

Pengaruh Model Floramora Berbasis Budaya Nusa Tenggara Timur Terhadap Perilaku Caring Perawat dan Kepuasan Pasien = The Impact of the East Nusa Tenggara Culture-Based Floramora Model on the Caring Behavior of Nurses and the Level of Satisfaction

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Abstrak

Latar Belakang: Perilaku caring perawat merupakan salah satu faktor penentu kepuasan pasien di RS. Tujuan: mengeksplorasi perilaku caring untuk mengembangkan model perilaku caring perawat berbasis budaya NTT, menguji pengaruh model terhadap perilaku caring perawat dan kepuasan pasien. Metode: Mixed Metode, terdiri dari tahap I eksploratory design dan tahap II quasy experiment pretest-posttest control group design. Partisipan penelitian tahap I terdiri dari 14 tokoh masyarakat, 11 orang pimpinan RS, 10 orang pasien, dan 5 orang perawat pelaksana. Pemilihan partisipan secara purposive. Pengumpulan data menggunakan pedoman wawancara mendalam dan FGD. Analisis data menggunakan pendekatan Colaizzi. Sampel penelitian tahap II adalah perawat dan pasien yang dipilih secara purposive. Penentuan besar sampel menggunakan rumus beda proporsi pada dua kelompok. Besar sampel perawat 120 orang dan pasien 360 orang. Pengumpulan data menggunakan kuesioner yang telah teruji validitas dan reliabilitasnya. Analisis data menggunakan uji independent sampel t- test dan General Linear Model Repeated Measure (GLM-RM). Hasil: Penelitian tahap I menghasilkan 3-4 tema untuk setiap kelompok partisipan dan menghasilkan Model Floramora Berbasis Budaya NTT. Flora singkatan dari Flores, Sumba, Timor, dan Alor, yang merupakan empat suku besar di NTT. Mora merupakan sejenis bunga yang melambangkan caring adalah kasih dan kebaikan yang diwujudkan melalui budaya 3H: Hase, Hakneter, Haktaek (Menyapa, Menghargai, Menghormati) pasien dan keluarganya, budaya 4N: Nawas, Nopil, Nezel, Nimil (Nalar, Nafsu/semangat, Naluri, Nurani), budaya Karawa ya ole atamu gaiamu kada manuwara gu ole atamu (melayani pasien seperti perawat ingin dilayani), budaya suâu papa suru, saâa papa laka (berbagi kasih dan tanggung jawab), budaya Halon No Viar (Berharap dan Percaya). Hasil penelitian tahap II menunjukkan implementasi model Floramora berpengaruh signifikan terhadap peningkatan perilaku caring perawat dan kepuasan pasien ($p < 0,001 < 0,05$). Kesimpulan: Model ini berpengaruh signifikan terhadap peningkatan perilaku caring perawat dan kepuasan pasien. Saran: Model ini dapat diterapkan di RS guna meningkatkan perilaku caring perawat dan kepuasan pasien.

Background: Nurse caring behavior is a significant variable in the establishment of patient contentment within a hospital setting. Objective: To explore caring behavior, to develop a Model of nurse caring behavior based on NTT culture, to examine the effect of the Model on nurse caring behavior and patient satisfaction. Method: Mixed Method, consisting of stage I exploratory design and stage II quasy experiment pretest-posttest control group design. Phase I research participants consisted of 14 community leaders, 11 hospital leaders, 10 patients, and five nurses. Selection of participants purposively. Data collection used in- depth interviews and FGD guidelines. Data analysis used the Colaizzi approach. Phase II research samples were nurses and patients who were selected purposively. Determination of sample size using the formula of different proportions in the two groups. The sample size is 120 nurses and 360 patients. Data collection used a questionnaire that has been tested for validity and reliability. Data analysis used independent sample t-test and General Linear Model Repeated Measure

(GLM-RM). Results: Phase I research produced 3-4 themes for each participant group and produced the Floramora Model Based on NTT Culture. Flora stands for Flores, Sumba, Timor and Alor, which are the four major tribes in NTT. Mora is a type of flower that symbolizes caring, namely love and kindness which is manifested through 3H culture: Hase, Hakneter, Haktaek (Greeting, Appreciating, Respecting) patients and their families, 4N culture: Nawas, Nopil, Nezel, Nimil (Reason, Lust or passion, instinct, conscience), culture of Karawa ya ole atamu gai'mu kada manuwara gu ole atamu (serving patients like a nurse wants to be served), culture of su'u papa suru, sa'a papa laka (sharing love and responsibility), culture of Halon No Viar (Hope and Believe). The results of the second phase of the study showed that the implementation of the Floramora model had a significant effect on increasing nurse caring behavior and patient satisfaction ($p < 0.001 < 0.05$). Conclusion: This model has a significant effect on improving nurse caring behavior and patient satisfaction. Suggestion: This model can be applied in hospitals to improve nurse caring behavior and patient satisfaction.