

## Original Article

## Prevalence of the Poor Caring Behavior Among Indonesian Nurses: A Systematic Review and Meta-Analysis

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**Data Availability Statement:** The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

### Abstract

**Background:** A report reveals that patient and family dissatisfaction with the services of health staff is often expressed through violence. This dissatisfaction arises due to the behavior of staff who are less competent and less concerned about the patient's situation. However, until now, information about the caring behavior of nurses in Indonesia is still inadequate. It can hinder efforts to improve care services for Indonesia's most prominent health profession.

**Objective:** This review aims to find prevalence of the poor caring behavior among Indonesian nurses who work in hospitals.

**Methods:** The study design was systematic review and meta-analysis. Study selection, critical appraisal of the study, data extraction, and data synthesis were carried out according to the JBI methodology for systematic review of prevalence. Searches were made through the PubMed, ScienceDirect, ProQuest, and Garuda Reference Digital (Garuda) databases to identify published or not published studies in English and Indonesian from inception to August 23, 2021. The keywords used to search for literature consist of caring behavior, nurse, hospital, and Indonesia.

**Results:** Ten studies from nine provinces in Indonesia were included in this review. All studies were cross-sectional. The review results showed that the prevalence of poor caring behavior among Indonesian nurses ranged from 12% to 71%, with a pooled prevalence of 40% (CI: 28% to 53%).

**Conclusion:** The prevalence of poor caring behavior among Indonesian nurses is high. It is suggested to the nursing care provider to improve their nurses' caring behavior to prevent the emergence of violence against nurses or other staff in the workplace.

**Keywords:** Indonesia, nurses, prevalence, poor caring behavior

### Background

Violence against nurses is quite common in Indonesia. According to the general chairman of Indonesian National Nurses Association (INNA), Harif Fadhilah, 7-8 cases of violence against nurses were occurred in Indonesia during 2020-2021 (Arunanta, 2021). The perpetrator is usually the patient himself or a relative of the patient. A report revealed that

10% of emergency nurses in Indonesia experienced physical violence, while more than half (54.6%) reported experiencing non-physical violence (Noorana Zahra & Feng, 2018).

A study reported that violence against doctors and nurses in hospitals was mainly related to staff behavior. Of the 4,047 statements obtained in the staff survey about the

emergence of violence, 39% referred to staff behavior. Patient acts of violence against staff are triggered by patient dissatisfaction with service quality, level of staff professionalism, or unacceptable comments from staff members (Shafran-Tikva et al., 2017).

Studies on caring behavior are often associated with patient satisfaction with care services. Caring behavior has a strong, positive, and statistically significant correlation with patient satisfaction with care (King et al., 2019). Research in Pakistan (Abdullah et al., 2017) and the Philippines (Calong & Soriano, 2018) showed a significant relationship between nurses' caring behavior and patient satisfaction. Similar studies in Indonesia also showed the same results (Maay et al., 2019; Toru, 2018; Mailani & Fitri, 2017; Ambarika & Wardani, 2021).

Recently, another act of violence against nurses in Indonesia has attracted widespread public attention (Tosepu et al., 2021). Unfortunately, the root cause of the above case never reached the public. Most likely, the violence arises due to the behavior of less caring nurses. Therefore, it is vital to see the extent of the poor caring behavior of nurses in Indonesia. Throughout the literature search, the authors have not found any literature studies that reveal Indonesian nurses' prevalence of poor caring behavior. Thus, this study aims to obtain the best evidence on the prevalence of poor caring behavior to improve the quality of nursing services in health facilities.

## Methods

This systematic review and meta-analysis was carried out according to the JBI methodology to review prevalence and incidence (Munn et al., 2020).

