ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 11, Issue, 11, pp.8016-8020, November, 2019

DOI: https://doi.org/10.24941/ijcr.37060.11.2019

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

THE DEVELOPMENT OF CARING CODE IN THE EMERGENCY ROOMOF UNIVERSITAS SUMATERA UTARA HOSPITAL, MEDAN

Lira Fedora[1,*], Setiawan[2] and Diah Arruum[3]

[1] Master Program, Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia
[2]Dean, Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia
[3]Lecturer, Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia

ARTICLE INFO

Article History:
Received 24th August, 2019
Received in revised form
18th September, 2019
Accepted 05th October, 2019
Published online 26th November, 2019

Key Words:
Caring Code,
Nurse,
Emergency Room.

ABSTRACT

Background: Caring code is a guidance developed as a guideline in applying caring behavior. **Objects:** to develop caring code in the Emergency Room of Universitas Sumatera Utara Hospital. **Methods**: The research used action research method. It was done from October, 2017, November, 2018, until January, 2019 through action research cycle 1. The research instrument was focus group discussion (FGD) guideline, questionnaires on nurses' knowledge of caring, and observation sheets about nurses' caring behavior. The samples were 20 nurses as the respondents, taken by using purposive sampling technique. The data were gathered qualitatively, using content analysis and quantitatively, using frequency distribution. **Results:** The result of the research showed that there were some themes: the meaning of caring according to the nurses, nurses' caring behavior needed in the emergency, nurses' caring behavior used by patients, the factors which influenced nurses' caring behavior, and nurses' obstacles in doing caring behavior. The caring code in the emergency room was divided into three stages, organized based on triage at Universitas Sumatera Utara Hospital which had 21 nurses' caring behaviors. It increased nurses' knowledge of caring: in the pre-caring code implementation, their knowledge frequency was 90%, and in the post-implementation it increased to 100%. In the pre-implementation, their caring behavior in the emergency room was60%, and in the post-implementation it increased to 90%. **Conclusion:** It is recommended that the hospital management give support and reward to nurses in the emergency room who have had good caring behavior.

Citation: Lira Fedora, Setiawan and Diah Arruum. **2019.** "The Development of Caring Code in the Emergency Roomof Universitas Sumatera Utara Hospital, Medan", *International Journal of Current Research*, 11, (11), 8016-8020.

INTRODUCTION

Emergency Department as a hospital entrance that provides the first health services for every patient who comes, especially for patients in emergency and/or emergency conditions. Patients who come to the emergency room are generally in a condition suffering from illness that was not predicted before by the patient and his family, so this condition requires more services (Suroso, 2016). Nurses as health workers working in the unit are required to be deft and act quickly in assessing and handling patients, have a sense of care for the patient's dangerous and life-threatening conditions. When these conditions are needed caring nurses in providing care to patients because of the total care they need (Januar, Ratnawati and Lestari, 2017). Some research on caring nurses conducted abroad, such as in America, Bucco's research (2015) states that there is a relationship between nurses and patients' perceptions of nurses caring behavior with patient satisfaction in emergencies so that it causes low levels of patient satisfaction. In Indonesia, nurses caring behavior research, such as that conducted by Sukesi (2013) at Permata Medika Hospital Semarang stated that 44.2% of patients were satisfied with nurses caring behavior and 55.8% expressed dissatisfaction with nurses caring behavior. Marmi (2015) in his research at emergency room PKU Muhammadiyah Hospital Yogyakarta about nurses caring behavior 72.2% of patients stated that it was enough and 27.8% of patients said nurses caring behavior was lacking. The phenomenon in the field, when patients come to the emergency room to get health care, nurses immediately deal with patients deftly but forgetting caring behavior needed by patients. One example is the communication and information needed by the family to find out the patient's condition, the actions given to the patient, the use of medicines given to the patient and when the patient with the emergency condition is handled by the nurse, the patient whose condition is not emergency and emergency, waits to be handled by

Corresponding author: **Lira Fedora,**
Master Program, Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia.

nurses, but nurses do not explain it first, resulting in patients feeling nurses in the emergency room are less caring for patients and families. According to Enns, Sawatzky (2016) and Boltz, et al (2013) although the meaning of caring has been explored in many fields of nursing, there is still a lack of literature specifically discussing the perspectives of emergency room nurses regarding care, so it is important to dig deeper into the meaning of caring and caring. The factors that influence caring from the point of view of nurses in the emergency room and the need for a nurse's caring behavior procedure in the emergency room. An additional program evaluation study conducted by Keeley, et al, (2015) using a modified caring protocol resulted in an increase in the satisfaction of patients being treated and an increase in nurses' perceptions of caring from the previous one. As the most dominant profession (55-65%) in the hospital (Simamora, 2017) and the profession group that is closest to the pain and misery experienced by patients and their families (Simamora, 2016), patients really need caring behavior from nurses.

