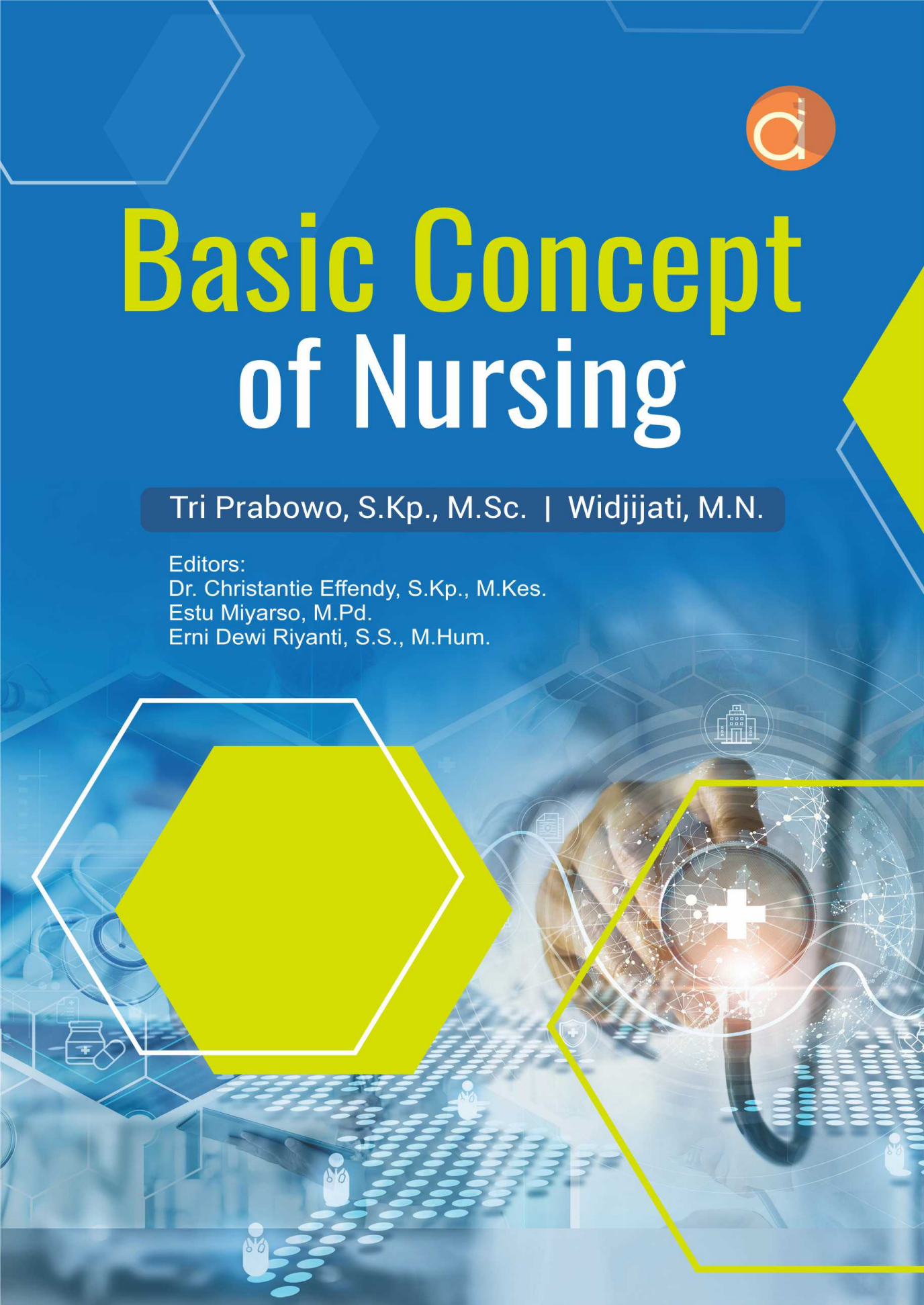# Basic Concept of Nursing

Tri Prabowo, S.Kp., M.Sc. | Widjijati, M.N.

Editors:
Dr. Christantie Effendy, S.Kp., M.Kes.
Estu Miyarso, M.Pd.
Erni Dewi Riyanti, S.S., M.Hum.

BASIC CONCEPT OF NURSING

UU No 28 tahun 2014 tentang Hak Cipta

Fungsi dan sifat hak cipta Pasal 4

Hak Cipta sebagaimana dimaksud dalam Pasal 3 huruf a merupakan hak eksklusif yang terdiri atas hak moral dan hak ekonomi.

