

Caring Behaviour Education Model for Nursing Students

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The purpose of this study is to analyse the caring behavioural education model that is influenced jointly by the value of personality and expertise courses as learning outcomes with a single mediation or a combination of student attitudes about caring, subjective norms of students and perceptions of caring behaviour of nursing students. This study uses a quantitative research approach with Structural Equation Modeling (SEM) analysis techniques using Lisrel software. The study was conducted on 120 students of the third level of the Study Program in DIII Nursing Stikes Hang Tuah, Surabaya who are undergoing the final practice in the form of a case study at Hospital Dr Ramelan, Surabaya. The results showed that the educational model of student caring behaviour is influenced jointly by knowledge in the form of personality and skills courses in the form of expertise courses through a combination of mediation together with the direct influence of student attitudes about caring, the direct influence of student subjective norms and the effect of indirect perception control student caring behaviour. The results of the research model are fit, which includes both. Implications: the results of the study found the concept that caring behaviour education for nursing students needs to be developed based on the principles of knowing moral integrity, moral feeling, and moral action through various learning approaches. Students need to be assigned assignments for study visits or internships at a hospital, according to the time available, as part of the lecture system, to gain more knowledge and skills. It is also necessary for leaders or related institutions to develop caring behavioural learning modules in health services in hospitals.

Key words: *Personality courses, subjects of expertise, attitudes, subjective norms, perception control, caring behaviour of students.*

Introduction

The 2030 Sustainable Development Goals Agenda (SDGs) in the health sector sets goals to ensure a healthy life and promote prosperity for all people of all ages (United Nations, 2016). This condition can be achieved by improving the quality of health services that are complete. A nurse must be able to serve patients wholeheartedly so that a nurse needs the ability to pay attention to others, and needs intellectual, technical and interpersonal skills that are reflected in caring or caring behaviour (Strout, 2012, p. 44). Caring behaviour is a characteristic that nurses need to developed in the nursing profession and this can be learned through education as a professional culture. The caring behaviour in various studies is the essence of nursing and caring behaviour is related to the knowledge structure and theory that is learned during nursing education and is shaped by the way nurses carry out their duties and the complexity of the values of care available (Favero, 2012).

The caring behaviour formed in a nurse begins when he or she decides to become a nurse and is measured in his or her dedication as a nurse in carrying out their duties by using all the learned professional knowledge and the number of moral norms and values he/she has (Krepia, 2013, p. 98). To form good graduates, educational institutions must actualise student potential in an integrated way. To learn “care” behaviour, it is also necessary to learn about behavioural intentions, which are mediating variables that predict and understand motivational influences on behaviour that are not under the student's control or will.

In the theory of planned behaviour, the main factor of an individual's displayed behaviour is the intention to display certain behaviours (Ajzen, 1991). The intention is assumed to be a motivational factor that influences behaviour. Intention plays an important role in directing action, namely connecting between deep considerations that are believed and desired by students towards caring behaviour that will be carried out. The intention is an indication of how hard someone is trying or how much effort is made to display behaviour. As a general rule, the harder a person intends to engage in a behaviour, the more likely he is to perform the behaviour. The intention to behave can be actual behaviour only if the behaviour is under the control of the individual concerned. Individuals have the choice to decide on certain behaviours or none at all (Ajzen, 1991).

This study selected variables that are possible to predict the factors that cause students to carry out caring behaviour, namely the value of personality courses and the value of expertise courses that are likely to affect student attitudes toward caring behaviour, subjective norms, and perceptions of student control as part of the intention. According to the theory of planned behaviour, it is assumed that these three factors will be the driving factors for the caring behaviour of students in hospitals. The integration of these factors in the education process certainly starts from the design of the implementation of the learning being carried out.

Furthermore, the design is practically implemented by educators, by analysing needs, designing learning activities, and implementing learning activities effectively and efficiently. Furthermore, referring to the description above, it is very important to form a framework in the form of caring behavioural education models for nursing students by finding basic strategies that can improve care behaviour to carry out their duties as nurses in the future in a study entitled caring behavioural education models for nursing students.

Literature Review

Caring Nursing Behaviour

Potter & Perry (2005), explained that caring is interpreted as an ability to be dedicated to others, carry out watchful oversight, show concern, feelings of empathy for others and feelings of love or love which is the will of nursing. Caring is a direct activity to provide assistance, support, or individuals and groups through anticipating assistance to improve conditions. Caring is an essential basic human need, caring is healing, caring is the heart and soul of nursing, caring is power, caring is a special feature of nursing as a profession or discipline.

