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Original research article

Culturally based caring model in nursing services

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Abstract
The level of client satisfaction is influenced by the quality of nursing services with the main indicator of caring behavior. This study aims to analyze the effect of the culture-based caring model on work life and the quality of nursing services. A quasi-experimental pre-post-test design was used with the control group. This study involved 60 nurses who worked in hospitals. Culture-based care model, quality of nursing care, as well as the quality of nursing work life, were variables in this investigation. The results of the different post-test scores in the two groups showed a significant difference in all indicators of the quality of nursing work life (QNWL) and the quality of nursing services. The application of a culture-based caring model makes a practical contribution to the improvement of nursing care services, namely by providing references to nurses in improving caring behavior so that patients can feel the quality of nursing services optimal.

Keywords: Caring; Culture; Nurse; Nursing Work Life Quality; Patient satisfaction

Introduction

The quality of nursing services has a direct impact on the level of client satisfaction. The health services marketing system has changed from the era of service excellence to the era of care with character, so caring behavior is the main principle in the quality of nursing and health services in general (Sacco and Copel, 2018). Caring behavior is the main indicator of the quality of health services. (Dudkiewicz, 2014). Caring as an evaluation of health services is a trend in the current era (Hogg et al., 2018). The quality of nursing services is influenced by the caring attitude of nurses towards clients (Sacco and Copel, 2018). Several studies have stated that caring behavior cannot be optimally implemented because it is influenced by several aspects, one of which is the cultural aspect (Enestvedt et al., 2018). Aspects of caring behavior that have been used so far have not been integrated with cultural aspects. These include religious, socio-cultural, educational, economic, and motivational factors, so it has an impact on the QNWL in providing services.

The healthcare system is one of the largest service providers in society, and improving the quality of nursing work life is an important factor in ensuring stability in the healthcare system (Jafari et al., 2017; Lin et al., 2020). An optimal level of quality of work life allows nurses to provide high-quality services to patients, and this is only possible if they have good mental health, job satisfaction, and satisfaction with various areas of life. Therefore, the quality of life of nurses – both as humans and as people who care for other members of society – requires special attention (Javanmardnejad et al., 2021). Improving the performance of nurses is expected to improve the quality of health services (Nuari, 2016). However, most nurses cannot manage their workload (Chan and Perry, 2012). In addition to working according to capacity, nurses also often spend a lot of time doing non-nursing actions (Kudo et al., 2012). Thus, health care institutions must create a healthy work environment that benefits nurses and patients, monitor health and well-being, and encourage healthy behavior for nurses (Gurdogan and Uslusoy, 2019; Nowrouzi et al., 2016; Suratno et al., 2018).

QNWL is an indicator of nurses' satisfaction with their work and being able to see opportunities in the work environment. The effect of QNWL causes a positive relationship with work engagement and commitment, which can reduce nurses' intention to leave, increase organizational effectiveness, improve nurse performance, and affect job satisfaction. (Suratno et al., 2018). Quality of work life (QWL) refers to personnel reactions to work and is associated with job satisfaction and psychological health. This definition of QWL emphasizes personal results, work experience, and how to improve work to meet the individual needs of employees (Kermansaravi et al., 2014). Improving QWL is a comprehensive process to improve the quality of life of employees in the workplace and is essential in attracting and retaining employees (Macairan et al., 2019). The QWL not only affects job satisfaction but also other aspects of

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life, including family and social relationships (Ramawickrama et al., 2017). Therefore, it is said that job satisfaction is a very important part of a nurse's life, affecting performance level, early retirement, organizational commitment, patient safety, and most importantly patient satisfaction. (Nowrouzi et al., 2016). Job satisfaction is an important predictor of absenteeism from work, burnout, and quitting the nursing profession (Javanmardnejad et al., 2021; Yasin et al., 2020).