**Inclusion Criteria:** The inclusion criteria in this review used the PCCS format, which stands for population, condition, context, and study type (Table 1). This approach is mainly used for systematic reviews of prevalence and incidence (Munn et al., 2020). This review considered studies that included all nurses working in all hospital departments in Indonesia. This review included studies that focused on nurse caring behavior in Indonesia, where prevalence data on nurses' caring behavior was presented and carried out

separately. Caring behavior prevalence data was measured using various types of caring scales, such as but not limited to Caring Behavior Inventory (CBI). Those studies that only presented data on caring in two categories (good and poor) were included. This review also included correlation studies that present data on nurse caring behavior separately. Studies that measured the caring behavior of healthcare professionals in general but provide data on the prevalence of nurse caring behavior were also considered in this review. This review included studies that reported on the prevalence of nurse caring behavior in various hospitals in Indonesia. Analytical observational studies, including longitudinal cohort studies and analytical cross-sectional studies, were considered for inclusion. This review also considered descriptive observational studies, including descriptive cross-sectional studies for inclusion.

**Search Strategy:** The search strategy aimed to find published and unpublished studies. A three-step search strategy was used in this review. An initial limited search of MEDLINE and Embase was conducted, followed by an analysis of the words of the text contained in the title and abstract and the index terms used to describe the articles. A second search using all identified keywords and index terms was performed across all included databases. Third, a reference list of all articles identified which were subsequently included in the review was sought for additional study. Studies published in English and Indonesian were considered in this review. Studies published after 2003 were considered for inclusion in this review. This year was chosen because publications related to the caring behavior of Indonesian nurses began to appear in the literature after that year.

**Information Resources:** Databases to search include PubMed, ScienceDirect, ProQuest, and Garuda Referral Digital (Garuda). We used MESH or Keywords as follows:

**Study Selection:** After tracing, all identified citations was aggregated and uploaded to EndNote 20 (Clarivate Analytics, PA, USA), and duplicate citations removed. Potentially relevant studies were retrieved in full and citation details imported into Microsoft Excel (Redmond, Washington, USA); further manual screening for undetected duplicates

was carried out. Two independent reviewers carried out a three-stage selection process. First, the titles of all identified citations were screened based on the inclusion criteria for the review. The selected title abstracts were filtered based on the inclusion criteria in the second stage. Finally, the full text studies of the selected citations were retrieved and assessed in detail against the inclusion criteria. Full-text studies that do not meet the inclusion criteria will be excluded, and reasons for exclusion were given in the flowchart selection process for the systematic review and meta-analysis. Any disagreements between reviewers at whole process of the study selection process were resolved through discussion to determine final inclusion. The search results were reported in full in the final systematic review and presented in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart (Page & Moher, 2017).

**Methodological Quality Assessment:** Included studies were critically assessed for quality of methodology by two independent reviewers using the standard critical assessment instrument for prevalence studies developed by JBI. They rated each study on the quality criteria and obtained an overall score. Any disagreements that arose during the methodological quality assessment were resolved through discussion or with a third reviewer. The results of the critical assessment were reported in a narrative and tabular format. All studies that met the inclusion criteria, were subjected to data extraction and synthesis (where possible). Articles that had a methodology quality score below 50% were excluded. The review findings and recommendations were interpreted, considering the methodological quality of the included articles.

**Data Extraction:** Two independent reviewers extracted data from papers included in the review using standard data extraction tools for prevalence and incidence studies (Munn et al., 2020). The extracted data included specific conditions, population (number of subjects), research methods, and proportion of interest for review questions and specific objectives. Any disagreements between reviewers was resolved through discussion or with a third reviewer. Paper authors were contacted to request missing or additional data if needed.

**Data Synthesis:** Meta-analysis was carried out only on studies that measured nurses' caring behavior in two categories, namely, good, and poor. The measurement results of more than two categories were not included, even though they included the category of poor caring behavior. Likewise, the results stated in the two categories but not inserting the poor category as one of them were also excluded from this review. The prevalence of nurses' caring behavior was expressed in percentage/proportion.

The meta-analysis was carried out using the random effect model, but previously the variance was stabilized using the Freeman-Tukey double arcsine transformation. Data analysis was performed using STATA v.16 (Stata Corp LLC, Texas, USA). Furthermore, heterogeneity was assessed statistically using standard  $I^2$ .

