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Relationship of Psychology Factors and Organization Factors with Caring Behavior of Nurses in Handling TB Patients in Jeneponto District



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Sapriadi S.*, Sumarlin Rengko

STIK FAMIKA MAKASSAR

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ABSTRACT

Tuberculosis is one of the infectious diseases that endanger health. This disease can be transmitted quickly because of its airborne spread that occurs when people suffering from coughing and sneezing tubes so that droplets containing *Mycobacterium tuberculosis* can be exposed to anyone who is around the patient. This study aims to analyze the relationship psychological factors and organizational factors with caring behavior of nurses in handling TB Patients in Jeneponto District. This research is a type of descriptive observational research using cross-sectional research design. Samples amounted to 36 nurses spread in 18 puskesmas. The variables studied were psychological factors (attitude and motivation), organizational factors (leadership, supervision and workload). Data collection was done through questionnaire and observation. The data were analyzed by univariate and bivariate analysis. The results showed that there is a significant relationship between psychological factors attitude with caring behavior nurse ($p = 0.008 < \alpha = 0.05$). Psychological factors motivation has no significant relationship attitude with caring behavior of nurse ($p = 0.112 > \alpha = 0.05$). While statistic test result showed that there was a significant relationship between leadership, supervision and workload with caring behavior of nurse ($p = 0.023, p = 0.001, p = 0.006 < \alpha = 0.05$). It is suggested to the related parties principally Jeneponto Health Service be able to provide health facilities and increase nurse motivation in both in the form of reward and optimization of leader role and supervision.

INTRODUCTION

Tuberculosis is one of infectious disease that endangering the health. This disease can be transmitted easily because the dissemination by airborne occur when one who undergo TB get cough and sneeze then the droplets which contained *Mycobacterium tuberculosis* can be exposed anybody around the subject. Tuberculosis as the crucial problem and serious for the people around the world because most of countries in the world pulmonary TB disease is uncontrolled, that is caused many of the sufferers did not success to be healed, while becoming main death causes that leading by infection diseases ⁽¹⁾.

Every year found 9 million new cases and mortality case almost reached 2 million humans dead. In Indonesia, on 2010, get ranked fifth position in the world after India, China, Africa and Pakistan. By increasing of the Tuberculosis case, then the government implemented Directly Observed Treatment Short-Course (DOTS) optimally to tackling TB ⁽¹⁾. This strategy focused on finding and healing the TB patient by disconnect TB spreading chain so it can be reducing the TB incident in the society. However only if it can be done when we have sufficient human resources that be able to give qualified health service.

The quality health service in public health centers and hospitals very influenced by quality of physical infrastructure, manpower availability, medicine and health tools as well as service providing process⁽²⁾. Health service that offered by health care service represents service serve get impact on individual health status or group of the people after they accept the service serve⁽³⁾. Therefore, the role of service provider is very important, qualified health services can be seen from the behavior and skill that showed by the nurse or other health service providers besides their knowledge that they have it. Watson (2005) emphasizes that from all elements above mentioned; behavior is the most important thing in service quality because relationship health service providers as the factor that influencing the healing process of the client ⁽⁴⁾. More nursing profession represents as the spearhead of health service itself. Nurses must get interact and give nursing education directly accordance with nursing science that she had had.

Nurses who concern in carrying out nursing education to the patient in health service place is the nurse who caring attitude. It is supported by theory expressed by Potter & Perry (2009) who stated that caring is the nurse's attention with obligingly to the patient. Her care, empathy, tenderly communication and compassion feel of the nurse to the patient will form

therapeutic patient-nurse relationship ⁽⁵⁾. Thereby patient feel comfort, safe and stress cause the illness that she or he have become ease up then patient can complete his or her treatment, however in fact in the practice still found many nurses less caring attitude toward patient. It is supported a research by Supriatin (2010) gained that 90% of patients said feel uncomforted talked to the nurse, 84% from the number has negative experiences because the nurse did not pay attention on the patient's need ⁽⁶⁾. In the other research conducted by Ardiana (2012) expressed that almost half of nurses did not have caring attitude according to patient's perception, especially nurse' skills in communicate with patient ⁽⁷⁾. Nurse communication can be one of the keys success in make nursing education.