To address the aforementioned issues, a novel model of caring which utilizes the transcultural care theory method is necessary. Hence, nursing care must be provided comprehensively by looking at the culture, so that clients feel quality nursing services. In this study, Swanson's caring concept is used to describe caring skills. Caring is ultimately linked to nurses' philosophical conduct and performance, such as delivering information, conveying messages, understanding, taking therapeutic actions, as well as consistently predicting satisfactory results. The study aims to analyze the effect of the culture-based caring model on the nursing work-life and service quality.

Materials and methods

This study used a quasi-experimental pre-post-test design with a control group. The research location was Dr. Isaac Tulungagung Hospital. The study population was 60 nurses in the inpatient ward. The inclusion criteria were: 1 year of work experience and a minimum education diploma in nursing. The clients involved in the research are 64 with inclusion criteria: inpatient clients who underwent treatment for more than 2 days and compos mentis status. The research variables were the culture-based caring model, the quality of nursing work life, and the quality of nursing services. The Culture-Based Caring Model in Improving the Quality of Nursing Work Life and Service Quality is a model that is used as a guide for nurses to improve nurses caring behavior. The results are expected to come in the form of improving the quality of nursing services in hospitals. This model was created and developed based on the results of research conducted in 2020 on 280 respondents in 2 hospitals located in East Java. The QNWL questionnaire consists of 4 dimensions: (a) Work Life-home Life Dimension consists of 8 statements, (b) Work Design Dimension consists of 8 statements, (c) Work Context Dimension consists of 4 statements, d) Work World Dimension consists of 8 statements (Nursalam, 2014). The nursing service quality questionnaire consists of 20 statements (Nursalam, 2014). The non-parametric test was used to analyze the effect of the culture-based caring model on QNWL and the quality of nursing services. The Wilcoxon test was used to see the difference in scores between pre and post in each group. The Mann–Whitney test was used to see the differences between groups. This research has been accepted by the health research ethics committee of the Institute of Health Sciences STRADA No. 070/2695/407, 206/2020.

Results

Characteristics of the respondents

According to Table 1, the characteristics of nurses such as age, gender, education, monthly income, and ethnicity were comparable in the control and treatment groups. All characteristics met the equality requirements because they had a *p*-value > 0.05. This equivalence test was carried out using chi-square to ensure that the personal respondents' characteristics were equal, therefore the characteristic factor would not be a confounding variable in this study. Furthermore, the majority of the respondents' ages were between 21 to 40 years, representing 60% and 53.3% in the control and treatment groups, respectively. Many of the respondents were female, represented

Table 1. Description of the demographic characteristics of respondents (nurses) at Dr. Iskak Tulungagung General Hospital Year 2021 (*n* = 60)

No	Characteristic	Intervention		Control		Equality test
		n	%	*n*	%	
1	Age					
	21–40 years	16	53.3	12	40	0.301
	41–60 years	14	46.7	18	60	
2	Gender					
	Male	12	40	10	33.3	0.592
	Female	18	60	20	66.7	
3	Education level					
	3-year diploma	14	46.7	7	23.3	0.058
	Bachelor	16	53.3	23	76.7	
4	Income/month					
	<IDR 5 million	15	50	9	30	0.114
	>IDR 5 million	15	50	21	70	
5	Ethnicity					
	Madura	0	0.0	1	3.3	0.211
	Java Arek	3	10.0	0	0.0	
	Osing	9	30.0	9	30.0	
	Panaragan	9	30.0	11	36.7	
	Mataraman	5	16.7	3	10.0	
	Bima	2	6.7	0	0.0	
	Minang	2	6.7	1	3.3	
	Bali	0	0.0	1	3.3	
	Sunda	0	0.0	2	6.7	
	Dayak	0	0.0	2	6.7	

by 66.7% and 60% in the control and treatment groups, respectively. In both the treatment and control groups, the highest educational level was undergraduate, as shown by 53.3% and 76.7% for each. The highest monthly income in the treatment and control groups was more than 5 million Indonesia rupiah per month, representing 70% and 50% in the control and treatment groups. In this study, many of the participants were from ethnic Panaragan, representing 36.7% and 30% in the control and treatment groups.

