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## Survey of the Level of Knowledge and Caring Attitudes of Nurses in the Cisoka Health Center and Gembong Health Center Areas

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## **INTRODUCTION**

Caring is a moral stance in nursing practice (Guan dkk., 2020). It is the caring nature of nurses when dealing with sick people and their families. Nurses must show that nurses really care about patients (G. Chen dkk., 2020). Nurses must be able to show empathy and be able to put themselves in the patient's position to provide quality care.

Nursing as a philosophy and science Caring science as a disciplinary context, and a matrix that guides professional development and maturity (Wang dkk., 2020). In addition to what has been stated in the previous chapter, the Caring discipline matrix also informs the profession (J. Chen dkk., 2020). Caring evolves from the thinking, values, qualities, and knowledge grounded in the discipline of nursing and informed by related fields and mysteries, and sets known expectations about our world.

The Theory of Human Caring emphasizes the types of relationships and transactions required between the giver and receiver of care to enhance and protect the patient as a human being that affects the patient's ability to heal (Garg dkk., 2020). Watson suggests that caring is at the core of nursing. In this case, caring is the embodiment of all the factors that nurses use in providing health services to clients. Caring also emphasizes individual self-esteem (Rinott dkk., 2020). This means that in carrying out nursing practice, nurses always respect clients by accepting their strengths and weaknesses. Watson also suggests that each individual's response to a health problem is unique (Barbagallo & Sacerdote, 2018). That way, in nursing practice, a nurse must be able to understand each different response from his client. (Mestiana, 2021).

Application of caring that is integrated with biophysical knowledge and knowledge of human behavior (Ashina dkk., 2021). Caring behavior can improve individual health and facilitate service delivery to patients. Nurses' caring behavior can provide benefits for health services, because it can increase patient visit satisfaction so that it will increase patient visits to the hospital.

A caring attitude can be learned by all nurses and is not an innate trait. Nurses understand caring as patient and caring observations and actions that cause increased relief for their patients (De Santiago-Martín dkk., 2020). They try to understand the patient's symptoms of illness and their body language through 84 Vol. 9 No. 2, October 2021 observation and assessment of vital functions, integrating important goals and subjective symptoms with other data.

Caring attitudes can be influenced by several factors (Shibeshi dkk., 2021). Broadly speaking, the formation of a caring attitude is influenced by internal factors which include genetic factors and a person's character, as well as external factors which include: education, knowledge, work experience and workload (Black dkk., 2019). If nurses feel indecisive because of their unestablished employment status, such as still being honorary staff, worrying about layoffs (Termination of Employment), or earning a salary that is felt to be lacking (Bilal dkk., 2019). This may have an impact on nurses' caring attitudes (Jain dkk., 2019). Lack of caring nurses in nursing services can result in a decrease in the quality of nursing services which has an impact on decreasing patient satisfaction and increasing days of hospitalization.

To improve the caring attitude of nurses is to increase nurses' understanding of the importance of caring attitudes, motivate nurses to further improve the quality of caring in providing nursing care (Wisnu dkk., 2021), monitor the caring attitude of nurses implementing nursing care by prioritizing the principles of caring and providing opportunities for nurses to get caring material (Gnocchi dkk., 2022), one of which is by caring training activities (Klok dkk., 2020). the better the caring attitude of nurses in

providing nursing services to patients, the level of patient satisfaction with nursing services will be better too.

In Indonesia itself, caring is one of the assessments for health service users. Based on the results of a patient satisfaction survey conducted by the Indonesian Ministry of Health (2010) on the level of patient satisfaction in several hospitals in Jakarta (Yustikasari dkk., 2021), it shows that 14% of patients are not satisfied with the health services provided, and the ministry of health research survey took a sample of 738 inpatients in 23 hospitals (public and private) (Middeldorp dkk., 2020). The survey was conducted in five major cities in Indonesia and found nine problem points, one of which was that 65.4% of patients complained about the attitude of nurses who were less friendly, less sympathetic and rarely smiled (Nofriadi, 2021).