## Results

### Study Inclusion

A total of 59 potentially relevant studies were identified from the database search. There were four studies through Pubmed, 13 studies through ProQuest, five studies through Science Direct, and 37 studies through Garuda (Garba Reference Digital). After correcting for duplication, 53 studies remained. Of these, 12 were excluded after screening titles and abstracts. The remaining 41 articles were taken for full-text review. Of these, 31 articles were excluded, and the reasons for exclusion were recorded (Appendix). The remaining 10 articles met the inclusion criteria and were thus included in this review. The articles were assessed critically and finally, the ten articles were declared qualified and included in a systematic review and meta-analysis.

The studies come from 10 provinces in Indonesia namely Riau, Central Java, Nangroe Aceh Darussalam, North Sumatra, East Java, West Java, Special Capital Region of Jakarta, Banten, Special Region of Yogyakarta, and West Kalimantan. All studies used a cross-sectional survey study design. 10 studies were carried out in meta-analysis. Using the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) format, the study selection process is presented in Figure 1.



Manurung & Hutasoit (2013)	Y	Y	Y	Y	Y	N	U	Y	U	66
Rahayu (2018)	Y	Y	Y	Y	Y	Y	U	Y	U	77
Sulisno & Sari (2016)	Y	Y	Y	Y	Y	Y	U	Y	U	77
Susanti & Apriana (2019)	Y	N	Y	Y	Y	U	U	Y	U	55
Yunita & Hariadi (2019)	Y	N	Y	Y	Y	U	U	Y	U	55
Zulfita, et al. (2020)	Y	Y	Y	Y	Y	Y	U	Y	Y	88
Total (%) Yes	90	45	90	85	80	50	30	90	15	

Y, yes; U, unclear; N, no

Critical appraisal questions:

- Q1. Was the frame appropriate to address the target population?
- Q2. Were study participants sampled in an appropriate way?
- Q3. Was the sample size adequate?
- Q4. Were the study subjects and the setting described in detail?
- Q5. Was data analysis conducted with sufficient coverage of the identified sample?
- Q6. Were valid methods used for identification of the condition?
- Q7. Was the condition measured in a standard, reliable way for all participants?
- Q8. Was there appropriate statistical analysis?
- Q9. Was the response rate adequate, and if not, was the low response rate managed appropriately?