Data of TB in Province of South Sulawesi in 2013, there were 7354 TB patients who followed the treatment there were 6481 who experienced recovery (88%)⁽⁸⁾. This indicates the achievement of WHO treatment success rate of 85%⁽⁹⁾. Unlike in Jeneponto District, which has a relatively low recovery rate of just 67.4% and is ranked lowest after North Luwu ⁽⁹⁾

From a preliminary survey conducted by a researcher at one of the health centers in Jeneponto district, it was found that the nurse in charge of TB in the public health centers was less concerned with the patient's treatment procedure, so many patients dropped out. Meanwhile, according to the patient interviewed at his home said that he did not understand the explanation given by the nurse so that he never drank the OAT medicine is not appropriate dose.

Based on the background, the researcher aims to analyze the relationship psychological factors and organizational factors with caring behavior of nurses in handling TB Patients in Jeneponto District.

MATERIALS AND METHODS

Location and Research Design

This research was conducted at 18 health centers in Jeneponto District. The research design used is cross sectional to see the relation of independent variables (psychology factor and organizational factor) with caring behavior of nurse in handling TB patient in Jeneponto District.

Population and Sample

The population is all nurses who handle TB patients in Jeneponto District. Sample of 36 people by using saturated sampling and has fulfilled the inclusion criteria.

Data Collecting Method

Methods of data collection in this study using questionnaires with Likert scale consisting of: 30 items statement for psychological factors and organizational factors and 34 items questions for caring behavior nurse. The questionnaire used previously has fulfilled the requirements of validity and reliability test.

Data analysis

Data were analyzed based on measuring scale and research objectives by using computerized program software. Data were analyzed univariate to see frequency distribution of respondent characteristic and each variable. Bivariate analysis using *Chi-Square test* to analyze the relationship psychological factors and organizational factors with caring behavior of nurses in handling TB patients in Jeneponto District.



RESULTS

This research was conducted to analyze the relationship psychological factors and organizational factors with caring behavior of nurses in 18 public health centers located in Jeneponto District Province of South Sulawesi.

Table 1. Frequency distribution of nurse psychological factors includes attitudes and motivations of nurses who handling TB in Jeneponto District 2017 (N = 36)

No.	Psychological factors	Frequency (n)	Percentage (%)
1	Attitude		
	Positive	19	52,8
	Negative	17	47,2
2	Motivation		
	High	20	55.6
	Low	16	44.4

Source: Primary Data (2017)

Based on Table 1 respondents (nurses) mostly have a positive attitude (52.8%), good motivation (55.6%)

Table 2 Distribution of organizational factors that include leadership, supervision, workload

No.	Organizational factors	Frequency (n)	Percentage (%)
1	Leadership		
	Optimal	20	55.6
	Less	16	44.4
2	Supervision		
	Optimal	21	58,3
	Less	15	41,7
3	Workload		
	High	19	52,8
	Low	17	47,2

Source: Primary Data (2017)

Based on table 2 it is known that percentage of nurses who stated the leadership of TB was optimal as much as 55.6% while there were still 41.7% who stated that supervise is not optimal yet. In addition, the nurses workload is also high as much as 52.8%.

Based on Table 3 it can be seen that most of the nurses in health centers have good caring behavior in handling TB disease problem that they experienced is as much as 58,3%

Table 3. Distribution of Caring Nurse Behavior in Jeneponto District 2017 (N = 36)

No.	Variable	Frequency (n)	Percentage (%)
1	Caring behavior		
	Good		
	Less	21	58,3
		15	41,7

Source: Primary data (2017)

Bivariate Analysis

Table 4: Relationship of psychological factors with caring behavior of nurses in handling TB patients in Jeneponto District year 2017

Variable	Caring Behavior				Total		P
	Good		Less		N	%	
	N	%	n	%			
1 Attitude							
Positive	15	41,7	4	11,1	19	52,8	0,008
Negative	6	16,7	11	16,7	17	44,4	
2 Motivation							
High	14	38,9	6	16,7	20	55,6	0,112
Low	7	19,4	9	25,0	16	44,4	

Source: Primary data (2017)

In table 4, shows that there is a significant relationship between psychological factors that is attitude with caring behavior of nurse, where the value $p = 0,008 < 0,005$. While motivation has no significant relationship with caring behavior of nurses in handling TB in Jeneponto District. From the table can be seen that 41.7% of nurses who have a positive attitude caring behavior is good and 16.7% of nurses who have negative attitudes are also caring behave. Similarly, with motivation, there are 38,9% caring nurses who have high motivation also caring behave while 19,4% nurses with low motivation also caring behave. Most of the 60,0% of nurses who have positive perceptions is caring behave as well as 59,1% had followed the training also caring behave.