The World Health Organization (WHO) has added the spiritual aspect as one of the four pillars of health, namely whole human health, which includes physical health (biology), psychiatric health (psychology) (Wisnu dkk., 2021), social health and spiritual health (spirituality/religion). Spirituality is an important factor that helps individuals achieve the balance necessary to maintain health and well-being, as well as to adapt to illness (Dobson & Giovannoni, 2019). Due to the important role of spirituality in healing and restoring health, it is important for nurses to improve their understanding of spiritual concepts in order to provide good spiritual care to all patients.

Based on information and data from the Health Office of the Republic of Indonesia, the number of health centers scattered throughout Indonesia in 2013 was 9,655 health service centers, then in 2014 there was an increase in the number of health centers (Karavani dkk., 2019), namely 9,721 health centers (Critchley dkk., 2020), in 2015 there was an increase in 9,754 sub-districts, and in 2016 specifically for 9. 768 health centers and in 2017 there were nine, 825 health centers, the number of health centers in the West Java Region from 2013 to 2016 was 1,051 health centers, in 2016 there was an increase in the variety of health centers, namely 1,056 health centers (Rubin dkk., 2020). data on knowledge of non-inpatient health centers in 2013 6,348 health centers, in 2014 an increase of 6,353 health centers (Shah dkk., 2019), in 2015 some 6,359 health centers (Rodriguez-Wallberg dkk., 2023), in 2016 some 6,356 health centers, and in 2017 as many as 6,371 health centers.

## **RESEARCH METHODOLOGY**

This study uses descriptive correlation with cross sectional analytic design. Sampling was done using total population sampling of 31 people (Turner dkk., 2019). Data analysis using chi-square test with SPSS application program.

## **RESULT AND DISCUSSION**

The results of research on age, level of knowledge and caring attitudes of nurses in the cisoka health center and gembong health center areas are described in Tebel 1.

Tebel.1 Age shows that most (54.8%), Gender shows that most (74.2%), Last Education shows that most (58.1%), Length of Work shows that most (45.2%).

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The results showed that most of the nurses' Caring knowledge level in the cisoka health center and gembong health center areas showed that most (90.3%),

The results showed that most of the nurses' Caring attitudes in the cisoka health center and gembong health center areas (67.7%).

Tebel 1. Characteristics of Respondents by Age in the Cisoka Health Center and gembong Health Center area

Age	Total (n)	Percentage (%)
U		
26 - 35 Years	17	54.8%
36 - 45 Years	8	25.8 %
		10.10
46 - 55 Years	6	19.4%
Total	31	100.0%
rotal	51	100.070

Table 2. Shows the Age Characteristics that most of the 31 respondents were aged 26-35 years as many as 16 people (54.8%).

**Characteristics of Respondents Based on Gender in the Cisoka Health Center and Gembong Health Center areas** 

Last Education		Percentage (%)
	Total (n)	
D3 Nursing	18	58.1 %
S1 Nursing	6	19.4 %
Nursing	7	22.6 %
Profession		
<b>T</b> . 1	21	100.0.0/
Total	31	100.0 %

Table 3. Stating the Last Education Characteristics that most of the 31 respondents were D3 Nursing as many as 18 people (58.1%).

Characteristics of Respondents Based on length of work in the Cisoka Health Center and gembong Health Center areas

Length of	Total	Percentage
Service		
< 1 Year	10	32.3 %
> 1 Year - 5 Years	14	45.2 %
>5 Years	7	22.6 %
Total	31	100.0%

Table 4. Saying the Characteristics of Length of Work that most of the 31 respondents were > 1 Year - 5 Years 14 people (45.2%).