Caring behaviour aims to provide physical care and attention to emotions while increasing the client's sense of security and safety. Caring also emphasises individual self-esteem, meaning that in practicing nursing, nurses always respect clients by accepting the strengths and weaknesses of clients so they can provide appropriate health services. So the caring component is integrated with biophysical knowledge and knowledge about human behaviour to improve health and facilitate service delivery to patients, encourage health and individual growth. Nurse caring behaviour is not only able to increase client satisfaction, but also can produce benefits for the hospital. The caring behaviour of health staff has economic value for hospitals because this behaviour impacts patient satisfaction.

Nursing Education Curriculum

The nursing education curriculum is currently undergoing a process of development. In line with the development of the nursing education curriculum in Indonesia, which must also follow the development of nursing science and technology and apply it into nursing education innovations. The learning achievement of the Nursing education program graduates is the ability of Education graduates obtained through internalising the realm of attitudes, knowledge, and skills.

The learning outcomes of the Indonesian Nursing education program include attitudes and values, mastery of knowledge/knowledge, general work skills, specific work skills. To improve the quality of nursing education, at least, there are two ways: first, to improve

aspects of quality, curriculum standardisation, the learning process, improve the quality and quantity of lecturers, increase the number of laboratory nurses, and increase research in the community. Second, to increase group workshops for nurses to create professional nurse graduates.

Attitudes, Subjective Norms and Perception of Control

In the theory of planned behaviour, that the main factor of behaviour to be displayed by someone is the intention to display certain behaviours. This intention is assumed to be a motivational factor affecting a person. Three main predictors affect a person's intention to conduct a behaviour, namely attitudes toward a behaviour, subjective norms about a behaviour, and perceived behavioural control. Attitude is considered as the first antecedent of behavioural intention.

Attitudes toward behaviour are determined by behavioural beliefs which include beliefs, strength and outcome evaluation. Ajzen (2005) suggests that attitudes towards behaviour are determined by beliefs about the consequences of behaviour, called behavioural beliefs. Nursing students will want to be caring if they have positive beliefs that behaviour is an activity that is beneficial for their ease when doing the clinical practice. The attitude of students regarding caring behaviour when practising in hospitals contributes to meeting the demands of the profession and the satisfaction of patients and their families. Subjective norms are functions that are based on the belief, regarding approval or disagreement originating from referents or people and groups that influence individuals such as parents, spouses, close friends, co-workers or others towards a behaviour.

An individual will intend to display a certain behaviour if he has the perception that certain people who are considered important have thought that he should do that. Someone who believes that most referents will agree to display certain behaviours, accompanied by motivation to follow the behaviour, will encourage them to do so. Conversely, if someone believes that most referents do not approve of himself displaying certain behaviours, then there will be low motivation to behave that way, and he will avoid engaging in such behaviour (Ajzen, 2005).

Ajzen (2005) explains that the perception of behavioural control or behaviour control can be called an individual's perception of the ease or difficulty of realizing a particular behaviour. Behavioural control perception can change depending on the situation and the type of behaviour to be performed. The ease or difficulty in conducting certain behaviour is also assumed to reflect past experiences in anticipation of obstacles. One of the factors that allow the use of caring behaviour in hospitals is the availability of tools as needed, the ability of students to perform nursing care to patients, the authority given by supervisors and hospitals

to students, and the availability of time that allows for the implementation of caring for patients.

Research Methods

The approach used in this study is a quantitative approach, with survey research designs, using questionnaires and observation sheets. If seen from the events, this research is “exposed facto”, that is research conducted to examine events that have occurred which then seek backward to find out the factors that can cause these events (Sugiyono, 2014). The subjects in this study were students of the Department of Nursing Education in the Stikes Hang Tuah Surabaya who were undergoing the final practice in the form of a case study at Hospital Dr Ramelan Surabaya 2018/2019 school year with a total of 124 students. The variables in this study include the value of personality courses, the value of subjects of expertise, student attitudes, subjective norms of students, perceptions of student control and student caring behaviour. To find out the pattern of relationships between variables, a statistical analysis of Structural Equation Modeling (SEM) was performed, with LISREL software.

Discussion

Noting the overall research results and their analysis and discussion, we get:

1. The Effect of Personality Subject Values as Learning Achievement Against Student Attitudes towards Caring, Student Subjective Norms, Perceived Behavioural Control

Hypothesis test results of research analysts that the value of knowledge in the form of the value of personality courses affect the attitude and subjective norms of students and does not affect the perception of student control. This can be explained that the value of knowledge in the form of personality course values as learning outcomes has a positive effect on student attitudes towards caring, and students' subjective norms, but does not affect the perception of control caring behaviour of students. This means that a student who has mastery of personality, knowledge as a learning achievement of personality courses, the higher the attitude of students about caring and subjective norms of students, but not followed by an increase in the perception of control caring behaviour of students.

