

The Influence of Caring Training on Nurses' Ability to Manage Patient Complaints in the Intensive Room of SLG Kediri Hospital

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ABSTRACT

Backgrounds: Satisfaction patient is indicator quality service nursing and success in fulfillment service patient. Standardized service already should runs on all units, fine room take care regular, and maintenance units intensive.

Purpose: Study this aim for analyze influence caring training towards ability nurse manage complain.

Method: Study this using a quantitative design with approach quasy experiment design with group control. Sample size are 21 nurses for every group. Group intervention given based caring training theory swanson. Before and after giving training group intervention will assessed ability nurse manage complain then compared to with group control.

Results: Research result show there is significant improvement in implementation caring behavior of nurses in manage complain, after get training caring behavior with a mean of 11.38. behavior nurse in give service nursing this is form quality service nursing at home sick that can be influence satisfaction patient. Behavior nurse in give service expected and possible care satisfying patient is caring behavior, attention and treatment nurse to client with good.

Conclusions: This result expected become reference strategy development for overcome problem related enhancement ability nurse manage complain with consider all over components that influence it in the field nursing.

Keywords: caring training, complaints, patients satisfaction

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BACKGROUND

Development House increasing pain proceed demand party management House Sick the more increase quality service to be created satisfaction patient. Satisfaction patient is one of indicator quality service nursing and success in fulfillment service patients (Karami et al., 2017; Naidu, 2009). Standardized service Already should runs on all units, fine room take care regular, and maintenance units intensive or something similar like Intensive Care Unit (ICU). Ability give service nursing in this unit need competence special, fast, precise, thorough and good *Clinical Judgment*. Based on results study (Shalaby et al., 2018) focus nurse in the room *Intensive Care Unit (ICU)* is to evaluation medical patient with a severe prognosis For through the crisis period, so that the communication process no become priority. Study (Jereng et al., 2018) which was carried out in one House Sick Taiwan identify as many as 343 complaints to the intensive unit , (94.7%) came from from family patient.

60.5% complaints delivered to the nurse related environment (90.9%), communication (17.9%), and abilities in resolve complaints (46.5%). In line with study (Lukmanulhakim & Firdaus, 2018) in the room *Intensive Care Unit (ICU)* RSUD DR. Drajadat Private attack of 40 respondents there is need families who don't fulfilled by 45% during wait patient in the room wait, 35% hit information, mental support 57.5%, comfort 40 %, closeness with patients 52.5% and collateral service. Satisfaction need family in the room maintenance intensive one of them influenced by quality service care provided to patient and family at home Sick (Lam et al., 2020).

Dissatisfaction be delivered in form criticism and complaints, so is necessary management good complaint for give system in anticipate incident safety serious consequences dissatisfaction patient (Jiang et al., 2014; Wirtz & Lovelock, 2021). Based on existing phenomenon from various problem, yes trigger a stimulus of discomfort and patient complaints during treated at home Sick. If handling complaint no overcome influence on trust customers and image house sick, so house sick need analysis handling good complaint in matter receive, manage, decide, solve, seek solution solution case complaint patient, and follow up carry on handling complaint in frame improve and maintain quality, quality and image House Sick (Musu et al., 2020).

Management complaints made with good effect on improvement loyalty patient (Afifah et al., 2019; Nowotny et al., 2019). No complaints quick handled with fast will give rise to various very big thing and can result patient for move to another place that complies they more worth and looking for provider more service Good (Benceković et al., 2018; Efendi et al., 2020). Nurse in matter this sued straightforward in give information related complaints received (Marquis & Huston, 2017; McKibben, 2017). Indicator ability nurse in overcome patient *Complaints: Commitment, Fairness, Visibility, Responsiveness, Simple* (Arora & Chakraborty, 2021; Davidow, 2003). Based on results studies introduction obtained as many as 502 complaints customer. Incident related complaints in the care unit intensive as many as 100 cases with problem about information (20%) communication (30%), comfort (10%), behavior nurses (40%). This matter caused lack of knowledge to overcome complain, burden high work, as well not yet all nurse follow training manage complain patient.

Caring Behavior Training is one of the strategies for educating and training nurse for grow character *caring* nurse (Calmita & Boag, 2021; Vujančić et al., 2020). Based on theory swanson, behavior *caring* nurse in overcome complain includes 5 things : *Enabling, Doing For, Maintaining Belief, Being With, Knowing*. Training *Caring Behavior* proven effective increase character *caring* nurse (Chaghari et al., 2017; Susanti et al., 2022). Based on phenomenon and setting behind researcher interested for do study related influence training

caring behavior towards ability nurse in manage complain patients in the Intensive Organization Unit Characteristic Special (UOBK) Simpang Lima Gumul Kediri Regional Hospital.