MATERIALS AND METHODS

This research was a qualitative research with an action research approach that aims to develop nurses caring code in caring behavior at Universutas Sumatera Utara hospital in Medan. This research was conducted in October 2017, November 2018 to January 2019. The purposive sampling technique was used by researchers to select participants in this study. The participants were nurses at Universitas Sumatera Utara Hospital in Emergency room, including: the head of the room, the team leader and the nurses/midwives implementing and divided into 2 groups of participants, namely: 1) 8 FGD participants and 2) participants for distributing questionnaires as many as 20 people. Data were collected using voice recorders, focus group discussion guides, observation sheets, questionnaires and field notes. The research cycle on developing caring code at the Universitas Sumatera Utara Hospital in Emergency room was carried out in one cycle namely four stages compiled based on the concept of the "four moments" of action research Kemmis and McTaggart (2014). The four stages consist of planning, acting, observing and reflecting. Before the planning stage is carried out, the reconnaissance stage must be carried out to identify the research settings at the Universitas Sumatera Hospital, Medan. Data analysis consists of analyzing qualitative and quantitative data. Qualitative data obtained in the form of data recorded from the results of the reconnaissance stage FGD and reflection stage FGD. Then the recorded data is made transcript. The next transcript is analyzed using the content analysis method.

Quantitative data were obtained from data collection on all nurses in the Universitas Sumatera Utara Hospital Emergency Unit using nurses caring behavior questionnaire that had been tested for validity to three experts (experts). The quantitative data obtained were analyzed with descriptive statistics. Lincoln and Guba (1985) state that the results of action research can be trusted by validating data based on five criteria, namely credibility, transferability, dependability, confirmability and authenticity. Ethical clearance has been obtained from the Ethics Commission of the Faculty of Nursing, Universitas Sumatera Utara.

RESULTS

The process of developing caring code is carried out in 2 stages. The initial stage is reconnaissance, at this stage the researcher approaches the related management, looking for problems that will be raised into the research material. While the second stage is an action research cycle, namely planning, action, observation and reflection.

Reconnaissance stage: Data were collected conducting focus group discussions of nurses at the Universitas Sumatera Utara Hospital in emergency room attended by 8 nurses. Data generated at this stage are divided into three groups, namely: 1) Nurse's perspective on caring in the emergency room, 2) Nurse's knowledge of caring, 3) Nurse's caring behavior in the emergency room

The action research process: The study action research on developing caring code at the Universitas Sumatera Utara Hospital was conducted in one cycle consisting of planning, action, observation, reflection and conducted by the researcher.

Planning stage: At this stage the researcher made several plans, 1) planning the introduction of research activities and the results of reconnaissance data collection to nursing management, 2) planning the formation of the caring code development team, 3) planning the tentative form of caring code, 4) planning the socialization of caring code and testing implementation of caring code. This stage was carried out in December 2018.

Action and observation stage: In the action phase the activities undertaken were: 1) forming a caring code development team, 2) holding a meeting with nursing management, 3) revising the caring code draft, 4) socializing and caring code for nurses, 5) formulating a caring draft code, 4) check the Expert for caring code results. The observing phase was conducted by researchers to observe the caring code trial by nurses to patients or families after the socialization of caring code at the Universitas Sumatera Utara Hospital in Emergency room Medan.

Reflection stage: The activities carried out at this stage are conducting focus group discussions (FGD) to nurses to explore information about nurses' experiences, measuring the level of knowledge of nurses after caring code testing, observing nurses caring behaviors, and socializing caring codes on nursing management. From this reflection stage 5 themes were obtained based on the nurse participant's reflection during applying caring code, namely 1) the perceived benefits of participants during caring code implementation, 2) the weaknesses of caring code perceived by participants, 3) the constraints felt by participants during the implementation of caring code, 4) Factors which encourages participants to implement caring code.

