

RINGKASAN

ANALISIS PENERAPAN *FAMILY CENTERED CARE* TERHADAP BEBAN KERJA DAN CARING PERAWAT ANAK DI RSUD DR. SOETOMO SURABAYA

Oleh : Erna Supatmini

Family Centered Care (FCC) merupakan pendekatan yang melibatkan keluarga dan perawat dalam pemberian asuhan keperawatan kepada anak yang menjalankan perawatan di rumah sakit (Maria *et al.*, 2021). Penerapan *Family Centered Care* memerlukan kerjasama antara perawat dan orang tua pasien dengan pendekatan holistik dan filosofi dalam mencegah hospitalisasi (Toivonen *et al.*, 2020). Namun, proses penerapan *Family Centered Care* masih terdapat orang tua pasien yang kurang kooperatif untuk diajak bekerjasama dalam melakukan perawatan terhadap anaknya yang menyebabkan lingkungan kerja yang tidak kondusif (Ratnasari, Arif and Khosidah, 2022). Lingkungan kerja yang tidak kondusif mengakibatkan stress kerja perawat tinggi yang mempengaruhi beban kerja dan caring perawat (Mukmim, Ihamsyah and Siringoringo, 2022). Perawat di rawat inap anak memiliki tanggung jawab kerja yang tinggi akibat peran kompleks dalam proses perawatan yang harus berfokus pada pasien anak dan orang tua (Ratnasari, Arif and Khosidah, 2022). Tingginya tanggung jawab kerja perawat menyebabkan perawat memiliki beban kerja semakin berat yang dapat menurunkan tingkat caring perawat (Indah Sari, Windyastuti and Widyaningsih, 2019). Oleh karena itu, diperlukan analisis terkait penerapan *Family Centered Care* terhadap beban kerja dan caring perawat.

Tinjauan pustaka yang digunakan dalam penelitian ini adalah konsep *family centered care*, konsep beban kerja, konsep caring, dan Teori Imogene M. King. *Theoretical mapping* berisi hasil pencarian keaslian penelitian dengan hasil 15 artikel sesuai dengan *keyword* dan kriteria PICOS yang telah ditetapkan oleh peneliti. Tinjauan teori yang sudah didapatkan digunakan sebagai penguat dalam penyusunan penelitian analisis pengaruh penerapan *Family Centered Care* terhadap beban kerja dan caring perawat anak di RSUD Dr. Soetomo Surabaya.

Kerangka konseptual berisi bagan teori yang digunakan sebagai dasar pemikiran penelitian. Penerapan *Family Centered Care* di pelayanan rumah sakit akan berdampak pada kinerja perawat. Perawat anak khususnya akan merasakan pengaruh dari penerapan *Family Centered Care* dalam beban kerja dan tingkat caring perawat. *Expectancy-Disconfirmation Theory* menurut Woodruff and Gardial (2002) dalam (Nursalam, 2020) yang mendefinisikan adanya model kesenjangan antara harapan (standar kinerja yang seharusnya) dengan kinerja aktual yang diterima perawat. Beban kerja tersebut merupakan aktivitas yang dirasakan oleh perawat selama bekerja di ruang anak, yang meliputi aspek fisik dan psikologis. Beban kerja yang sesuai dengan perawat dan dapat diterima oleh perawat. Teori Waston menjelaskan caring terbagi menjadi 10 komponen (Nursalam, 2020a). Komponen caring perawat terdiri dari humanistic dan altruistic, menanamkan iman dan harapan, menumbuhkan kepekaan terhadap diri

sendiri, mengembangkan hubungan saling membantu dan saling percaya, ekspresi perasaan, menggunakan proses caring memecahkan masalah, mempromosikan belajar-mengajar antar pribadi, menyediakan lingkungan, membantu kebutuhan manusia, dan memungkinkan kekuatan.

Desain dalam penelitian ini adalah penelitian *cross-sectional* yang menghubungkan penerapan *Family Centered Care* dengan beban kerja perawat dan caring perawat di ruang anak. Populasi penelitian ini adalah 120 perawat anak dan seluruh keluarga pasien anak di RSUD Dr. Soetomo. Penelitian ini dengan teknik purposive sampling untuk perawat anak dan teknik *simple random sampling* untuk keluarga pasien di ruang anak. Data penelitian dikumpulkan melalui kuesioner dari variabel penerapan *Family Centered Care*, beban kerja perawat, dan caring perawat. Data penelitian diolah dengan uji deskripsi dan uji regresi logistik dengan nilai $p \leq 0,05$.