In table 5, it is known that there is no significant relationship between organizational factors that includes leadership, supervision and workload with caring nurse behavior in handling TB patients in Jeneponto District.

Table 5: The relationship of organizational factors with caring behavior of nurses in handling TB patients in Jeneponto District year 2017

Variable	Caring Behavior				Total		P
	Good		Less		N	%	
	N	%	n	%			
1 Leadership							
Optimal	15	41,7	5	13,9	20	55,6	0,023
Less Optimal	6	16,7	10	27,8	16	44,4	
2 Supervision							
Optimal	17	47,2	4	11,1	21	58,3	0,001
Less Optimal	4	11,1	11	30,6	15	41,7	
3 Workload							
High	7	19,4	12	33,3	19	52,8	0,006
Rendah	14	38,9	3	8,3	17	47,2	

Source: Primary Data (2017)

Based on the table can be seen that 41,7% of nurses who state that the was leadership has also optimal caring behavior, and 47,2% of nurses who stated supervise by the optimal also behave caring. While 38.9% of nurses with low workload also behave caring.

DISCUSSION

In psychological factors, there is a significant relationship between attitude and caring behavior of nurses. The result of statistical test shows that there is a significant correlation between attitude with caring behavior of nurse ($p = 0,008$). This result is consistent with research conducted by Maryati (2012) which confirms that there is a significant correlation between attitude with the performance of pulmonary TB officer in Public Health Center. The researcher's assumption if the nurse's attitude is good will result in good behavior⁽¹⁰⁾. Given the good attitude of the nurse, the patient will feel comfortable while receiving nursing services so that it can build trust relationships, where patients feel confident about the nurse's help and entrust the treatment received for 6 months, whatever side effects will be felt by the patient in accordance with his treatment.

In addition, based on statistical test results showed no significant relationship between motivation and caring behavior of nurses ($p = 0,112 > \alpha = 0,05$). This is not in line with research conducted by Wahyuningsi (2013) which states there is a relationship between level,

knowledge, motivation, and workload on the nurse' performance in implementing patient safety at inpatient installation of RSUD Syekh Yusuf ⁽¹¹⁾. Researcher assumption with good motivation so nurse can do readiness and willingness in facing TB patient that can give good explanation about TB disease and its treatment procedure. This should also be supported by the availability of adequate health facilities so that nurses can be motivated to provide maximum services

On organizational factors, there is a significant relationship between leadership with caring behavior of nurses. From the results of the study found that the proportion of nurses who stated optimal was leadership who also has good caring behavior according to the perception of patients as much as 68,2%. Nurses who stated that the leadership is less optimal also has caring behavior according to the perception of patients as much as 28,6%. The result of statistical test shows that there is a significant correlation between leadership with caring behavior of nurse ($p = 0,023$; $\alpha = 0,05$). This is in line with the opinion of Robbin (2008) that leaders should be able to demonstrate an attitude of justice, a vision, consistent judgment and openly acceptance of any criticism by exploring the feelings of staff so as to voice negative reactions. This research is supported by Syriac (2010) research get leadership results related to caring behavior ⁽¹³⁾. The researcher assumes that the nurse who handles TB patient is just doing her job what is transmitted by the program leader. Leadership can influence the behavior of the person being led ⁽¹²⁾. In leadership, there is a process of helping others to work to achieve goals. The action of leaders motivation can give spirit to nurses in order to provide maximum nursing services, besides the leader's policy can also facilitate the nurse to foster the relationship of trust between nurses and patients through the provision of health facilities adequately primarily urgent materials such as Poli TB room, pot, ose, and other supporting equipment and tools.

CONCLUSIONS AND RECOMMENDATIONS

From the results of this study can be concluded that there is a significant relationship between psychological factors (attitude), and organizational factors (leadership). So it is suggested to the related parties mainly health office in Jeneponto District in order to provide adequate health facilities and facilitate in improving the nurse ability and improve the nurse's motivation both in the form of rewards and optimizing the role of leader and supervision.

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