# The results of research on attitudes in the cisoka health center area are described in table 5.

Based on the attitude of the results obtained that the p-value = 0.228 This shows that the value of P = 0.228 exceeds the critical limit of a = 0.05, which means that there is no significant relationship between knowledge and attitude (Lumley dkk., 2021). (0.228> 0.05), The results of research on attitudes in the gembong health center area are described in the obtained p-value = 0.705% This shows the P value = 0.705 exceeds the critical limit of a = 0.05, which means there is no significant relationship between knowledge and attitude. (0.705 %> 0.05).

Table 5. Level of Knowledge and Attitude of Statistical Tabulation test results at Cisoka Health Center

				Attitud	ام			
	Autude							
Knowledge level Negative % Positive % Total % P-value								
Good	1	6.2%	7	43.8%	8	50.0%	0.228	
	0	0%	8	50.0%	8	50.0%		
enough	1	6.2%	15	93.8%	16	100%		
Good 1 6.2% 7 43.8% 8 50.0% 0.228   0 0% 8 50.0% 8 50.0% 8 50.0%   enough 1 6.2% 15 93.8% 16 100% 16   P-value =0,228 <0,05 ( uji chi – square)								

From the results of the Statistical Tabulation Test using chi-square in the table above, the p-value = 0.228 is obtained (Hajek dkk., 2019). This shows that the value of P = 0.228 exceeds the critical limit a = 0.05, which means that there is no significant relationship between knowledge and attitude. (0,228 > 0,05).

Level of Knowledge and Attitude of Statistical Tabulation test results at gembong health center

Attitude							
Level of							
Knowledge							
	N	egatif	%	Positif	%	Total	%
P-value							
Good	0	0,0%	1	6,7%	1	6,7 %	0,705%
						93,3%	
	1	6,7%	13	86,7%	14		
enough	1	6,7	14	93,3%	15	100%	
		%					

P-value =0,705 <0,05 ( uji chi – square)

P-value = 0.705 < 0.05 (chi - square test)

From the results of the Statistical Tabulation Test using chi-square in the table above, the p-value = 0.705% is obtained. This shows that the value of P = 0.705 exceeds the critical limit a = 0.05, which means that there is no significant relationship between knowledge and attitude. ( 0,705 %> 0,05 ).

## Caring knowledge of nurses at cisoka health center and gembong health center

Based on the results of the study of nurses' caring knowledge in 16 nurses of the Cisoka health center using questionnaire 16, it shows that most of the nurses' level of caring knowledge is good 14 people (87.5%) (Villar dkk., 2020), while with sufficient knowledge 1 person (6.2%) and lack of knowledge 1 person (6.2%) (Murthy dkk., 2020). the rest showed good nurses' caring knowledge.Based on the results of the study of nurses' caring knowledge in 15 nurses of the gembong health center using questionnaire 15, it shows that most of the nurses' level of caring knowledge is good 14 people (93.3%) (Manson dkk., 2019), while with sufficient knowledge 1 person (6.7%) (Powles dkk., 2020). The high level of good knowledge in nurses is likely influenced by the real experiences experienced by respondents.

## CONCLUSION

The level of Caring Knowledge of Nurses in the Cisoka Health Center and Gembong Health Center Area in 2023 most of the respondents were Good 28 people (90.3%) and Knowledge enough 3 people (9.7%), Caring Attitudes of Nurses in the Cisoka Health Center and Gembong Health Center Area in 2023 most of the respondents were Caring Attitudes enough 28 people (70. 97%) and good Caring Attitude 9 people (29.03%), From the results of the Cisoka Health Center Statistical Tabulation Test, using chi-square in the table above, the p-value = 0.228 This shows that the value of P = 0.228 exceeds the critical limit a = 0.05, which means that there is no significant relationship between knowledge and attitude. (From the results of the Statistical Tabulation Test using chi-square in the table above, the p-value = 0.705% is obtained, this shows that the value of P = 0.705 exceeds the critical limit of a = 0.05, which means that there is no significant relationship between knowledge and attitude. (0,705%>0,05).

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