Pembatasan Pelindungan Pasal 26

Ketentuan sebagaimana dimaksud dalam Pasal 23, Pasal 24, dan Pasal 25 tidak berlaku terhadap:

i. Penggunaan kutipan singkat Ciptaan dan/atau produk Hak Terkait untuk pelaporan peristiwa aktual yang ditujukan hanya untuk keperluan penyediaan informasi aktual;

ii. Penggandaan Ciptaan dan/atau produk Hak Terkait hanya untuk kepentingan penelitian ilmu pengetahuan;

iii. Penggandaan Ciptaan dan/atau produk Hak Terkait hanya untuk keperluan pengajaran, kecuali pertunjukan dan Fonogram yang telah dilakukan Pengumuman sebagai bahan ajar; dan

iv. Penggunaan untuk kepentingan pendidikan dan pengembangan ilmu pengetahuan yang memungkinkan suatu Ciptaan dan/atau produk Hak Terkait dapat digunakan tanpa izin Pelaku Pertunjukan, Produser Fonogram, atau Lembaga Penyiaran.

Sanksi Pelanggaran Pasal 113

1. Setiap Orang yang dengan tanpa hak melakukan pelanggaran hak ekonomi sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf i untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 1 (satu) tahun dan/atau pidana denda paling banyak Rp100.000.000 (seratus juta rupiah).

2. Setiap Orang yang dengan tanpa hak dan/atau tanpa izin Pencipta atau pemegang Hak Cipta melakukan pelanggaran hak ekonomi Pencipta sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf c, huruf d, huruf f, dan/atau huruf h untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 3 (tiga) tahun dan/atau pidana denda paling banyak Rp500.000.000,00 (lima ratus juta rupiah).

BASIC CONCEPT OF NURSING

Tri Prabowo, S.Kp., M.Sc.
Widjijati, M.N.

Editors:
Dr. Christantie Effendy, S.Kp., M.Kes.
Estu Miyarso, M.Pd.
Erni Dewi Riyanti, S.S., M.Hum.

BASIC CONCEPT OF NURSING

Tri Prabowo dan Widjijati

FOREWORD

Our foremost and utmost gratitude to God The Almighty, for His abundant grace that allowed us, Deepublish Publisher to publish this book entitled *Basic Concept of Nursing*.

As a publisher that–above other missions–prioritizes its role to educate and glorify mankind, as well as to utilize science and technology to its best, we do not only attend to the work of established writers, but we provide the room and facility for people who wish to express their creativity and innovation in writing and conveying ideas and values.

Our warmest gratitude and appreciation to the authors, Tri Prabowo, S.Kp., M.Sc. and Widjijati, M.N. who have given us trust and contribution to the perfection of this book. Hopefully, this book is useful, and educative, and contributes well in glorifying mankind and the utilization of science and technology in the country.

Deepublish Publisher

TABLE OF CONTENTS

PREFACE

A.   Brief Description

The nursing profession continues to grow due to societal demands, changing health needs, and various government policies related to health and nursing services. To understand the nursing profession, we must study it comprehensively. This course discusses the history of nursing in the world and Indonesia, including nursing as a profession, caring concepts, nursing professional organizations, nursing practice, future nursing trends and issues, the national health care system, and nursing practice in the health care system.

This book is structured as learning material for the Basic Concepts of Nursing, so that hopefully you will be able to understand the various concepts that underlie nurses in carrying out nursing care in a professional manner.

B.   Instructions for Study:

To help you study this textbook, follow the following instructions:

1. Carefully read the introductory part of this textbook until you fully understand what, what for, and how to study the contents of the module.
2. Read the chapter section by section, and then find key words or terms that you think are new. Look for and read the meaning of the term or key words in the dictionary.
3. Understand the contents of this course chapter with your own understanding. Next, share and discuss them with other students or with your tutor in scheduled meeting activities.
4. To broaden your horizons, read and study other relevant sources. You can find other reading materials from a variety of sources, including the internet.

5. Strengthen your understanding by doing exercises in the textbook and through discussions with other students or colleagues.
6. Don't forget to answer the questions that have been provided at the end of each learning activity and assignment given by your tutor. This is useful to know whether you have understood this textbook correctly.

CHAPTER 1.