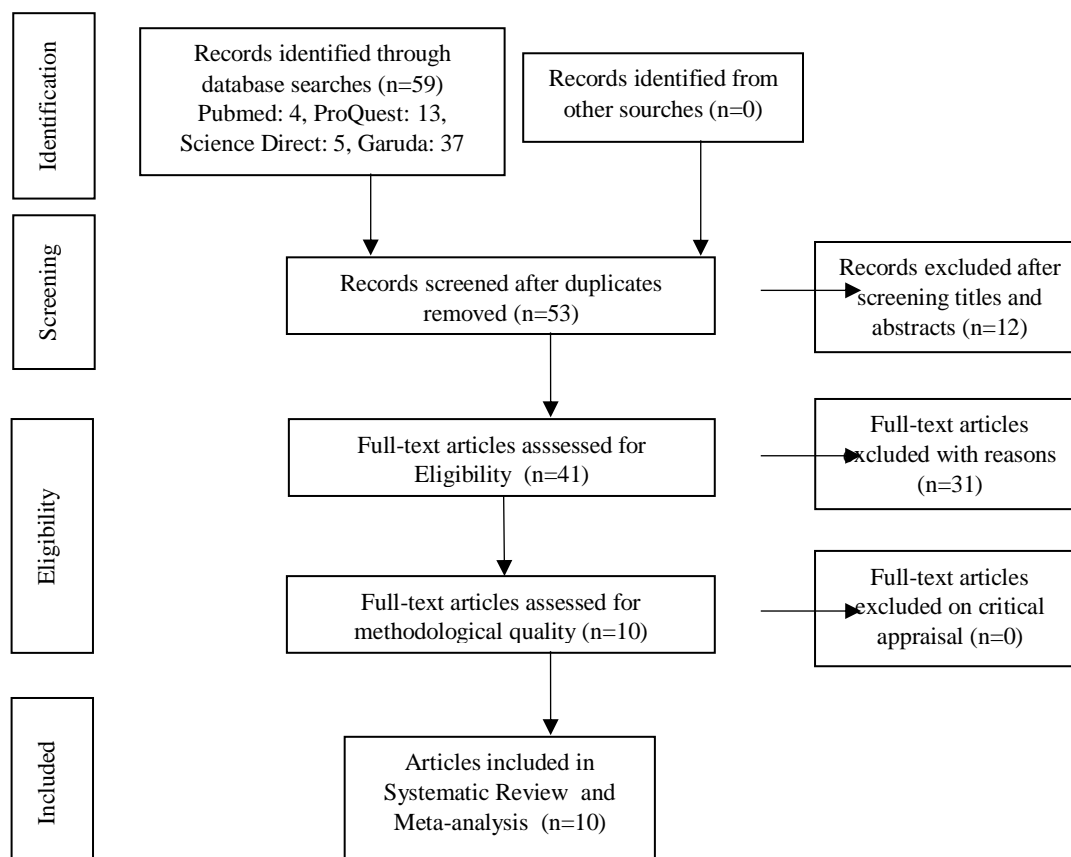


Figure 1: PRISMA flowchart of the study selection and inclusion process (Page & Moher, 2017)