According to Table 2, the respondents' characteristics, including gender, age, education, occupation, as well as marital status (clients) in the control and treatment groups are equal. This equivalence test was carried out using chi-square to ensure that the personal respondents' characteristics were equal, hence the characteristic factor would not be a confounding variable in this study. 43.8% of respondents in the treatment group and 31.3% of respondents in the control group were aged between 46–55 years. 53.1% of respondents were male in the treatment group and 65.6% in the control group. In the treatment and control groups, the highest educational level was high school. The majority of respondents' occupation are private, 34.4% in the treatment group and 46.9% in the control group. The majority of the respondents were married; 53.2% in the treatment and 50% and in control groups.

Characteristics of research variables

Table 3 shows that in the treatment group, significant differences in the pre and post-test scores occurred in all indicators of the QNWL variable. The results of the post-test data analysis of the treatment group showed an increase in the number of respondents in the good category (work life-home life dimensions increased by 50%, work design dimensions increased by 40%, work context dimensions increased by 33.4%, and work world dimensions increased by 33.3%). Meanwhile, the post-test data analysis results of the control group showed a slight increase in the number of respondents who were in the good category (work life-home life dimensions increased by 10%, work design dimensions increased by 20%, work context dimensions increased by 3.3%, and work world dimensions increased by 3.3%). Although there was an increase, this was not statistically significant ($p > 0.05$). The results of the different pre-test scores in the control and treatment groups showed no significant differences in all QNWL indicators. Meanwhile, the different post-test score results in the two groups showed a significant difference in all QNWL indicators.

Table 4 shows that significant differences were found in the treatment group on the pre and post-test scores in all indicators of the variable quality of nursing services. The results of the post-test data analysis of the treatment group showed an improvement in the number of respondents in the high category (reliability increased by 50%, assurance increased by 40.6%, tangibles increased by 31.2%, empathy increased by 34.4%, and responsiveness increased by 37. 5%). Meanwhile, the results of the post-test data analysis of the control group also indicated a slight increase in the number of respondents in the category (reliability rose 6.3%, assurance rose 3.2%, tangibles rose 6.2%, empathy increased 6.2%, and responsiveness increased 6.3%). Although there was an increase, the increase was not statistically significant ($p > 0.05$). The results of the different pre-test scores in the control and treatment groups showed no significant differences in all indicators of the nursing service quality. Meanwhile, the results of the different post-test scores in the two groups showed significant differences in all indicators of the quality of nursing services.

Table 2. Description of the demographic characteristics of respondents (clients) at Dr. Iskak Tulungagung General Hospital in 2021 (*n* = 64)

No	Characteristic	Intervention		Control		Equality test
		n	%	*n*	%	
	Age					
	18–25 years	3	9.4	2	6.3	
	26–35 years	3	9.4	5	15.6	
1	36–45 years	3	9.4	7	21.9	0.654
	46–55 years	14	43.8	10	31.3	
	56–65 years	7	21.9	7	21.9	
	>65 years	2	6.3	1	3.1	
	Gender					
2	Male	17	53.1	21	65.6	0.309
	Female	15	46.9	11	34.4	
Total		32	100	32	100	
	Education level					
	Elementary School	6	18.8	8	25.0	
3	Junior high school	11	34.4	9	28.1	0.922
	Senior high School	14	43.8	14	43.8	
	Higher education	1	3.1	1	3.1	
	Occupation					
	Does not work	9	28.1	8	25.0	
4	Private	11	34.4	15	46.9	0.771
	Entrepreneur	9	28.1	7	21.9	
	Civil servant	3	9.4	2	6.2	
	Marital status					
5	Married	17	53.1	16	50	0.802
	Unmarried	15	46.9	16	50	
Total		32	100	32	100	

Table 3. Results of pre- and post-test QNWL at Dr. Iskak Tulungagung General Hospital in 2021 (*n* = 60 nurses)

