Comfort and Satisfaction Patients in the Interaction Process Viewed from the Caring Behavior of Nurses: Literature Review

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ABSTRACT

Background: The patient’s sense of comfort is related to the patient’s satisfaction with receiving nursing services. The low quality of nursing services is in line with low satisfaction, so it is necessary to improve the quality of nursing services to increase satisfaction. One of the comfort and satisfaction factors is the ability to provide information, caring, communicating, polite, responsive. Caring nurses are a caring attitude that makes it easier for patients to achieve improved health and recovery. Caring behavior is a form of caring, giving attention to others, being person-centred, respecting self-esteem and humanity, commitment to preventing worsening health status, paying attention and respecting others.

Methods: The design used is a literature review, namely using several journals from several sources such as Google Scholar and Pubmed which were published from 2010-2020.

Results: That there is a relationship between patient comfort and satisfaction in the interaction process in terms of nurses’ caring behavior. And it can be seen that the lower patient comfort will be in line with the lower patient satisfaction.

Conclusion: Caring nurses are a caring attitude that makes it easier for patients to achieve improved health and recovery. Caring behavior is a form of caring, giving attention to others, being person-centred, respecting self-esteem and humanity, commitment to preventing worsening health status, paying attention and respecting others.

I. Introduction

Nurses' caring behavior is needed in fostering a harmonious relationship between nurses and clients. Caring in nursing involves efforts to treat clients humanely and completely as humans who are different from other humans (Romero-Martín, 2019). The main focus of nursing is carative factors originating from a humanistic perspective combined with basic scientific knowledge. Caring behavior of nurses is very important in fulfilling patient satisfaction, this is an indicator of the quality of service in a hospital. Aiken's (2012) research shows that the percentage of nurses who have poor quality caring services is 11% in Ireland and 47% in Greece. The International Association of Human Caring explains that nursing always includes four concepts, namely caring is what nurses do, humans are the target of what nurses do, health is the goal and the environment is the place where nurses care. In Indonesia, caring is one of the assessments for health service users. Based on the results of client satisfaction surveys at several hospitals in Jakarta, it shows that 14% of clients are dissatisfied with the health services provided, due to poor caring behavior (Ministry of Health of the Republic of Indonesia) (Firmansyah, 2019).

Nurses are people who are one of the keys to fulfilling patient satisfaction. Therefore, nurses' caring behavior can have an influence on quality service to patients. Most approaches to teaching communication in health care combine cognitive, affective, and behavioral components, with the general goal of promoting greater self-awareness in the Health Professions (Moore et al., 2018).
Caring is the basis of the entire nursing process which describes the unity of human values as a whole. Regarding the Theory of Human Care, caring is an interpersonal relationship between nurses and patients who provide nursing care with the aim of improving and protecting the patient so as to help the patient's healing process (Ilkafah et al., 2017).

Satisfaction is a relatively complex social phenomenon. The term satisfaction is used to analyze or evaluate results, comparing the desired needs set by an individual with the needs a person obtains (Ilkafah et al., 2017). Satisfaction is influenced by various factors. There are five factors, namely patient characteristics, physical form, assurance, empathy, and reliability. Patient satisfaction will be achieved if desires and reality match.

The patient-centered approach holds that patients know better than health care providers if they are experiencing quality care, and patient assessment of the quality of care received is critical to improving patient outcomes. Therefore, assessments of the quality of caring behavior manifested by nurses must be based on information obtained from patients, as well as nurses (Thomas et al., 2019). Coaching on evidence-based trust-building behaviors may be beneficial for nurses who do not have extensive time with patients to build rapport.

The better the nurse's caring attitude towards the patient, the more the patient will trust the nurse. And it will erode the perception that nurses only help doctors with their duties. Apart from patients becoming increasingly satisfied with the services provided, caring for patients will shorten the length of patient care (Kadrianti, 2019).

Patient satisfaction depends on the performance in providing a service, if the performance is much lower than the patient's expectations, the patient is not satisfied and if the service performance is in line with expectations then the patient feels very satisfied or can be interpreted as a comparison between the expectations held by the patient and the reality received by the patient. patients when receiving services. Caring behavior in nursing is studied from various philosophies, meaning that it is not only nurses who behave caringly, but as humans we can also care for others. Caring behavior from nurses and comprehensive and holistic service, helps provide comfort and calm for patients who do not have extensive time with patients to build rapport.

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II. METHODS

The method used in this writing is a literature review study. Search for published articles obtained from Pubmed, Researchgate, and Google Schoolar using the journal/article search keywords "Comfort AND Patients Satisfaction AND Interaction Process" for international journals/articles and "Comfort AND Patients Satisfaction AND Interaction Process" for journals/ National article. Articles and journals that meet the inclusion and exclusion criteria are taken for screening, analysis of journal suitability, and exclusion of duplicate journals and not suitable for inclusion. Research journals that are appropriate for inclusion are collected and a journal summary is made and entered into a table according to the format provided. This literature review uses publications from 2010-2020 which can be accessed in full text in pdf format. The criteria for journals reviewed are using Indonesian and English with human subjects.