The benefits felt by participants during the implementation of caring code: According to participants, after caring code testing, nurses have guidelines for caring behavior, have new insights about caring, nurses learn to be more patient, patients are satisfied with the services provided by nurses, there are separate satisfaction in nurses, self-control of nurses and facilitate nurses to remember caring behavior in the emergency room. Participant's statement in the following quote:

"... With the caring code, so we can behave more caring with patients ... Because all this time our thoughts, especially myself ... caring that can only be done in the inpatient, because there is plenty of time to be able to be competent there , if in the emergency room it can't be capable. Apparently caring is not only capable, but quick action to help patients is also caring "(Part 3)

"... With this caring code we know which caring behaviors for the emergency room are not the same as those in the room, like this sis, helping the patient immediately, it means we have to be fast, alert like that, sis, if not alert less caring ..... hopefully so I can be more patient again with this caring code sis, more to the changes in each other's sister sis ... "(Participant 5)

"... if the nurses are caring, the service will get better, better, patients and families will feel happy with our service, and if all nurses have caring behavior, there must be a sense of satisfaction in being able to provide the best for others, then knowledge of caring also increases like we said before, and this caring code can be our guideline for caring, so in the long run, nurses can already show their caring by themselves, so the term is embedded in their hearts, "(Participant 1)

Weaknesses of caring code perceived by participants: Some of the caring code deficiencies revealed by nurses, such as the caring code format does not match triage, some caring code items need to be revised because their use is less effective and the words used are not specific to the emergency room. The following excerpts from the participant's statement:

"... In my opinion, if it is divided into sections according to triage, it might be better sis, because there are some special codes later on the line, sis, that's it, then sis, like in the pre-procedure, it needs to be done more asking patient complaints, checking vital signs as well. "(Participant 3)

"... Repeated explanations are less effective in caring code, it is enough to provide clear information ..." (Participant 5) "... Because there are some words that might have the same meaning, only different sentences, so maybe the language is more specific, bro ... so it might be made into 1 sentence sis, but it doesn't reduce the meaning ... " (Participant 4)

Obstacles felt by participants during the implementation of caring code: Caring code in its implementation also has obstacles as stated by participants. These barriers such as differences in nurses' perceptions of caring in the emergency room with caring in the inpatient room, nurses' self-awareness in caring code applications, work fatigue experienced by nurses due to increased patient visits, and nurses' personal problems brought at work. The following excerpts from the participant's statement:

"... Because I feel that caring can only be made maximum if in the room...the obstacle is from my own thinking sis, even though maybe a touch of affection is not loved dear... it's a misperception, so it's rather difficult to apply it" (Participant 5)

"... Maybe that is the obstacle, from within myself, bro, sometimes sis, there are many patients, tired, continue to care for me and it feels difficult at all, even just to smile, it feels heavy at times sis , ... that's sometimes what makes you mistaken is sis ... haha, so you can't care caring anymore .. heheh ... so no mood anymore, bro ... hehhe .. "(Participant 4)

"... The obstacle is that if I am the same as my friends, the urge from within myself, then because many patients have become tired, I might forget the caring code, by the way, sometimes even just getting to work at work is not uplifting. .. like a personal problem like that, so for not working enthusiasm, so it doesn't care for patients. Hehe "(Participant 3)

Factors that encourage participants to implement caring code: Obstacles felt during the implementation of caring code, overcome by several driving factors such as: teamwork between nurses, nurses receive rewards, rewards do not always take the form of material but can be in the form of praise given to nurses who already behave caring, the existence of co-workers support, support superiors and approach themselves to God Almighty so that they can always provide the best service in the ED. The following excerpts from the participant's statement:

"... Maybe you need to work together, teamwork like that with one shift friend, so that you can be the same as caring, sis, I'm not tired myself ... hahah .." (Participant 4)

"... So maybe in order to be more caring again, can you get praise from superiors or rewards, rewards are not always in material form ... For example, you can get a compliment, or you can call the nurse with the best caring this month ..." (Participant 1 and 3)

"... Maybe some of them already represent all of us sis ... hahah ... like before, there is a reward that is given to nurses who behave caring, there is support from coworkers, and most definitely get closer to God, so that keep giving the best for services in emergency room sis, so I can keep on working and the better caring .. "(Participant 4)