No	Indicator	Intervention			Control			Different test	
		Pre *n* (%)	Post *n* (%)	*p*	Pre *n* (%)	Post *n* (%)	*p*	Pre - Pre	Post - Post
1	*Work life-home life dimensions*								
	Not enough	2 (6.7)	1 (3.3)	0.000	3 (10)	3 (10)	0.083	0.133	0.001
	Enough	23 (76.6)	9 (30)		26 (86.7)	23 (76.7)			
	Good	5 (16.7)	20 (66.7)		1 (3.3)	4 (13.3)			
2	*Work design dimensions*								
	Not enough	2 (6.7)	1 (3.3)	0.001	1 (3.3)	1 (3.3)	0.317	0.617	0.031
	Enough	20 (66.6)	9 (30)		17 (56.7)	16 (53.3)			
	Good	8 (26.7)	20 (66.7)		12 (40)	13 (43.3)			
3	*Work context dimensions*								
	Not enough	1 (3.3)	0 (0)	0.001	1 (3.3)	1 (3.3)	0.317	0.617	0.031
	Enough	19 (63.4)	10 (33.3)		17 (56.7)	16 (53.3)			
	Good	10 (33.3)	20 (66.7)		12 (40)	13 (43.3)			
4	*Work world dimensions*								
	Not enough	2 (6.7)	0 (0)	0.001	5 (16.7)	3 (10)	0.085	0.349	0.003
	Enough	17 (56.6)	9 (30)		16 (53.3)	17 (56.7)			
	Good	11 (36.7)	21 (70)		9 (30)	10 (33.3)			

Table 4. Results of pre- and post-test quality of nursing services at Dr. Iskak Tulungagung General Hospital in 2021 (*n* = 64 patients)

No	Indicator	Intervention			Control			Different test	
		Pre *n* (%)	Post *n* (%)	*p*	Pre *n* (%)	Post *n* (%)	*p*	Pre - Pre	Post - Post
1	*Reliability*								
	Low	2 (6.2	1 (3.1)	0.001	6 (18.8)	4 (12.5)	0.102	0.132	0.000
	Medium	22 (68.8)	7 (21.9)		21 (65.6)	21 (65.6)			
	High	8 (25)	24 (75)		5 (15.6)	7 (21.9)			

Table 4. ***(continued)***

No	Indicator	Intervention			Control			Different test	
		Pre *n* (%)	Post *n* (%)	*p*	Pre *n* (%)	Post *n* (%)	*p*	Pre - Pre	Post - Post
2	*Assurance*								
	Low	6 (18.8)	2 (6.2)	0.001	7 (21.9)	5 (15.6)	0.83	0.841	0.013
	Medium	19 (59.4)	10 (31.3)		16 (50)	17 (53.1)			
	High	7 (21.9)	20 (62.5)		9 (28.1)	10 (31.3)			
3	*Tangibles*								
	Low	12 (37.5)	1 (3.1)	0.002	11 (34.4)	7 (21.9)	0.63	0.971	0.006
	Medium	13 (40.6)	14 (43.8)		15 (46.9)	17 (53.1)			
	High	7 (21.9)	17 (53.1)		6 (18.8)	8 (25)			
4	*Empathy*								
	Low	5 (15.6)	1 (3.1)	0.004	3 (9.4)	1 (3.1)	0.104	0.671	0.010
	Medium	11 (34.4)	4 (12.5)		14 (43.8)	14 (43.8)			
	High	16 (50)	27 (84.4)		15 (46.9)	17 (53.1)			
5	*Responsiveness*								
	Low	3 (9.4)	1 (3.1)	0.002	3 (9.4)	1 (3.1)	0.109	0.818	0.009
	Medium	20 (62.5)	10 (31.3)		21 (65.6)	21 (65.6)			
	High	9 (28.1)	21 (65.6)		8 (25)	10 (31.3)			

Discussion

In the treatment group, significant differences were found in the pre and post-test scores in all indicators of the quality of nursing service variables. The results of the post-test data analysis of the treatment group showed an increase in the number of respondents who were in the high category. Meanwhile, the results of the post-test data analysis of the control group also indicated a slight increase in the number of respondents who were in the good category, although there was an increase, the increase was not statistically significant. The results of the different pre-test scores in the control and treatment groups showed no significant differences in all indicators of the nursing service quality. Meanwhile, the results of the different post-test scores in the two groups showed significant differences in all indicators of the quality of nursing services.

