Nurse Caring With The Swanson Theory Approach And Patient Satisfaction In Class 3 Inpatient Room

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None to declare.

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Ethical approval has been obtained from the Ethics Committee under reference number No.012.02/E.01/KEPK-BTH/III/2023. During research, researchers apply the principles of research ethics, namely information to consent, beneficence, respect for human rights, and non-maleficence. Before the research begins, the researcher provides an informed consent sheet and the respondent signs an agreement to participate in the research.

Patient consent for publication:

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ABSTRACT

Patient satisfaction is crucial in nursing services and could be influenced by nurses' caring behavior. This study aimed to know the relationship between Swanson's caring nurse approach and patient satisfaction in the 3rd-grade inpatient room. This quantitative descriptive research employed an explanatory survey with a cross-sectional approach. Purposive sampling is a sampling technique used in research, with a total of 73 participants. Data analysis was conducted using the chi-square test, and data were collected using an instrument. The results indicated that 47 people (64.4%) of respondents perceived that nurses' caring behavior was not good. Specific indicators revealed that maintaining belief was not good for 39 respondents (53%), knowing well for 53 (73%), being with less good for 45 respondents (62%), doing for less good for 48 respondents (66%), and enabling less good for 49 respondents (67%). Regarding patient satisfaction, 43 people (58.9%) expressed being quite satisfied. Bivariate analysis demonstrated a significant relationship between caring nurses and patient satisfaction, with a p-value of 0.000 or $p < 0.05$. It was recommended that nurses in the inpatient room incorporate improvements in caring behavior into nursing planning and goals. Policies related to the obligation of providing caring actions should be established to enhance patient satisfaction. Nurses were encouraged to consistently apply caring principles, including maintaining belief, knowing, being with, doing for, and enabling, to ensure patients were satisfied with their care experience.

Keywords: Caring, Patient Satisfaction, Nurse

INTRODUCTION

Patient satisfaction is one of the most important factors for evaluating the quality of nursing services among nurses in hospitals[1]. Nurses' caring behavior is an important factor in

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nursing services because caring behavior is closely related to human relationships and greatly influences the quality of service and patient satisfaction[2–4]. Caring behavior, empathy, compassion, and gentle communication will create a therapeutic relationship between nurses and clients. In this way, patients feel comfortable, so that stress will be reduced and patient satisfaction can increase, in reality the caring behavior of nurses is still not optimal so it has an impact on patient satisfaction[5,6].

Caring is the main point in nursing action, this refers to several things such as discipline, knowledge, and professional practice[7]. Nursing scholars expressed the opinion that nursing practice must be based on caring. The theory is accepted that caring is the core of a nurse's role. Furthermore, it has been defined that caring is the absolute identity of nursing[8]. It is appropriate for a nurse in carrying out nursing practice duties to view caring as their role and identity[9].

However, some studies report that nurses have not implemented caring behavior well. A study conducted in hospitals nationwide showed that 35.1% of nurses do not provide health information to patients[10]. A study shows that about 10-30% of general hospital nurses rate the quality of care in hospitals as low and up to 50% feel that the quality of patient care has deteriorated[11]. The results of research related to patient satisfaction found that some patients (50.0%) expressed dissatisfaction with nursing services[12]. Meanwhile, data on nurses' caring behavior. Based on the results of several studies, 32% of patients are still dissatisfied with the caring behavior of nurses in eutopia[2], while research in Indonesia as many as 66.7% said they were dissatisfied with nurses' caring behavior[13].

Caring is a form of nurse concern for clients as a form of attention, appreciation, and being able to meet their needs[14,15]. Proper nurse caring behavior allows nurses to demonstrate their professional competence to patients. Other studies show factors influencing nurse caring behavior where the care environment, staffing is low, and support for nurses in the work environment[2,16]. When nurses and patients interact in nursing actions and care, caring behavior

occurs. For better outcomes nurses have a professional responsibility to provide high quality nursing interventions to patients. Nurses' caring behavior will influence the quality of service and also impact patient satisfaction; If patients are satisfied with the quality of service, they will come back to the hospital again[2,17]. Caring behavior, empathy, compassion and gentle communication will form harmonious interpersonal relationships between patients and nurses[18,19]. Caring is a fundamental aspect of various nursing theories. Caring behavior according to Swanson can be seen from the five dimensions of Caring, namely maintaining confidence (maintaining confidence in events or transitions and seeing them full of wisdom), knowing (trying hard to understand the meaning of events in other people's lives), being together (showing feelings of empathy for others), doing for (working/doing something for others such as for themselves) and enabling (facilitating others in transition)[20].