The coefficient value of the influence of knowledge as learning outcomes of personality courses on attitudes, subjective norms and perceptions of caring behaviour control when doing practice in hospitals is 0.12; 0.26 and 0.11. A nursing student who has mastery of knowledge as a learning achievement in the form of an understanding of the importance of personality in the form of nursing ethics, communication in nursing services, professional nursing concepts, concepts of character, and concepts of personality and career development,

will build empathy, compassion, and caring knowledge itself, explicitly in lectures in each subject personality taught. Krepia (2013) explained that the formation of caring behaviour in a nurse begins when she/he decides to become a nurse and is measured in her/his dedication as a nurse in carrying out duties by using all the professional knowledge learned and the number of moral norms and values she or he have.

2. The Effect of Expertise Values as Learning Achievement Against Student Attitudes towards Caring, Student Subjective Norms, Perceived Behavioural Control

The results showed that skills as achievement of expertise learning had a significant effect on students' attitudes towards caring, student subjective norms and perceived behavioural control of students, which meant that the higher the skills as learning achievement of subject courses expertise was followed by the higher attitudes, norms Subjective and perception control caring behaviour of students. Based on the results of the coefficient, it can be seen the R Square value of each is equal to 0.89; 0.27 and 0.20. This means that the variety of students' attitudes towards caring can be explained by the variability of learning achievement skills by 89%, while 11% is explained by other factors outside the study. Learning expertise in clinical education occurs by way of practice through actual action or can occur by experiencing it through others by observing the models that do it. This process can help students develop direct skills in providing nursing care.

3. Effect of Attitude, Subjective Norms, and Perceived Behavioural Control on Caring Behaviour of Students when conducting the Clinical practice in a hospital

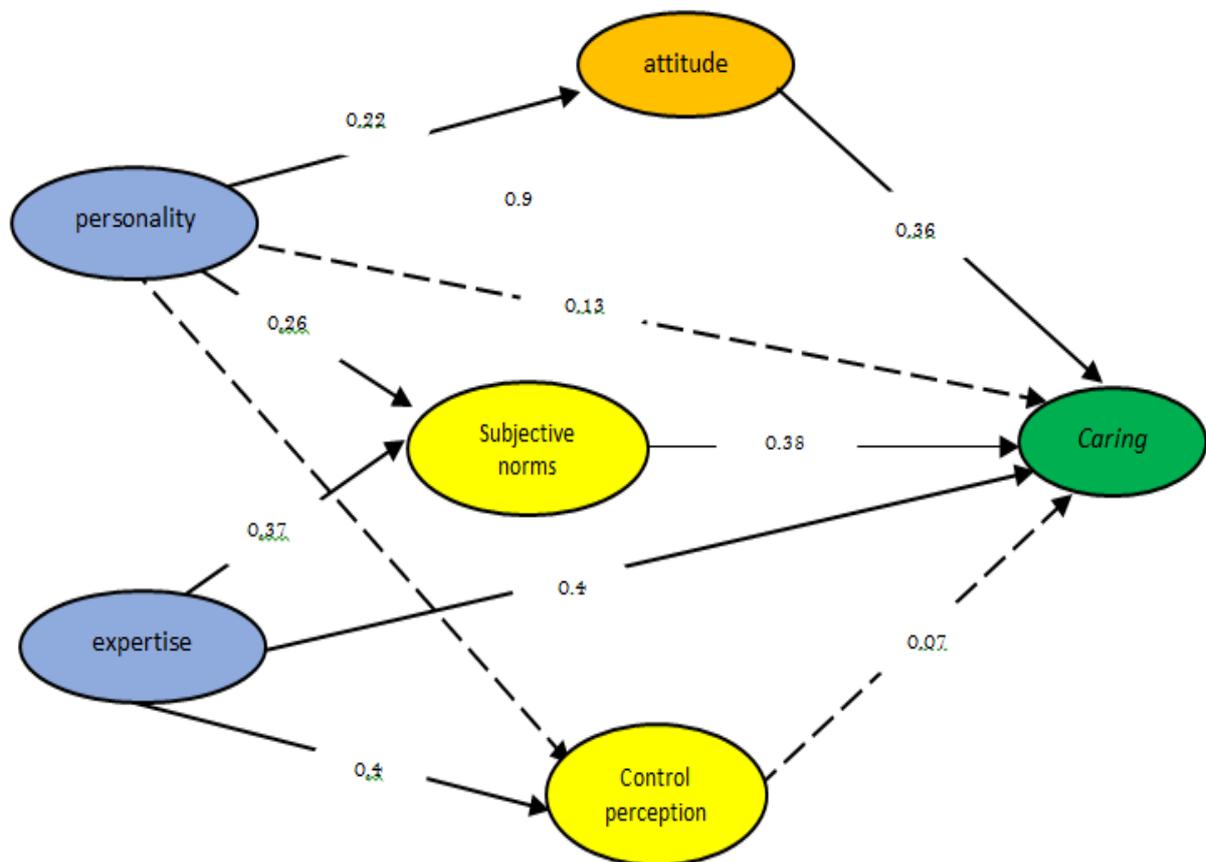
Hypothesis test results of research, analysis of subjective attitudes and norms towards caring behaviour are accepted while the perception of control of caring behaviour is rejected, meaning that the factors affecting student caring behaviour when conducting clinical practice in a hospital are attitudes towards caring behaviour and subjective norms of students, while perception of control does not affect the caring behaviour of students. The results of this study indicate that student caring behaviour is influenced by student attitudes toward caring and subjective norms of students, but not influenced by the perception of control caring behaviour of students.