DISCUSSIONS

Research process 1 cycle of action research is in accordance with the research objectives that the expected output is the reference material for nurses caring behavior in the emergency room, so that the form of caring behavior exhibited by nurses in accordance with what is needed by patients while in the emergency room. The resulting caring code consists of 3 stages: 1) the pre-procedure stage, 2) the procedure stage, 3) the post-procedure. The pre-procedure stage is performed at the time the patient first enters the emergency room, during the primary triage, the item caring code at this stage is greeting, introducing themselves, asking the patient's name, doing triage, accompanying the patient to the emergency room. This caring code item is performed on patients with non-emergency conditions who come to the emergency room. The caring code item in this stage is in accordance with Watson's caring factor. Introducing yourself to patients is a manifestation of behavior from Watson's fourth carative factor, namely developing a relationship of mutual trust and help (Stuart &Laraia 2001 in Wahyuni, 2008; Indrastuti, 2010). The procedure stage, at this stage the caring code items are divided by triage, red / blue label triage with caring code items; conduct an initial assessment of the patient's condition, meet the patient's basic needs, take action for patenting ABC, perform fluid resuscitation, respond immediately to any changes in the

patient's condition, maintain patient privacy, provide clear information.

This caring code item is in line with the results of Jainurakhma, Winarni & Setyoadi (2013) research on phenomenology: caring nurses for clients with critical conditions in the hospital emergency department dr. Saiful Anwar Malang, which produced the theme of saving critical patients with categories: immediately helping critical patients, nurses' actions during resuscitation, providing patient privacy, asking for approval of actions and cooperating. This is a manifestation of nurses' behavior in accordance with Watson's ninth karatif factor, which helps in meeting human needs while maintaining overall client privacy (Stuart &Laraia 2001 in Wahyuni, 2008; Indrastuti, 2010). Provision of information clearly is also an important part in creating caring behavior because information can be given through communication that occurs between nurses and patients and / or families so that mutual understanding is achieved (Simamora, 2010).

Yellow label triage with item caring code; the family is allowed to accompany the patient during the treatment process. Family involvement accompanying patients during the treatment process is very much needed and helps in making decisions about the actions to be taken by nurses on patients (Januar, Ratnawati, & Lestari, 2017). Green label triage with item caring code; serve patiently, motivate healing, give touch. Serving patiently, motivating healing is a manifestation of Watson's second and third karative factors (Stuart &Laraia in Wahyuni, 2008; Indrastuti, 2010), a touch of affection is one of the nurses' attitudes in nursing practice related to caring. A touch of affection is done by: holding the patient's hand, giving a back massage, placing the client carefully and participating in the conversation (Potter & Perry, 2010). In the post procedure stage, the item caring code in this stage is maintaining confidentiality, waiting times for services, facilitating administrative completion, facilitating room transfers, giving comfort (grieving phase). The caring code contained in this stage is in line with the results of Suroso (2015) research on ten caring needed in the emergency department, which is divided into 3 themes. One of the themes is caring administration which has 4 categories, namely: clarity and ease of administration, waiting time for treatment and information on moving room. The grieving phase is carried out on the families of the patients left behind, by providing comfort to the family and is the application of the tenth Watson carative factor.

The Outcome Caring Code obtained from this study is the caring code used by nurses in caring behavior in the ER of Universitas Sumatera Utara Medan Hospital, which is applied by nurses in caring behavior for patients in the ED. Action research method is best done to develop caring code, because it can involve participants, new knowledge is generated, so that changes occur for the better. This is in accordance with the explanation by Polit and Beck (2012) that through this research participants' knowledge increases, participants have an awareness of change that is manifested through action.

Conclusion

This research produced nurses caring code in the emergency room at Universitas Sumatera Utara Medan Hospital. The caring code is used as a tool for nurses to care for patients in the emergency room. Caring code is given to each nurse so that nurses can read it while serving in the emergency room. The contents of the caring code are divided into three stages: pre-procedure, procedure and post-procedure and consist of 21 items caring code. At the pre-procedure stage, a caring code item was given which began in the primary triage, the procedure stage was divided according to the triage process at Universitas Sumatera Utara Hospital and the pre-procedure stage was the final stage when the patient was about to move room, go home, or die. The caring code that has been produced is adjusted to the emergency needs of the Universitas Sumatera Utara Hospital. The results of qualitative and quantitative analysis showed that there was an increase in nurses caring knowledge and caring behavior after caring code testing in the emergency room. This can be seen through self-report retrieval data before caring code testing is performed, the level of nurses' knowledge about caring is in the good and sufficient categories, whereas for caring behavior it is found that nurses caring behavior is in the bad category. After testing the caring code, the level of nurses' knowledge is obtained in both the good category and the nurses caring behavior is not in the bad category. Another benefit that can be obtained by nurses after caring code testing is to add nurses' insights about caring, as a reference material based on caring behavior procedures in the emergency room, patients are satisfied with caring nurses, there is self-satisfaction and nurses become more patient in dealing with patients.