According to Swanson's theory caring is holistic nursing which is useful for supporting the client's healing process and a way of establishing a caring relationship with the client and taking responsibility for the client's condition[21]. The caring behavior of nurses in class III rooms tends to be less than optimal because the number of patients is not balanced with the number of nurses. So nurses' caring behavior is closely related to patient satisfaction. Therefore, this study aimed to know the relationship between Swanson's approach to nurses' caring behavior with patient satisfaction in the class 3 inpatient room.

METHODS

Research Design

The research design employed in this study was a descriptive correlational design, utilizing a cross-sectional approach.

Study Participants

The study employed purposive random sampling to select a total of 73 respondents who were privately hospitalized in one of the hospitals located in the West Java region. Purposive sampling is carried out by selecting samples based on certain criteria that are appropriate to the research topic. The inclusion criteria pertain to patients who receive treatment in the inpatient setting, are age ≥18 years, compos mentis level of consciousness, can read and write, can hear and see well, and patients who were not in critical condition and had many opportunistic infections. The calculation of the sample size is derived from the Slovin formula. This research has limitations, namely the sample is relatively small due to time constraints and this research uses primary data, namely collected data directly from the field by distributing questionnaires to respondents.

Variable, Instrument, and Data Collection

The independent variables consisted of nurse caring behaviors according to Swanson's approach. Swanson's approach to nurse caring behavior includes indicators: knowing, being with, doing for, enabling, and maintaining belief. The dependent variable was patient satisfaction, defined as the patient's feelings towards the performance of health services, with indicators including Responsiveness, Reliability, Assurance, Empathy, and Tangibles.

Instruments to measure the variables were adapted from existing ones. The research used a questionnaire that had been previously tested for validity and reliability and was found to be valid and reliable. The results of the validity test for nurse caring behavior showed that all questions were valid, with calculated r-values ranging from 0.541 to 0.894, which were greater than the r table value of 0.444. For the Patient Satisfaction questionnaire, all questions were deemed valid, with r-values ranging from 0.470 to 1.000. A 4-point Likert scale was employed in the instrument, with the following scoring for the agreed responses: for caring

nurse - 1. never, 2. sometimes, 3. often, 4. always; for patient satisfaction - 1. very dissatisfied, 2. not satisfied, 3. quite satisfied, 4. satisfied, and 5. very satisfied.

Data collection was conducted by distributing questionnaires to the respondents. The respondents were asked to fill out the questionnaires by themselves after they had given their consent to participate in the research through agreeing to informed consent.

Data Analysis

Descriptive analysis is employed to provide a comprehensive depiction of the frequency distribution of nurse caring behavior and patient satisfaction levels. The chi-square test was employed to examine the association between the nurse's caring behavior and patient satisfaction (p-value < 0,05).

Ethical Clearance

The present study is grounded in the fundamental tenets of ethical research, including self-determination, privacy and dignity, protection from discomfort and harm, and beneficence. To maintain confidentiality, researchers do not include names respondents are only given a code. The consent form contains an explanation of the research carried out, research objectives, research procedures, benefits obtained from respondents, and the risks that may occur. For respondents who are willing to fill out and agree to the consent form voluntarily. It received approval from the Ethics Committee under reference number No.012.02/E.01/KEPK-BTH/III/2023.

RESULTS

Based on Table 1, it was shown that the observational variable, Most of the respondents showed that the picture of nurses' caring behavior was not good 47 people (64.4%), with

indicators; that nurses' maintaining belief behavior was not good 39 respondents (53%), nurses' knowing behavior was in the good category 53 respondents (73%), Being with nurses was not good 45 respondents (62%), The caring attitude of nurses doing for was not good 48 respondents (66%), and the nurse enabling behavior was not good 49 respondents (67%). While the results of the study for patient satisfaction 43 people (58.9%) respondents said they were quite satisfied.