**Table 4: Characteristics of included studies**

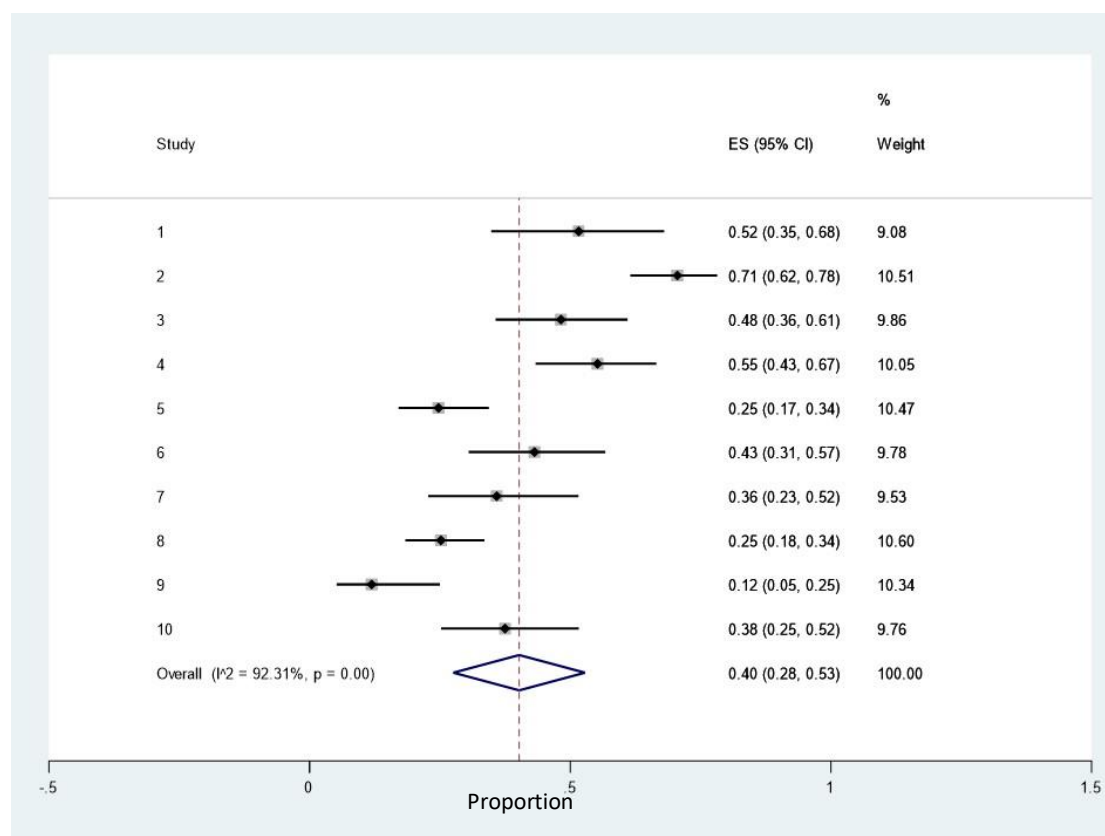
Study	Type	Characteristics	Measure	Results
Ismaini & Mayasari (2019)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Nurses.</li> <li>- Setting: Prince Nayef bin Abdul Aziz hospital, Syiah Kuala University</li> <li>- Sample size: 31.</li> <li>- Sampling technique: Total sampling.</li> <li>- Province: Nanggroe Aceh Darussalam</li> </ul>	Caring behavior Inventory (CBI).	51.6% (n=16) of nurses had poor caring behavior.
Jannah, et al. (2020)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Cancer patients.</li> <li>- Setting: Baladhika Husada hospital, Jember.</li> <li>- Sample size: 112.</li> <li>- Sampling technique: Purposive sampling.</li> <li>- Province: East Java.</li> </ul>	Caring Behavior CBI-24	70,5% (n=79) of nurses had poor caring behavior.
(Khodijah & Marni, 2014)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Nurses.</li> <li>- Setting: Inpatient care at the Tampan hospital.</li> <li>- Sample size: 56.</li> <li>- Sampling technique: Total sampling.</li> <li>- Province: Riau.</li> </ul>	The observation sheet developed by the researcher using the Guttman scale.	48.2% (n=27) of nurses showed poor caring behavior.
Lumbantobing, et al. (2020)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Patients.</li> <li>- Setting: Inpatient care at Indramayu general hospital.</li> <li>- Sample size: 67.</li> <li>- Sampling technique: Convenience sampling.</li> <li>- Province: West Java.</li> </ul>	Caring Behavior Inventory (CBI)	55,2% (n=37) of nurses showed poor caring behavior.
Manurung & Hutasoit (2013)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Patients.</li> <li>- Setting: Inpatient care in the medical ward of Ichsan Medical Center Bintaro.</li> <li>- Sample size: 93.</li> <li>- Sampling technique: Simple random sampling.</li> <li>- Province: Special Capital Region of Jakarta.</li> </ul>	The questionnaire developed by the researcher.	24.6% (n=23) of nurses showed poor caring behavior.
Rahayu (2018)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Nurses.</li> <li>- Setting: Class III Medical-Surgical room at dr. Drajat Prawiranegara hospital, Serang.</li> <li>- Sample size: 51.</li> <li>- Sampling technique: Total sampling.</li> <li>- Province: Banten.</li> </ul>	Caring behavior questionnaire.	43.1% (n=22) of the nurses showed poor caring behavior.

Sulisno & Sari (2016)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Cancer patients.</li> <li>- Setting: Inpatient room at Muhammadiyah hospital, Semarang.</li> <li>- Sample size: 39.</li> <li>- Sampling technique: Total sampling.</li> <li>- Province: Special Region of Yogyakarta.</li> </ul>	The Caring Behavior of Nurses.	35.9% (n=14) of the nurses showed poor caring behavior.
Susanti & Apriana (2019)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: patients.</li> <li>- Setting: inpatient room at dr. Adhyatma hospital, Semarang.</li> <li>- Sample size: 123.</li> <li>- Sampling technique: Purposive sampling.</li> <li>- Province: Central Java.</li> </ul>	Caring behavior questionnaire.	25.2% (n=31) of the nurses showed poor caring behavior.
Yunita & Hariadi (2019)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Patients.</li> <li>- Setting: the Emerald II room at Permata Bunda General Hospital, Medan.</li> <li>- Sample size: 42.</li> <li>- Sampling technique: Purposive sampling.</li> <li>- Province: North Sumatra.</li> </ul>	Nurse caring behavior questionnaire.	11.9 (n=5) % of the nurses showed poor caring behavior.
Zulfita, et al. (2020)	Cross-sectional	<ul style="list-style-type: none"> <li>- Population: Nurses.</li> <li>- Setting: VIP inpatient room (ICU, Internal Medicine, Pediatrics, Perinatology, Surgery, and Neurology) at Tanjungpura University Hospital, Pontianak.</li> <li>- Sample size: 48.</li> <li>- Sampling technique: Total sampling.</li> <li>- Province: West Kalimantan.</li> </ul>	Observation sheet.	37.5% (n=18) of the nurses showed poor caring behavior.