OBJECTIVE

Overview study moment this aim for analyze influence training based concern to ability nurse in manage complaint. Writer endeavor give information comprehensive about proof available empirical For facilitate development ability nurse in manage complaint.

METHOD**Research Design**

Types of research this use approach quantitative with design study *quasy experimenter*. Design study *quasy experiment* t endeavor for disclose connection because consequence with involve group control beside group experimental (Nursalam, 2017).

Sample, Sample Size, Technique taking sample

Deep sample study this there are 42 nurses in the installation maintenance Intensive care at SLG Kediri Regional Hospital is calculated based on formula comparative numeric pair with two groups as following (Sopiyudin, 2019). Sampling is used approach *proportionate stratified random sampling*. Taking sample done with choose sample that meets criteria inclusion : 1) Nurse executor with Education level D3, D4, Bachelor of Nursing + Ns., 2) Working period > 2 years and served in the Intensive Unit, 3) Nurses who are not leave / sick, 4) Nurse who agrees participate in study this, 5) Nurses who have level knowledge medium-high. Criteria exclusion in study this are 1) Head room, 2) Working period 0 - 2 years, 3) Nurses who work in the ER, IRJ and operating rooms. Ten percent added to size sample whole for cover probability of drop out and size sample end reached 42 subjects.

Instruments and techniques data collection

Data collection uses a completed questionnaire instrument directly by the nurse maintenance room operator intensive UOBK RSUD SLG Kediri and the checklist to be filled out directly by researchers before, soon after, and 1 month after intervention. This questionnaire and checklist measure ability nurse manage complaints at the Organizational Unit Characteristic Special (UOBK) Simpang Lima Gumul Hospital Kediri with indicators and acquisition process score For each item the statement consists of from enabling (item no. 1-4), doing for (item no. 5-8), maintaining belief (item no. 9-12), being with (item no. 13-16), knowing (item no. 17-20). In research this each checklist assessment statement use scale five level likert, : (1) Answer no ever, given score 1. (2) Answer rarely, given score 2. (3) Answer sometimes, given score 3. (4) Answer often, given score 4. (5) Answer always, given score 5.