Table 1 Caring behavior of nurses with Swanson theory approach and patient satisfaction (n = 73)

Variable	n	(%)
Caring Behavior of Nurses		
Good	26	35,6
Not Good	47	64,4
Nurse Caring Behavior Indicators		
Maintaining Belief		
Good	34	47
Not Good	39	53
Knowing		
Good	53	73
Not Good	20	27
Being with		
Good	28	38
Not Good	45	62
Doing for		

Good	25	34
Not Good	48	66
Enabling		
Good	24	33
Not Good	49	67
Patient Satisfaction		
Very satisfied	7	9,6
Satisfied	23	31,5
Quite Satisfied	43	58,9
Not Satisfied	0	0
Very dissatisfied	0	0
Total	73	100

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175   Based on the data processing results in Table 2. The results of the bivariate analysis are

176   known to have a significant relationship between caring nurses and patient satisfaction,

177   evidenced by p-value = 0.000 or $p < 0.05$.

178   Table 2 Relationship of Nurse Caring Behavior with Patient Satisfaction in Class 3 Inpatient

179   Room

Caring Nurse	Patient Satisfaction										Sum		p-Value	X^2 Calculate
	Very satisfied		Satisfied		Quite Satisfied		Not Satisfied		Very dissatisfied					
	f	%	f	%	f	%	f	%	f	%	f	%	0,000	19,576
Good	7	9,6	0	0,0	8	11	0	0,0	0	0,0	15	20,5		

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Not Good	11	15,1	12	16,4	35	47,9	0	0,0	0	0,0	58	79,5
Total	18	24,7	12	16,4	43	58,9	0	0,0	0	0,0	73	100

DISCUSSION

The research results show that hypotheses significantly influence nurse caring behavior and patient satisfaction. Caring behavior of nurses is closely related to patient satisfaction, which is one indicator of the quality of service in a hospital. Patient satisfaction with the quality of services provided by nurses to patients while being treated in hospitalization[18]. Treating patients carefully keeping patient information confidential and providing timely care and treatment is critical, along with a sense of security during hospitalization and satisfaction with nursing services[22].

Nursing care is a multidimensional concept, which describes attitudes and behavior that demonstrate interest and respect for the patient's psychological, social and spiritual values. Caring behavior is a key element of the interaction between nurses and patients in nursing care. Implementing a nurse-patient interaction model based on caring behavior in the health system can improve the quality of good services, providing higher levels of satisfaction to nurses and patients[23,24]

Patient satisfaction with nursing care proves that patients at the time of discharge from the hospital experience a positive relationship between confidentiality of information, treatment, treatment, timely administration of drugs, safety during hospitalization, and satisfaction with nursing care[25]. Swanson's theory of caring—a theory structured around five caring principles (maintaining belief, knowing, being with, doing for, and enabling) by applying it to nursing practice. When applied to nursing practice, each of these five stages stimulates the nurse's attitude, which in turn improves the overall well-being of the patient[26].

Some differences of opinion and agreement are found between patients regarding good nursing care. While "enabling," such as providing information, coaching, and guidance, is more emphasized by patients, "being with" is more emphasized by nurses." doing for," especially improving physical comfort, is the attribute most often mentioned in Good Nursing Care by patients[27].

Researchers assume that the services carried out by nurses must be felt and have a positive impact on patients as recipients of health services in hospitals where the better the caring behavior of nurses in the hospital, the patients will feel satisfied and vice versa, if the nurse's caring behavior is not good, the patient will feel dissatisfied and will be reluctant to use these health services. Nurses who are concerned with providing nursing care to patients in hospitals are nurses who have a caring attitude (maintaining belief, knowing, being with, doing for, and enabling). Care, empathy, gentle communication, and nurse affection for patients will form a harmonious interpersonal relationship between clients, and can help meet client needs to provide satisfaction to clients. Caring nurses can improve patient recovery because patients feel their physical, emotional, and spiritual needs are met[28]. A nurse must have caring behavior in giving service to patients because the relationship between service providers and patient health is a factor that influences the satisfaction process of patients regarding the services provided and cures the patient's illness[29].

The findings in this study have several important implications, namely improving nurses' caring behavior to increase patient satisfaction. Nurses in inpatient rooms can incorporate increased caring behavior into nursing plans and goals and create policies regarding the obligation to carry out care with attention to care to increase patient satisfaction. This research has limitations, namely the sample is relatively small due to time constraints and this research uses primary data, namely collected data directly from the field by distributing questionnaires to respondents.

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CONCLUSION

Patient satisfaction is a very important factor to evaluate the quality of nursing services and nurses' caring behavior was one aspect related to nursing services because caring includes human relationships and affects patient satisfaction. Nurses who are concerned with providing nursing care to patients in hospitals are nurses who have a caring attitude (maintaining belief, knowing, being with, doing for, and enabling).

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