III. RESULTS

According to Titik Juwariyah, et al. using the Spearmen Rho Test, the research results showed that caring behavior was related to patient satisfaction with a p-value = 0.0. The caring behavior of nurses at the VCT Polyclinic at Gambiran Kediri Regional Hospital was assessed by HIV/AIDS patients at the "no care" level. 6 people (12%), "quite care" as many as 14 people (28%), "care" as many as 18 people (36%) and "very care" as many as 12 people (24%), patient satisfaction "not satisfied" as many as 2 people (4%), "quite satisfied" as many as 10 people (20%), "satisfied" as many as 17 people (34%), "very satisfied" as many as 21 people (42%) (Juwariyah et al., 2014).

According to Aisyah, using the Spearman Rank Test, the results of the analysis of the relationship between nurses' caring behavior and patient satisfaction levels showed that 61 respondents did not behave caring, namely 49 people said they were dissatisfied (38.9%) and 12 people said they were satisfied (9.5%). , while 65 respondents behaved in a caring manner, namely 25 people said they were dissatisfied (19.8%) and 40 people said they were satisfied (31.7%). The results of data analysis using the Rank Spearman statistical test obtained a p value of 0.001 (p<0.05) (Aisyah, 2022).
According to Susanti, et al., using univariate and bivariate analysis (Spearman Rho), it can be seen from 24 respondents that the caring nurses obtained were in the good (37.5%), sufficient (41.7%), poor (20.8) categories, and bad (0%). The level of patient satisfaction was in the categories very satisfactory (41.7%), satisfactory (33.3%), unsatisfactory (25.0), and unsatisfactory (0%). The results of the Spearman Rho statistical test with p value (sig) are 0.000<0.05 and the calculated r value is greater than r table (0.961>0.40044). There is a significant relationship between caring nurses and patient satisfaction levels (Susanti et al., 2019).

According to Firmansyah et al, with data analysis in the form of a frequency distribution of research results regarding nurses' caring behavior, 52.1% is sufficient, Fulfillment of human needs 73.2%, Altruistic Humanistic Value System 43.7%, Client beliefs and expectations 47.9%, Sensitivity to self and others 50.0%. Relationships help feelings of trust 48.6%, recipients of positive and negative expressions 51.4%, Problem solving methods 47.2%, Interpersonal teaching process 45.1%, Psychological environment 60.6% of nurses' caring behavior is sufficient and clients' phenomenological existential strength assesses 44.4% of nurses' caring behavior as good (Firmansyah et al., 2019).

According to Niken Sukses, using bivariate analysis shows that there is a relationship between caring nurses and patient satisfaction (p= 0.015; α 0.05). Nurses who are caring have 4.92 times the opportunity to provide patient satisfaction compared to those who are less caring. Nurses' caring behavior is used as a performance assessment to meet patient satisfaction (Sukses et al., 2013).

According to Wisnu Tri Anggoro, et al. using univariate and bivariate analysis using the chi square test, the results of this study show that there is a significant relationship between age (p-value= 0.000), and length of service (p-value= 0.001) with nurses' caring behavior, while gender (p-value= 0.107), education (p-value= 0.055), and marital status (p-value= 0.117) did not show a significant relationship. The older the age and the longer the nurse's working experience, the better the nurse's caring behavior, while gender, education and marital status do not differentiate nurses' caring behavior. Future researchers are expected to develop internal and external factors for nurses (Anggoro et al., 2019).

According to Syafrisar Meri Agritubella, et al. the results of univariate analysis show that the majority of nurses are in the Early Adult age group (26 - 35 years) and are female. More than half of the nurses are DIIN Nursing and have worked for less than 5 years. The results of research on patient comfort in the interaction process are more than half in the comfortable category (52.03%), and patient satisfaction in the interaction process is more than half of the patients in the satisfied category (72.36%). Bivariate analysis shows that there is a relationship between the characteristics of the length of work of implementing nurses and patient comfort and satisfaction in the nursing service interaction process (Agritubella, 2017).

We included 17 RCTs conducted primarily in outpatient settings. Eleven trials compared CST without CST intervention; three trials compared the effects of a follow-up CST intervention after initial CST training; two trials compared the effects of CST and patient training; and one trial compared two types of CST. The types of CST courses evaluated in this trial varied. Study participants included oncologists, residents, other physicians, nurses, and a mixed team of HCPs. Overall, 1,240 HCPs participated (612 physicians including 151 residents, 532 nurses, and 96 mixed HCPs) (Moore et al., 2018).