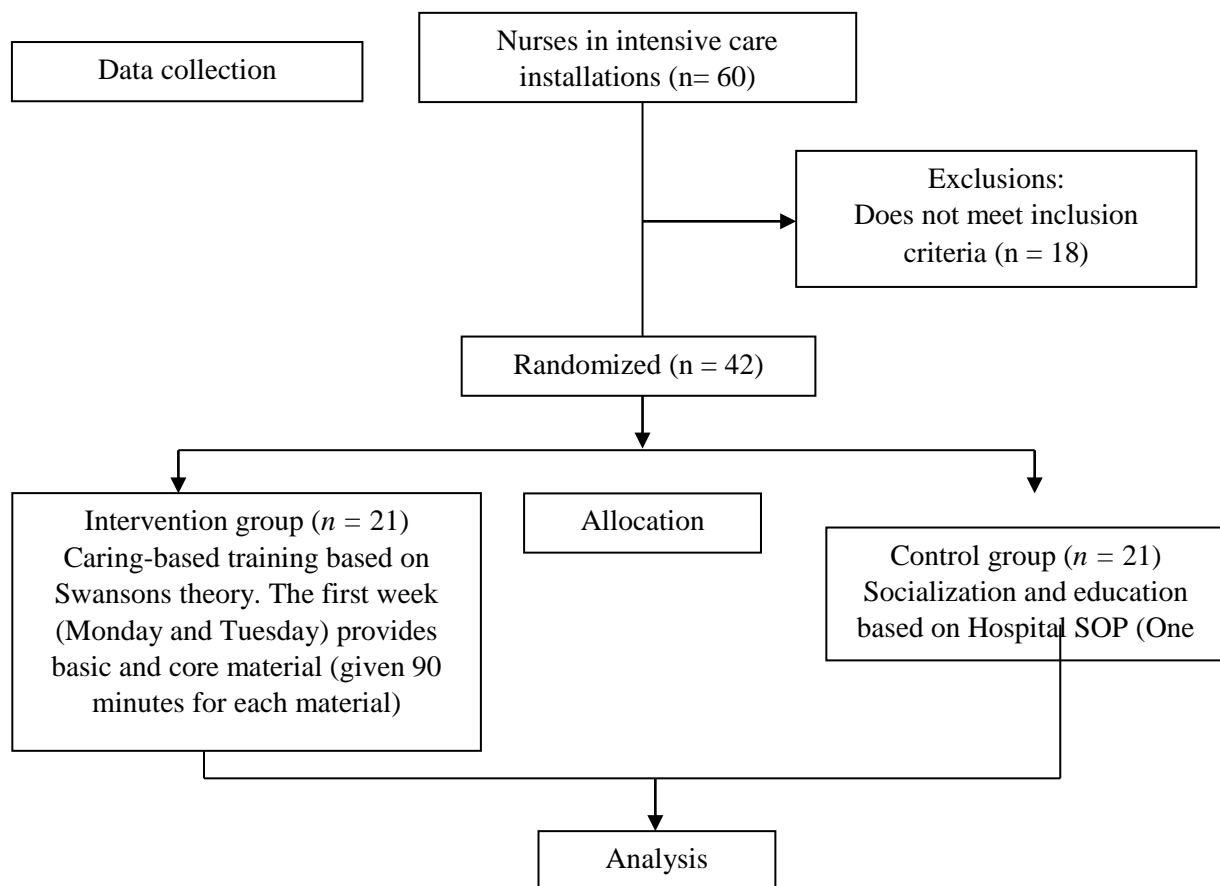


Figure 1 Framework Work giving caring nurse training to ability nurse manage complain patients in the Intensive Room

Technique data analysis

Data normality test using shapiro -wilk because sample not enough of 50, normality test results show result > 0.05 then furthermore The repeated measurement ANOVA statistical test was used with using SPSS .

RESULTS

Characteristics respondents

Most of the respondents study this manifold Female gender (61.9%) in the group control while in groups intervention is male (57.1%). More than 50% of the time working in the group control with length of work $> 4-8$ years (PK 2) (52.4%) whereas group intervention with 1-4 years of work (PK 1) (61.9%). On employment status majority respondents status as civil servants (61.9%) in the group control and (71.4%) group intervention. Got it p value > 0.05 for all characteristic data respondents. So that can concluded that no there is significant differences in abilities manage complain to characteristic data respondents (type gender, period work and employment status). These results show that characteristics respondents have equivalent / homogeneous variants.

Table 1 Distribution Frequency and difference ability manage complain based on characteristics respondents

No	Characteristics	Group control		Group intervention		Sig (2-tailed)
		n	%	n	%	
1	Gender					
	Man	8	38.1	12	57.1	0.226
	Woman	13	61.9	9	42.9	
2	Length of work					
	PK 1 (1-4 Years)	10	47.6	13	61.9	0.365
	PK 2 (>4-8 Years)	11	52.4	8	38.1	
3	Employment status					
	civil servants	13	61.9	15	71.4	0.524
	BLUD	8	38.1	6	28.6	

* *Distribution Frequency** *Independent t-test** *Sig 2-tailed***Analysis results difference ability nurse manage complain between group interventions and groups control**

Table 2 analysis difference ability nurse manage complain between group intervention and control groups

Variable		Mean	elementary school	P
Ability nurse manage complain	Group			
Pre	Intervention	50,000	2,646	0.950
	Control	50,050	2,179	
Measurement 1	Intervention	69,000	2,775	0,000
	Control	64,140	4,597	
Measurement 2	Intervention	72.8095	4.20261	0,000
	Control	61.4762	3.69620	

Research result show that There is meaningful differences between ability nurse manage complain to the group intervention with group control on measurements 1 and 2. Difference more significant occurs during measurement after given treatment. In groups intervention.

Test Results of Repeated Measure Anova (Tests of Within-Subjects Effects) Ability nurse manage complain between group interventions and groups control

Based on table 3 shows that F value for time statistically different in a way real F (6270.508), $p = 0.000$ in group intervention and F (1371.429), $p = 0.000$ in group control. So you can concluded there is difference significant in a way whole to ability nurse manage complain patient after given training based on caring and education based on the RS SOP for measurement 1 (Post1) and Measurement 2 (Post 2).

Table 3 Results of the Repeated Measure Anova Test (*Tests of Within-Subjects Effects*)
Ability nurse manage complain between group intervention and control groups

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Ability nurse manage complain to the group intervention	6270.508	2	3135.254	250,741	,000
Ability nurse manage complain to the group control	1371.429	1	1371.429	394,251	,000

Difference Test Results Ability nurse manage complain before and after between group interventions and groups control (pairwise comparisons)

Table 4 Analysis Difference Ability nurse manage complain before and after between group interventions and groups control (*pairwise comparisons*)

Group respondents	Time	p
Training caring based	Start with 1 week	0,000
	Start with 1 month	
	1 week with 1 month	
Hospital SOP education	Start with 1 week	0,000
	Start with 1 month	
	1 week with 1 month	0.038

Table 4 shows difference ability nurse manage complain before and after treatment. Giving training based on caring and education based on influential hospital SOPs significant in increase ability nurse manage complain.

