schedule of services, care services and the half-life in work, the needs of the individual, work and career goals, the value of life.
- *Social and environmental* include role status, management, model of decision-making, communication, inter-professional relationships, and relationships between departments, career development, organizational factors, and environmental factors.
- *Operational factor* or operational factors include setting work, workload, workflow, service schedules, work

arrangements, improvement of knowledge, technology and equipment as well as the support material.
- *Administrative factor* or factors of the administration, including the promotion of careers, salaries and gains, performance assessment, recruitment program.

While external factors are conditions of the quality of work life of nurses who come from outside the organization nurse. Which is divided into three sections covering (1) *patient demand on system* demands on the health system, (2) *health care policy* or health policy, (3) *labor market* nursing labor market. By synergetic internal and external components can realize the shape of the positive behavior of the nurse, the behavior in question is *caring* behavior or *caring behavior*. This form of caring behaviors of nurses towards patients (CHS or *Community Health Service,* 1989) is comprised of (1) As a giver nursing care. The role of the nurse can be done by taking into account the state of the required basic human needs through the provision of nursing care using the nursing process to determine which nursing diagnoses to be planned and implemented appropriate measures in accordance with the level of basic human needs, then be evaluated for its development.

Nursing care is carried out from simple to complex. (2) As an *advocate.* This role is performed nurses to help patients and families in interpreting a variety of information from the service provider or other information in particular in making approval of nursing actions that are given to the patient, can also serve to maintain and protect the rights of patients which includes the right on the best service, the right to information about the disease, the right to self-determination and the right to compensation as a result of negligence. (3) As an *educator*. This role performed by assisting the patient in raising the level of knowledge of health, symptoms and actions are given, resulting in changes in the behavior of patients after health education. (4) As the coordinator. This role is carried out by directing, plan and organize the health services of the health care team so that health care providers can be directed and in accordance with the needs of the patient. (5) As a collaborator.

The role of nurses because nurses work here is done through a health team consisting of doctors, physiotherapists, nutritionists and others to attempt to identify the nursing services required include discussion or exchange opinions in determining the shape of the next service. (6) As a consultant. Role here is as a consultation on the issue or nursing action is appropriate destination. This role is carried out at the request of the patient to information concerning the purpose of nursing services provided. (7) As a reformer. Role here can be done by conducting planning, cooperation, systematic and purposeful change in accordance with the method of administration of nursing services.

Quality of Nursingworklife is a level where the nurses are satisfied and able to meet the personal needs and balance through their experience of working to bring success to the purpose of the organization (Brooks and Anderson 2004). In the conceptual model of comprehensive, for the work environment health, especially nurses, showed that the work environment of nurses as a result of a process of interaction and interrelated between individual, organizational and external factors of mutual support, which focuses on the goal of providing the best for nurses as health care providers , which affects the patient or client and the service system, as its primary purpose so that the need for good interaction between the individual and the environment, especially where nurses work. It can be concluded that the quality of *nursing worklife* displayed by a nurse effect on themselves and their surroundings in the form of appropriate *Self-Concept* as a nurse. With its good quality of life as a nurse both in terms of working conditions, wages earned and supportive work environment so that it can influence the how nurses perceive themselves worthy or not as a nurse.

Self-Concept is part of the components that can affect the condition of *caring behavior* nurses, *self-concept* is the ability of nurses can menkondisikan herself as a nurse to take advantage of the potential that exists in itself (physical, psychological, social, spiritual) so that the nurse can also influence the maximum in patient care or in other words with a good concept of self-nurses will better the nurse's *caring behavior*.

Self-Concept is composed of: 1) Academic self-concept, 2) *Non Academic self-concept* (social, emotional, *Self-Concept* phisikal) Shavelson *et al*. (1982) According to Arthur (2006), self-concept is our perception of all aspects of the self that cover physical, social, and psychological aspects, which are based on experiences and interactions with others. *Self-Concept* components, amongothers: (1) *Physical,* (2) *Moral,* (3) *Personal,* (4) *Family* (5) *Social* (Fitt and Warren, 1996).

Conclusion

Quality of nursing work life has a significant impact on the nurse's *Self-Concept.* The results showed *Quality of nursing work life* less impact on the weak *self-concept* nurses. Components of *Self-Concept* nurses, among others, *physical,* moral, personal, *social,* and *family.* The strategy for improving *Self-Concept* nurses by improving the *quality of nursing work life* among others through increased participants (involvement of nurses, patients, policy makers), *job design* (redesign scope work according to the capacity), *team building* (maximize cooperation among team members). *Self-Concept* has a significant impact on the nurse *caring behaviors*. Results showed a weak *self-concept* have an impact on the lack of nurse *caring behaviors.* The condition can be a nurse *caring behaviors humanist* (humanity), *faith-hipe* (instill confidence and trust), *sensitivity (social sensitivity), trust (confidence), expressions* (expressing *feelings), problem solving* (solving *issues), teaching (learning), support (support), human need* (human needs), *existential (existence).*

The strategy for improving *caring behavior* of nurses based on the improvement of *Self-Concept* nurses include: an increase in positive self-concept and learning about self-identity, illustration and self-esteem as a nurse. *Quality of Nursing work life* and *Self-Concept Caring* nurse has an influence on the *behaviors* of nurses in nursing care. The discovery of Model *Quality of Nursing Work Life and Self-Concept* Against Nurses *Caring Behavior* in Nursing at the Hospital.

Authors' Contributions

NH designing research and contribute to Conduct Survey data analysis, interpretation of results and manuscript preparation. TS involved in data analysis, interpretation of results and revision of the manuscript, collecting data. AY contribution to the preparation of the manuscript. All authors read and approved the final manuscript.

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