Ten trials contributed data to the meta-analysis. HCPs in the intervention group were more likely to use open-ended questions in post-intervention interviews than the control group (SMD 0.25, 95% CI 0.02 to 0.48; P = 0.03, I2 = 62%; 5 studies, 796 participant interviews; very evidence with low certainty); more likely to show empathy toward their patients (SMD 0.18, 95% CI 0.05 to 0.32; P = 0.008, I2 = 0%; 6 studies, 844 participant interviews; moderate certainty evidence), and less likely to provide facts alone (SMD -0.26, 95% CI -0.51 to -0.01; P = 0.05, I2 = 68%; 5 studies, 780 participant interviews; low-certainty evidence). Evidence showing no difference between CST and no CST to raise patient concerns and provide appropriate information with moderate certainty. There was no evidence of differences in other HCP communication skills, including clarifying and/or summarizing information, and negotiation. The performance of doctors and nurses did not differ for each HCP outcome (Moore et al., 2018).

There were no differences between the groups with regard to HCP 'burnout' (low certainty evidence) nor with regard to patient satisfaction or patient perception of HCP communication skills (very low certainty evidence). Of the 17 included RCTs, 15 were considered low risk of overall bias (Moore et al., 2018).
IV. DISCUSSION

Hospitals as one of the health facilities that provide health services to the community have a very strategic role in accelerating the improvement of the level of public health (Ginter, 2018). Quality services can be provided by hospitals to the community, by preparing existing services at the hospital, including nursing services. Nursing is a profession that prioritizes the attitude of "Care" or concern and compassion for patients.

Nursing is a profession that prioritizes understanding human behavior and responses to health problems, how to respond to other people, and understanding patient strengths and weaknesses.

Nurses' caring behavior will influence patient satisfaction, good nurse caring behavior will make patient satisfaction positive, because patients have high trust in assessing hospital services (Calonge, 2018). So the better the nurses’ caring behavior in providing nursing services to patients, the better the level of patient satisfaction with nursing services will be. Also, nurses' caring behavior is very important in fulfilling satisfaction and caring is very influential as an indicator of service quality in a hospital.

Caring behavior is an action based on concern, affection, skill, empathy, responsibility, sensitivity and support. This behavior functions to improve or enhance human conditions and ways of life which emphasize healthy activities and enable individuals and groups based on culture (Mailani, 2017).

The application of caring behavior by nurses shows that caring behavior training can increase the implementation of caring behavior by implementing nurses in providing nursing care to patients (Fadriyanti, 2022). This improvement can be seen from nurses' behavior in implementing Swanson's five caring dimensions, especially in the Caring dimensions of maintaining belief, Being with, and enabling.

There are five aspects that cause patients to be satisfied with the service process, namely, communication, staff, hospital environment, the hospital's promise to provide maximum service, and the impact felt after treatment (Thomas, 2019). Communication is the main factor that makes patients satisfied with services. Good delivery or communication between hospital employees and patients in delivering services. Effective communication is the most influencing factor, especially during the treatment process which makes the patient feel involved in the process.

A fast service process can improve the hospital's image. Speed of service is the main factor desired by patients. Especially for services in hospitals. All patients want to get well soon and get service. Therefore, consumers want a fast process starting from registration to treatment. Consumers who receive service with a fast process will give positive opinions when telling other people about their experiences (Devi et al., 2019). The attitude of doctors and nurses who serve patients deftly and provide appropriate medical treatment, makes patients feel satisfied and will recommend the hospital to their friends and relatives.

In the researcher's opinion, caring is perceived by clients as an expression of love and bonding, authority and existence, always together, empathy, can motivate nurses to be more caring towards clients and able to take action according to client needs. The better the nurse's caring behavior in providing nursing care services, the happier the client or family is in receiving the service, meaning that the nurse-client therapeutic relationship is increasingly developed. This is a nurse who provides caring for clients, which means that nurses can show attention, responsibility for the care given to clients, and also care for clients sincerely and sincerely (Lotfi et al., 2019). In this era of globalization, public awareness is increasing and demands for quality health services are also increasing. Having a caring attitude carried out by nurses can improve the quality of health services in hospitals in general.

The conclusion that can be drawn from the several definitions above is that there is a common view that customer or client satisfaction is an expression of feelings of satisfaction if the reality or service experience meets the client's expectations. This will create high loyalty or image. A successful nurse who builds trust will make the nurse's job easier because patients who have trust will accept all the activities carried out by the nurse in providing professional services for patient satisfaction.

V. CONCLUSION

The low quality of nursing services is in line with low satisfaction, so it is necessary to improve the quality of nursing services to increase comfort and satisfaction. The patient's sense of comfort is related to the patient's satisfaction with receiving nursing services. One of the comfort and satisfaction factors is the ability to provide information, caring, communicating, polite, responsive. Caring nurses are a caring attitude that makes it easier for patients to achieve improved health and recovery. Caring behavior is a form of caring, giving attention to others, being person-centred, respecting self-esteem and humanity, commitment to preventing worsening health status, paying attention and respecting others. From results
this study, there is the relationship between patient comfort in the interaction process in terms of nurses' caring behavior, and it can be seen that the lower patient comfort will be in line with the lower patient satisfaction.

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**REFERENCES**