DISCUSSION

Giving training based on caring towards ability nurse manage complain

Training caring -based influence positive and significant to enhancement ability nurse manage complaints (p-value < 0.05). Research result this supported results study Widiyastutik et al (2022) stated that caring attitude of nurses in handling complaint influential positive and significant to to beliefs and intentions visit return. Good Complaint Handling Strategy is effort for achieve service excellence or excellent service with show openness public information / transparency as well proper management through method solution problem use approach effective and assertive communication caring-based (Watson et al., 2018). Deep caring practice nursing can done with develop connection each other believe with apply form communication For intertwine connection in nursing (McKelvey, 2018). Caring can be implemented increase quality care nursing, improving the image of nurses in society and making profession nursing own place especially in the eyes of the users service service health (Bouwman et al., 2015; Wihastuti, Rahmawati, et al., 2019). Supported study (Calong & Soriano, 2018; Wihastuti, Lestari, et al., 2019; Windarwati et al., 2024) attitudes and behavior nurse in give maintenance influential to satisfaction patient. Javed & Liu (2018) in his research about satisfaction patient to care nursing mention that caring behavior expected by

the patient to nurse covers friendly personality, dedication to duty, empathy to patient and response fast to need patient.

Giving education based on the hospital's SOP ability nurse manage complain

Giving education based on influential hospital SOPs positive and significant to enhancement ability nurse manage complaints ($p\text{-value} < 0.05$). Handling good complaint can repair mark House sick, improve satisfaction patient as well as give information and opportunities for House Sick repair the service (Zoutman & Ford, 2017). Handling complaints were made at the SLG Hospital, Kediri Regency use suggestion box and *customer service* as receptacle accept incoming complaints in a way no direct and direct, however in handling it Not yet adequate. Handling process complaint must know and understand principle justice and needs (facilities / convenience convey complaints) as well interest second split parties, that is party House sick and parties consumer (Arora & Chakraborty, 2021; Davidow, 2003). Therefore that needed commitment for create something handling effective and efficient complaints. System management complaint can ensure that complaint handled in a way appropriate (Van Dael et al., 2020). This matter help nurses and other staff for finish complaint in a way systematic (Western Australian Ombudsman, 2017). Common strategies used in service health For overcome complaint is based on SOP/ flow handling appropriate complaint with adapted legislation with hospital conditions (Giardina et al., 2021; Muhadi, 2016; Putra et al., 2021). Patient or family entitled submit complaint if feel service received health there is confusion and dissatisfaction.

Difference ability nurse manage complain to a given group Hospital SOP education and training caring based

Research result show that there is significant difference in a way whole to ability nurse manage complain after given training based on caring and education based on the Hospital SOP in measurement 1 and measurement 2. There are significant differences between ability nurse manage complain group intervention with group control at pre, measurement 1, measurement 2 ($p=0.000$). Second group You're welcome experience enhancement ability manage complain. Although Likewise in groups intervention show influence significant in each proven measurements an increase in pre with a mean of 50, measurement 1 with a mean of 69 and measurement 2 with a mean of 72.8. Meanwhile in the group control experience increased in pre with a mean of 50.05, measurement 1 with a mean of 64.1 and decreased in measurement 2 with a mean of 61.4. Enhancement application caring behavior is supported by improvement knowledge and understanding nurse about caring behavior provided training. Training is an improvement process competence or ability in a way systematic For produce optimal performance. Enhancement knowledge This possible nurse For can more increase awareness and motivation as well as a sense of trust self For apply Swanson's deep caring dimensions managing complaints (Putra et al., 2021). Quality service nursing determined performance nurse. Nurse performance can pushed with high self-efficacy (Haugan & Eriksson, 2021). Trust nurse thereby support enhancement his abilities as well as formed characteristic abstinence give up in finish problem. Giving training and supervision for nurse is one of the effort in increase efficacy self nurse with increase trust self and motivation in work (Baljoon et al., 2018). In line with results study (Fadriyanti et al., 2022) about build caring culture through training, informing exists enhancement knowledge nurse about caring behavior before and after training. This is also in line with (Susanti et al., 2022) which states there is enhancement eat between caring behavior of nurses before and after done training and guidance caring behavior.

CONCLUSION

There is a significant influence caring training towards ability nurse in manage complain patient compared to with giving hospital SOP education. Behavior nurse in give service nursing this is form quality service nursing at home sick that can be influence satisfaction patient. Behavior nurse in give service expected and possible care satisfying patient is caring behavior, ie attention and treatment nurse to client with Good. This result expected become reference strategy development for overcome problem related enhancement ability nurse manage complain with consider all over components that influence it in the field nursing.

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