Cultural differences in nursing care are the optimal form of providing nursing care, referring to what is needed to provide cultural-based nursing care is to respect cultural values, beliefs, and actions, including sensitivity to the environment of a particular individual (Albougami et al., 2016); Tucker et al., 2011). Culture-based nursing care will also give nurses satisfaction with the quality of their work (Değer, 2018; Leininger, 2002). Ethnocentrism among nurse-patient cultures is the perception held by individuals who think that their culture is the best. Ethnicity relates to humans from certain races or cultural groups classified according to common characteristics and habits (Markey et al., 2018).

According to Ayala and Calvo (2017), only a few studies in the world demonstrate the appropriate use of caring in countries with diverse cultures. The nurses' dilemma of caring for culturally diverse clients is a challenging one to resolve. According to Gillham et al. (2018), the concept of culturally sensitive caring still has to be established in communities or clients from varied cross-cultural links or cultures that live closely in a region, rather than focusing on culturally sensitive people only. Purnell (2019) stated that caring is still considered a feel-

ing of empathy, regardless of the cultural background in many developing countries. Hence, studies on cultural-based caring in cross-cultural societies still require improvement.

Nurses' sensitivity to cultural values held by patients can be an indicator of the quality of services provided by nurses to their patients (Brooks et al., 2019). There is no definite definition of the quality of nursing care, the quality of service is too abstract to know. Satisfaction with service quality is a client's response to matters relating to the suitability of the results (quality of service) with the specifications offered (Calong and Soriano, 2018; Kieft et al., 2014). Service quality is closely related to patient satisfaction and is the result of a positive evaluation, meaning that nursing services are in accordance with the patient's desired needs, while dissatisfaction occurs if the results received are not in accordance with patient expectations.. (Alasad et al., 2015). As users of health services, client satisfaction can be used as an indicator to assess whether the service at the hospital is of high quality. A high level of satisfaction from clients indicates that the hospital's quality of service is high (Prakash, 2010).

Nurses' sensitivity to the patient's cultural values needs to be improved. It is important that the hospital pays attention to this, because if the client is satisfied with the quality of service they are inclined to comply with the hospital's orders for their treatment plan. This of course will then have an impact on the healing process of the client. Besides that, the public's level of trust in the government in relation to health will automatically rise, and eventually the degree of public health will also increase.

Conclusions

The culture-based caring model implemented by nurses improves the QNWL so that Work Life-Home Life Dimensions, Work Design Dimensions, Work Context Dimensions, and Work World Dimensions become positive. The culture-based caring model implemented by nurses improves the quality of nursing services so that the quality of services – which include reliability, assurance, tangibles, empathy, and responsiveness – becomes better.

Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

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Kulturně založený model péče v pečovatelských službách

Souhrn

Míru spokojenosti klientů ovlivňuje kvalita ošetřovatelských služeb s hlavním ukazatelem pečovatelského chování. Tato studie si klade za cíl analyzovat vliv kulturně založeného modelu péče na pracovní život a kvalitu pečovatelských služeb. U kontrolní skupiny byl použit kvaziexperimentální pre-post design. Této studie se zúčastnilo 60 zdravotních sester, které pracovaly v nemocnicích. Proměnnými v tomto šetření byly kulturně založený model péče, kvalita ošetřovatelské péče a také kvalita pracovního života ošetřovatelů. Výsledky různých post-testových skóre ve dvou skupinách ukázaly významný rozdíl ve všech ukazatelích kvality pracovního života sester (QNWL) a kvality ošetřovatelských služeb. Aplikace kulturně založeného modelu péče prakticky přispívá ke zkvalitnění služeb ošetřovatelské péče, a to poskytováním referencí sestrám při zlepšování pečovatelského chování tak, aby pacienti pociťovali kvalitu ošetřovatelských služeb optimálně.

Klíčová slova: kultura; kvalita pracovního života ošetřovatelů; péče; spokojenost pacienta; zdravotní sestra

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