Hasil penelitian didapatkan bahwa hampir seluruh pasien dan perawat responden melakukan *Family Centered Care* dalam kategori baik sejumlah 85 orang (92,4%). Hampir setengah perawat dalam penelitian ini memiliki beban kerja yang ringan yaitu 37 orang (40,2). Hampir seluruh perawat responden memiliki caring dalam kategori baik sejumlah 91 orang (98,9%). Berdasarkan hasil uji regresi menunjukkan terdapat hubungan antara penerapan *Family Centered Care* dengan beban kerja perawat (0,001) dan caring perawat (0,001). Hal ini menunjukkan nilai p value $< 0,005$, sehingga dinyatakan signifikan dan hipotesis pada penelitian ini dapat diterima.

Penerapan *Family Centered Care* pada perawatan anak di rumah sakit didasari pada pemahaman bahwa keluarga adalah sumber utama dari kekuatan dan dukungan yang dibutuhkan oleh anak (Deepika, Rani and Rahman, 2020). Penerapan *Family Centered Care* meliputi menghormati anak dan keluarga, kefleksibilitas dalam kebijakan organisasi dan prosedur praktik, memberikan informasi secara lengkap dan jujur, memberikan dukungan formal dan informal untuk anak dan keluarga, berkolaborasi dengan pasien dan keluarga, serta mengembangkan kekuatan individu anak dan keluarga. Penelitian ini sejalan dengan penelitian Merisdawati, Winarni and Rachmawati, (2015), menyatakan *Family Centered Care* terdapat hubungan dengan beban kerja perawat. Penerapan *Family Centered Care* memiliki hambatan kepercayaan keluarga, keterlibatan *extenden family*, ketidaksetaraan pengetahuan, ketidakpercayaan diri, dan kerumitan pelayanan administrasi. Hal ini menyebabkan proses kolaborasi antara pasien dengan keluarga pasien memerlukan upaya yang lebih. Di samping perawat memiliki tugas utama melakukan tindakan dan asuhan keperawatan, masih perlu menyediakan dan memfasilitasi keluarga pasien dalam beberapa hambatan tersebut. Sehingga, apabila penerapan *Family Centered Care* terjalin baik maka tingkat beban kerja perawat anak akan menjadi ringan. Penelitian sejalan dengan Setiyaningrum and Heny, (2021), menyatakan bahwa terdapat pengaruh penerapan *Family Centered Care* dengan caring perawat. Penerapan *Family Centered Care* membentuk kerjasama antara perawat dengan keluarga pasien, sehingga dalam hal ini perawat memberikan pemahaman, memberikan kehadiran, melakukan kenyamanan, serta memampukan pasien melalui kerjasama

dengan keluarga. Hal tersebut membuat perawat meningkatkan perilaku caring dalam menjalin kerjasama dengan keluarga pasien

Pimpinan rumah sakit dan manajer keperawatan dapat memperhatikan tingkat beban kerja dan caring perawat anak dalam memberikan asuhan keperawatan dengan cara memberikan pelatihan dan refleksi diri melalui refreasing atau outbound. Selain itu, diperlukan pedoman SOP dan kebijakan terkait penerapan *Family Centered Care*. Penelitian selanjutnya diharapkan dapat melakukan penelitian eksperimen penerapan *Family Centered Care* terhadap kinerja perawat dan kepuasan pasien dengan memperhatikan beban kerja dan caring perawat di ruang anak.



SUMMARY

ANALYSIS OF IMPLEMENTING FAMILY CENTERED CARE ON THE WORKLOAD AND CARING OF CHILD NURSES AT DR. SOETOMO SURABAYA

By: Erna Supatmini

Family-Centered Care (FCC) is an approach that involves families and nurses in providing nursing care to children undergoing treatment in hospitals (Maria et al., 2021). Implementing Family Centered Care requires collaboration between nurses and patient parents with a holistic approach and philosophy in preventing hospitalization (Toivonen et al., 2020). However, in the process of implementing Family Centered Care, there are still parents of patients who are less cooperative in being invited to work together in providing care for their children, which causes a work environment that is not conducive (Ratnasari, Arif and Khosidah, 2022). A work environment that is not conducive results in high work stress for nurses which affects the workload and caring of nurses (Mukmim, Ihamsyah and Siringoringo, 2022). Nurses in pediatric inpatient settings have high work responsibilities due to their complex role in the care process which must focus on pediatric patients and parents (Ratnasari, Arif and Khosidah, 2022). The high work responsibilities of nurses cause nurses to have increasingly heavy workloads which can reduce the level of caring for nurses (Indah Sari, Windyastuti and Widyaningsih, 2019). Therefore, analysis is needed regarding the application of Family Centered Care to the workload and caring of nurses.