### Review findings

Generally, the prevalence of poor caring behavior among Indonesian Nurses in included studies was high. The prevalence ranged from 12% to 71%, with a pooled prevalence of 40% (CI: 28% to 53%) (figure 2). The  $I^2$  statistic was utilized to identify heterogeneity, which appeared to be very high ( $I^2 = 92.31\%$ ). There were at least two things

that caused heterogeneity in this meta-analysis. Differences among respondents, where six studies used patients as respondents while the rest were nurses, might influence the heterogeneity. Another possibility was that the instruments used in the study were different. Differences in study locations spread across various provinces can also cause heterogeneity.



Heterogeneity  $\chi^2 = 117.05$  (d.f. = 9)  $p = 0.00$   $I^2$  (variation in ES attributable to heterogeneity) = 92.31%  
 Estimate of between-study variance  $\tau^2 = 0.04$  Test of ES = 0:  $z = 6.24$   $p = 0.00$

**Figure 2. Meta-analysis of the proportion of the poor caring behavior among Indonesian Nurses who work at the Hospital (ten studies).**

## Discussion

As far as our search, systematic reviews, and meta-analysis on the prevalence of poor caring behavior among nurses in Indonesia has never been conducted. Therefore, this is the first study regarding the theme as mentioned above. Similar review studies in other countries also have never been done. Studies on nurse caring behavior were usually carried out in one or several hospitals (Shalaby et al., 2018; Elahi et al., 2021; Hosseinzadeh et al., 2019) and only described the caring behavior of nurses where the research is conducted.

Most research on nurses' caring behavior in Indonesia divided the level of caring behavior into two categories, namely good and poor. This review included studies with those categories. Nevertheless, only the poor category data were pooled, and a meta-analysis was conducted to determine the prevalence.

The meta-analysis of studies resulted in high proportion of poor caring behavior among Indonesian nurses (40% with CI: 28% to 53%). The high proportion of poor caring behavior of nurses in Indonesia may be due to differences in data categorization. A small number of studies use three categories of nurse caring behavior. They showed a low tendency for nurses' poor caring behavior. Yulianti Darmini et al. (2017) and Herlina et al. (2020), for example, found only 4.05% and 1.20% of nurses had poor caring behavior respectively. Nurses' caring behavior is often associated with patient satisfaction (Palese et al., 2011; El-Rahman et al., 2019) and the quality of nursing care (Dawood et al., 2020). On the other hand, patient dissatisfaction might trigger violence against staff, so these findings could warn nursing service providers to improve their staff's caring behavior. The better the nurse's caring behavior, the higher the patient satisfaction and the better the quality of nursing services.



The authors recognize that there are several weaknesses in this review. First, not all studies that included data on the proportion of poor nurse caring behavior were included in the review. This review only includes studies with two measurement results categories, good and poor. However, not all studies included in this review explain how to determine nurses' level of caring behavior. This weakness can lead to bias in measurement results. Second, some of the included studies used instruments developed by the authors or took instruments from previous researchers. Unfortunately, the authors did not include the validity and reliability of the instrument. This factor can also lead to bias in the measurement results.

**Conclusion:** In general, the prevalence of poor caring behavior among Indonesian nurses is high. This high prevalence rate of uncaring behavior strengthens the previous assumption that the violent behavior of nurses by patients or their families is related to the poor caring behavior of nurses. The authors suggest to the nursing care provider to improve their nurses' caring behavior to prevent the emergence of violence to nurses or other staff in the workplace.

It is essential for other researchers who are interested in similar research to further improve the quality of research methodology especially the use of an instrument and their interpretation. The instrument should have a good validity and reliability to avoid the measurement bias.

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