HISTORY OF NURSING

Learning Objectives

By the end of this chapter, you will be able to:

1. Describe the history of nursing
2. Describe the historical development of nursing
3. Explain the historical development of nursing in the world
4. Explain the historical development of nursing in Indonesia

A. Understanding History

Before you learn the history of nursing, you must first know and understand the meaning of history. History is an event or events that occurred in the past that are studied and investigated to become a reference and guide for future life (Indriawati,2022)

History is an event or events that occurred in the past, both pleasant and unpleasant for those who were directly involved in or took action on the event. The history of nursing is an event or event related to nursing problems, either directly or indirectly, that occurred in the past. History is an event or events that occurred in the past, both pleasant and unpleasant for those who were directly involved in or took direct action on the event. The history of nursing is an event or events related to nursing problems, either directly or indirectly, that occurred in the past.

For us nurses and young nurse candidates who are still struggling, studying the history of nursing certainly gives us a special sense of pride because it can remind us of the struggles of past nurses who have worked hard to advance the world of nursing to date. The word "nurse" originally came from the Latin word "*nutrire*", meaning to suckle, referring to a wet

nurse. A wet nurse is a woman who breastfeeds and cares for another's child. Wet nurses are employed if the mother dies or if she is unable or chooses not to nurse the child herself. Wet-nursed children may be known as "milk siblings", and in some cultures, the families are linked by a special relationship of milk kinship. Only in the late 16th century did it attain its modern meaning of a person who cares for the infirm. From the earliest times, most cultures produced a stream of nurses dedicated to service on religious principles. Both Christendom and the Muslim world generated a stream of dedicated nurses from their earliest days. In Europe, before the foundation of modern nursing, Catholic nuns and the military often provided nursing-like services. It took until the 19th century for nursing to become a secular profession.

Mother Instinct in the History of Nursing

Caring for parents is as old as human existence. Therefore, the development of nursing, including what we know today, cannot be separated and is greatly influenced by the development of structures and the progress of human civilization. Caring has been done by humans since ancient times. Why in nursing is there a term mother instinct, because there are indeed physical and psychological differences between mothers and fathers. The advantages of women compared to men naturally are in sensitivity and emotion; women are naturally more intuitive than men, so work based on nursing instincts is mostly done by women at home.

The fact shows that when a child is sick at home, he basically wants to be with his mother. Perhaps this closeness is caused by the fact that it is the mother who contains, cares for, and raises them. Thus, the essence of nursing is caring based on instinctive human nature. So, can anyone who has concern for others be directly called a nurse? It is still possible that this could happen if we look at the early history of nursing, which was not scientifically based. Anyone can become a nurse; however, if you consider the current development of nursing as a profession, not just anyone can become a nurse and carry out nursing duties. Humans are able to change and modify their minds to realize this; this is what animals will never have. Therefore, nursing is not only focused on instincts but also on intelligence.

However, nursing also has to maintain instincts that still lead to goodness. The aim is to sharpen sensitivity and concern for society. As a nurse, both of these must be balanced in order to become a nurse who has high intelligence and still has concern for the community.

B. History of the Nursing Development

The history of the development of nursing has undergone rapid changes in response to the development of human needs. Various aspects of events can influence the historical development and practice of nursing, such as roles and attitudes, the status of women, religious values and beliefs, warfare, and leadership in nursing that looks to the future. Various factors influenced the development of treatment in ancient times (Audrey,2022).

1. Community Roles and Attitudes

The role and attitudes of society greatly influenced the development of the history of nursing. Before the 19th century, the nursing profession was still not appreciated in society, especially in terms of social status. Due to the responsibility of providing love and care for family members or children, women make up the majority of those who work in nursing. The nurses in the hospitals of this era were very uneducated, mostly made up of slaves and prisoners who were forced to do nursing work. Another image was when the work of nurses was carried out by women, nurses were only seen as sex objects and surrogate mothers. From the beginning to the end of the 19th century, along with the emergence of figures in the field of nursing such as Florence Nightingale, the world of nursing began to be respected, and the work of nurses was seen as work that began, work that was full of compassion, morality, dedication, and self-sacrifice.

2. War

History records the impact of war on the historical development of nursing. The great inter-religious war known as the crusade brought a lot of suffering to the people: injuries and deaths, hunger, various diseases, and others. To overcome the conditions, a number of hospitals began to be established to provide assistance and care for war victims. Finally, the science of medicine and care continues to progress. However, the focus on

learning about medicine and care that originally existed in Islamic countries has now shifted to Western countries.

Figure 1.6 ■ Recruiting poster for the Cadet Nurse Corps during World War II.
John Parrot/Stocktrek Images, Inc./Alamy Stock Photo.