REFERENCES

Boltz, M., Parke, B., Shuluk, J., Capezuti, E., & Galvin, J. 2013. Care of the Older Adult in the Emergency Department: Nurses Views of the Pressing Issues. *The Gerontologist Cite Journal. 53 (03)*: 441-453. DOI 10.1093/geront/gnt004.

Bucco, T. 2016. The Realtionships between Patients' Perceptions of Nurse Caring Behaviors, Nurse' Perceptions of Nurse Caring Behaviors and Patients Satisfaction in the Emergency Department. Disertation : Staten Island University Hospital.

Enns, C. L., & Sawatzky, J. V. 2016. Emergency Nurse's Perspectives : Factors Affecting Caring. *Journal Of Emergency Nursing,* Vol. 42, 240-245

Jainurakhma, J., Winarni, I., & Setyoadi. 2013. Phenomenology: Caring for nurses with Clients with Critical Conditions at the Emergency Room-Hospital Dr. Saiful Anwar Malang. *Journal of Health Sciences* 2 (1): 17-31. ISSN 2303-1433

Januar, M., Ratnawati, R., & Lestari, R. 2017. Fenomenologi: Pengalaman *Caring* Perawat pada Pasien Trauma dengan Kondisi Kritis (P1) di IGD RSUD Tarakan-Kalimantan Utara. *Jurnal Ilmu Keperawatan 5(1): 42-56*. ISSN 2088-6012

Keeley, P., Wolf, Z., Regul, L., & Jadwin, A. 2015. Effectiveness of Standard of Care Protocol on Patient Satisfaction and Perceived Staff Caring. *Clinical Journal of Oncology Nursing. Vol. 19 (3)*: 352-360

Lincoln, Y, S & Guba, E, G. (1985). *Naturalistic inquiry.* Newbury Park: Sage Publication

Marmi, E. 2015. Hubungan Beban Kerja dengan Perilaku caring perawat menurut persepsi klien di IGD RS PKU Muhammadiyah Yogyakarta: Yogyakarta

Polit, D.F., & Beck, C.T. 2012. Nursing Research: Generating ang Assessing Evidance for Nursing Practice (9thed). Wolters Kluwer Health: Lippincott Williams & Wilkins.

Potter, P.A., & Perry, A. G. 2010. Fundamental Keperawatan (edisi 7). Jakarta: Salemba Medika.

Simamora, R. H. 2010. Komunikasi dalam Keperawatan. Jember University Press: Jember

Simamora, R. H., Bukit, E., Purba, J. M., & Siahaan, J. 2017. Penguatan kinerja perawat dalam pemberian asuhan keperawatan melalui pelatihan ronde keperawatan di rumah sakit royal prima medan. *Jurnal pengabdian kepada masyarakat*, *23*(2), 300-304.

Sukesi, N. 2013. Upaya Peningkata Caring Perawat Terhadap Kepuasan Pasien Diruang Rawat Inap RS Permata Medika Semarang. *Jurnal Managemen Keperawatan 1 (01):* 15-24

Suroso, J. 2016. Pengembangan Instrumen Caring Pelayanan Keperawatan Gawat Darurat Rumah Sakit. Disertasi. Universitas Gajah Mada : Jogyakarta.

Suroso, J., Soenarto, Y., Prabandari, Y., & Haryanti, F. (2015). Top ten caring needs of emergency department patients in Banyumas, Central Java province, Indonesia: patient's needs and cultural approach. *International Journal of Research in Medical Sciences*: S61-S68. DOI 10.18203/2320-6012.ijrms20151522

Wahyuni, A., & Amelia, R. 2008. Hubungan Pelaksanaan Caratif Caring pada Perawat dengan Kepuasan Pasien Rawat Inap RS H. Adam Malik Medan. Laporan Penelitian Universitas Sumatera Utara: Medan.

****