Nursing students will want to behave caring if they have positive beliefs that behaviour is an activity that is beneficial for their ease when doing the clinical practice. It is this factor that makes clinical practice to be able to be carried out easier which determines individual attitudes in the form of likes or dislikes using caring behaviour. In general, a person will perceive that if their social referent is supportive then they will tend to feel pressure to bring up that behaviour, and conversely the more individuals perceive that their social referent does not approve of behaviour, then individuals tend to feel pressure not to engage in the

behaviour.

Research Model Results

The results of the calculation of the model fit obtained an NFI value of 0.806. NFI of 0.806 is high. Based on these results, it can be stated that the theoretical model of student caring behaviour is influenced jointly by knowledge and skills as learning outcomes with a combination of mediation, namely attitudes, subjective norms and perceptions of behavioural control are fit, as shown in the following figure:



Hypothesis test results found that the value of personality courses and the value of expertise courses as learning outcomes together have a significant effect on the caring behaviour of students when conducting clinical practice in hospitals with mediating attitudes, subjective norms and perceptions of student control.

This means that the higher the knowledge in the form of personality subject values and the higher the value of expertise courses as learning outcomes will be followed by higher student caring behaviour, through a combination of mediation together with the direct influence of

attitudes, the direct influence of subjective norms and indirect influence student control perception.

The caring behavioural variability was formed because of the combination of the variability in the value of the personality course with the subject of expertise by 34%, while 66% was explained by other variables outside of the study, such as physical conditions, social factors, culture, and the physical environment and so on. However, when viewed from the comparison of the R-square results between the variability in the value of personality courses with the variability in the value of expertise courses as learning outcomes for caring behaviour variability, then a slight difference is seen, namely 1: 3. This shows that the role of variability in the value of expertise courses as learning outcomes has a greater influence on the value of caring behaviour of students than the value of personality courses as student learning outcomes.

Someone who follows learning seriously will certainly get knowledge from learning. Likewise, if learning in a field of study takes the form of practical skill, it will produce a useful experience from the results of learning. Krepia (2013) explained that the formation of caring behaviour in a nurse begins when she decides to become a nurse and is measured in her/his dedication as a nurse in carrying out duties by using all the professional knowledge learned and the number of moral norms and values she or he has.

Conclusion

In detail the conclusions and suggestions can be explained as follows:

1. The value of personality courses as learning outcomes affects student attitudes regarding the caring and subjective norms of students but does not affect the perception of control of student caring behaviour when performing service practices in hospitals.
2. The value of the subject of expertise affects the attitudes of students regarding caring, subjective norms of students and the perception of controlling the caring behaviour of students when practicing services in hospitals.
3. The value of personality courses as learning outcomes does not directly influence the caring behaviour of nursing students when doing hospital service practice.
4. The value of the subject of expertise as a learning achievement directly affects the caring behaviour of students when doing service practice in the hospital.
5. Student attitudes about caring and subjective norms of students affect the caring behaviour of students, but the perception of control does not affect the caring behaviour of students when doing service practices in hospitals.
6. The value of personality courses as learning outcomes jointly influence caring behaviour by mediating student attitudes about caring and subjective norms of students, but not



influenced by the perception of controlling student caring behaviour?

7. The value of the subject of expertise as a learning achievement influences caring behaviour by mediating student attitudes about caring, subjective norms of students and perceptions of control of student caring behaviour when doing service practice in a hospital?

So the conclusions that can be obtained in general from this study are that the theoretical model of caring behaviour in nursing students is influenced jointly by the value of personality course knowledge, the value of skills of expertise courses as learning outcomes by mediating attitudes, subjective norms and perceptions of student behaviour control when doing service practice in the hospital.

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