Source: Audrey Berman, Shirlee Snyder, Geralyn Frandsen. 2022, Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice (Global Edition),

3. Leaders in Nursing

The influence of changing times has an impact on developments in the world of health sciences, or nursing science. Management of the hospital, which was originally carried out by the church in the past, has now been taken over by civil servants. At this time, a very famous nursing figure emerged, namely Florence Nightingale (1820–1910). She developed a model of nursing care practice that states a person's illness is caused by environmental factors. Therefore, nursing practice emphasizes environmental changes that affect health. Florence Nightingale argued that to improve the skills of nurses, it was necessary to have a school to educate them. She had the view that in developing nursing, education for nurses needed to be prepared, as well as provisions for nurses' working hours and considering their opinions. Florence's efforts are to establish a basic structure in nurse education, including establishing a nursing school, establishing nurse education goals, and establishing the knowledge that prospective nurses must possess. Florence's pioneering work in the nursing profession began by helping victims of the Crimean War (1854–1856) between Rome and Turkey who were treated in hospital barracks (*scutori*), which eventually established Thomas Hospital in London and also founded Nightingale Nursing School.

C. History of the Nursing Development in the World
1. Ancient Nursing

In ancient times, humans believed that what was on earth had mystical or spiritual powers that could affect human life. This belief is called animism. They believe that a person's illness is caused by natural forces or the influence of supernatural forces such as large rocks, high mountains, large trees, large rivers, etc. At that time, the role of the nurse had not developed yet; people at that time preferred to go to a traditional healer to treat their sick family members. Society considers that shamans are better in finding, knowing, and dealing with spirits that enter the body of a sick person. The phenomenon of animism can be seen in the Egyptians and Chinese histories. At that time, the Egyptians worshiped the god Isis, who was believed to cure diseases. The Chinese people think a disease is caused

by devils or spirits, and it will get worse if someone else holds a sick person. As a result, nurses are not allowed to take care of the sick people.

2. The Age of Ancient Civilizations

At this time, beliefs about the causes of disease were still similar to those of primitive times, which were mainly based on superstition and magic, so healing required magical skills. Witch, priests, or doctors enjoyed status in ancient society. In line with the development of civilization, the practical theory of medical treatment that emerged as a cause of non-medical disease began to emerge. The oldest records of healing practices are on clay tablets dating back 4000 years to the Sumerian civilization. This sheet contains prescription drugs but is not written to treat particular diseases. Eber's written scribe is an invention of Egyptian culture. This papyrus is dated to around 1550 BC and is believed to be the oldest medical text in the world. This article contains descriptions of many currently known diseases and identifies specific symptoms. Eber's scribe also contains 700 substances used for medicines, along with ways of preparation and use. Mummification or embalming also appeared at this time, rooting from the belief that there is life after death. It takes science and knowledge to make a solution that can be used to preserve corpses. It shows that, at that time, they already knew physiology, anatomy, and pathophysiology. The ancient Jews contributed to the Mosaic Health Code. This code is considered the first sanitary legislation and contains the first record of public health requirements. The code covers aspects of individual, family, and community health, including distinguishing between clean and unclean products. In ancient African culture, the nurturing functions of nurses included roles as midwives, herbalists, wet nurses, and caregivers for children and the elderly (Dolan, Fitzpatrick, and Herrmann, 1983).

In ancient Indian culture, there were male nurses who met the criteria of having the knowledge of how to prepare the administered drug, intelligent, and able to show compassion to patients. The purity of mind and body makes Indian female nurses act as midwives and care for sick family members. The role of the nurse in Chinese culture is less mentioned, but the role of the ancient Chinese nurses is more related to the discovery

of herbal medicine, the use of acupuncture as a method of treatment, and the publication of Nei Ching (canonic medicine), which details the four steps of examination: seeing, hearing, asking, and feeling.

In ancient Greek and Roman history, the treatment of the sick was more advanced in mythology and reality. The Greek mythical god who was considered a healing god was Asklepios; his wife, Epigone, was the goddess of calmness; Hygenia, the daughter of Asklepios, was the goddess of health and was believed to be an embodiment of nurse. A temple built in honor of Asklepios became a center of healing, and the priest of the Asklepios temple provided healing through natural and supernatural remedies (Donahue, 1996). An ancient Greek physician, Hippocrates, believed that disease had natural causes. Hippocrates' statement was in contrast to the opinion of the priest at the temple stating that the cause of diseases was magic and mystical things. The Roman contributions to health care included public sanitation, draining marshes, aqueducts, public and private baths, drainage systems, and central heating.