The literature review used in this research is the concept of family-centered care, the concept of workload, the concept of caring, and Imogene M. King's theory. Theoretical mapping contains the results of research authenticity searches with the results of 15 articles by the keywords and PICOS criteria set by the researcher. The theoretical insights that have been obtained are used as reinforcement in preparing a research analysis of the influence of the implementation of Family Centered Care on the workload and caring of pediatric nurses at RSUD Dr. Soetomo Surabaya.

The conceptual framework contains a theory chart that is used as a basis for research thinking. The implementation of Family Centered Care in hospital services will have an impact on nurse performance. Pediatric nurses in particular will feel the impact of implementing Family Centered Care on the workload and level of caring of nurses. Expectancy-Disconfirmation Theory according to Woodruff and Gardial (2002) (Nursalam, 2020) defines the existence of a gap model between expectations (standards of performance that should be) and the actual performance received by nurses. The workload is the activity experienced by nurses while working in the children's room, which includes physical and psychological aspects. Workload that is appropriate for nurses and acceptable to nurses. Waston's theory explains that caring is divided into 10 components (Nursalam, 2020a). The caring components of nurses consist of humanitarianism and altruism, instilling faith and hope, cultivating

sensitivity towards oneself, developing mutually helpful and trusting relationships, expressing feelings, using caring processes to solve problems, promoting interpersonal learning, providing an environment, assisting human needs, and enabling power.

The design of this study is a cross-sectional study that links the implementation of family center care with the workload of nurses and caring for nurses in the pediatric ward. The population of this study was 120 pediatric nurses and all families of pediatric patients at RSUD Dr. Soetomo. This research used a purposive sampling technique for pediatric nurses and a simple random sampling technique for families of patients in the pediatric ward. Research data was collected through questionnaires from the variables implementing family center care, nurse workload, and nurse care. Research data was processed using the description test and logistic regression test with a p-value ≤ 0.05 .

The research results showed that almost all of the patients and nurse respondents provided family center care in the good category, 85 people (92.4%). Almost half of the nurses in this study had a light workload, namely 37 people (40.2). Almost all of the nurse respondents had caring in the good category, 91 people (98.9%). Based on the results of the regression test, shows that there is a relationship between the implementation of a family care center and nurse workload (0.001) and caring for nurses (0.001). This shows that the p-value is <0.005 , so it is declared significant and the hypothesis in this study can be accepted

The application of family-center care in child care in hospitals is based on the understanding that the family is the main source of strength and support needed by children (Deepika, Rani, and Rahman, 2020). The implementation of family center care includes respect for children and families, flexibility in organizational policies and practice procedures, providing complete and honest information, providing formal and informal support for children and families, collaborating with patients and families, and developing the individual strengths of children and families. This research is in line with research by Merisdawati, Winarni, and Rachmawati, (2015), stating that family center care is related to nurses' workload. The implementation of family center care has obstacles to family trust, extended family involvement, inequality of knowledge, lack of self-confidence, and complexity of administrative services. This causes the collaboration process between the patient and the patient's family to require more effort. Apart from nurses having the main task of carrying out nursing actions and care, they still need to provide and facilitate the patient's family in dealing with several of these obstacles. So, if the implementation of family-center care is well established, the workload level of pediatric nurses will be light. The research is in line with Setiyaningrum and Heny, (2021), stating that there is an influence of implementing family center care with caring nurses. The implementation of family center care forms collaboration between the nurse and the patient's family, so that in this case the nurse provides understanding, presence, provides comfort, and enables the patient through collaboration with the family. This makes nurses increase caring behavior in collaborating with patient families

Hospital leaders and nursing managers can pay attention to the level of workload and care of pediatric nurses in providing nursing care by providing training and self-reflection through refreshing or outbound activities. Apart from that, SOP and policy guidelines are needed regarding the implementation of family-center care. It is hoped that future research can carry out experimental research on the implementation of family center care on nurse performance and patient satisfaction by paying attention to the workload and caring of nurses in the children's room.