3. Age of Religion

The progress of human civilization begins when humans learn religion. The spread of religion greatly influences the development of human civilization, so it has a positive impact on the development of nursing. When Christianity began to develop. It had a large influence on the nursing profession. One of the earliest records of history describes nursing as a form of command from the Diakonia, a working group such as a public health nurse, or visiting the sick. In its early periods, Diakonia was run by women who were appointed by the church leadership. Their role is to visit people who are sick. The appointment was made for women who had high social status. At this time, nursing experienced significant progress, along with the rapid development of Christianity. In the reign of Lord Constantine, he founded *xenodhoecim*, or *hospes* in Latin, which is a shelter for people who need help, especially sick people who need help and care. The construction of the renowned Monastic Hospital in Rome at this time served as further evidence of the nursing profession's advancement. The hospital was equipped with treatment facilities in the form of treatment wards for the

disabled, poor, and orphans. Since the Middle Ages, institutions engaged in the social field (1100 AD–1200 AD) began to care for the elderly, the sick, and the poor (Deloughery, 1995). As in Europe, in the middle of the 6th century AD, nursing also developed on the Asian continent. especially in Southwest Asia, namely the Middle East, along with the development of Islam. The influence of Islam on the development of nursing cannot be separated from the success of the Prophet Muhammad in spreading Islam. Quality nursing service activities have started since the first Muslim nurse, namely Siti Rufaidah at the time of Prophet Muhammad [PBUH], who always tried to provide the best service for those in need regardless of client's status (Elly Nurahmah, 2001). While the history of nurses in Europe and America recognizes Florence Nightingale as a pioneer of modern nursing, countries in the Middle East give this status to Rufaidah, a Muslim nurse. Rufaidah's verbal struggles and heroism were passed down from generation to generation among Islamic nurses, especially in Saudi Arabia, and passed on to modern generations of nurses in Saudi Arabia and the Middle East (Miller Rosser, 2006).

Prof. Dr. Omar Hasan Kasule, Sr. (1998) in his paper described Rufaidah as the first professional nurse in the history of Islam. She did not only carry out the role of a nurse in a purely clinical aspect but also carries out a community role and solves social problems that can lead to various kinds of diseases. When the city of Medina developed, Rufaidah devoted herself to caring for sick Muslims and built tents outside the Prophet's mosque during peace. During the Badr, Uhud, Khandaq, and Khaibar wars, she volunteered and cared for victims injured in the wars and established field hospitals. During the war, the Prophet himself ordered the wounded to be treated by her. Rufaidah's contribution is not only caring for those who were injured as a result of the war but also being involved in social activities in the community.

Rufaidah gives attention to every Muslim, such as, poor, orphan, or mentally handicapped. She takes care of orphans and provides educational supplies. Rufaidah is described as noble and empathetic, so she provided nursing services to her patients well too. Humility is important for nurses. Rufaidah is also described as the leader and founder of the first nursing

school in the Islamic world, although the location cannot be reported. she is also a supporter of disease prevention care and spreading the importance of health education. In the 7th AD, Islam spread to various corners of the country, for instance, Africa, Southeast Asia, West Asia, and Europe (especially Turkey and Spain). At that time in the Arabian Peninsula, science was developing rapidly in areas of mathematics, chemistry, hygiene, and medicine. The basic principles of health care, such as personal hygiene, food, water, and environmental hygiene, were developing rapidly. Later in the Middle Age (1000–1500 AD), Arab countries built good hospitals and introduced health care systems. There is a unique picture in hospitals that is spread in Islamic civilization and is widely adopted by modern hospitals today, namely the separation between male and female patient rooms, with female nurses caring for female patients and male nurses only caring for male patients (Donahue, 1985; Al Osimi, 2004).

4. Medieval Period

At the beginning of the 16th century, the structure and orientation of society underwent a change, from religious-oriented to power-oriented society, mainly through war, exploration of natural wealth, and the spirit of colonialism. As a result, many worship sites, including churches, were closed. Even when these sites were used to care for the sick. On the one hand, the closure of worship sites led to a shortage of nurses because, previously, treatment was carried out by religious groups. To meet the need for nurses, former prostitutes or women detained for committing crimes are accepted as nurses. It mainly causes negative assumptions on nurses. The public assumes that respectable women do not work outside their houses. As a result, nurses are paid lowly with long working hours and in poor working conditions (Taylor, C., et al., 1989).

On the other hand, wars, like the Crusades, had a positive impact on the development of nursing. To help war victims, it takes a lot of volunteers employed as nurses. They consisted of people from religious groups, women who followed their husbands to the battlefield to help care for the sick, and soldiers who also worked as nurses. The influence of the crusades on nursing was the beginning of the term first aid. At that time,

the presence of nurses was needed in the army and job opportunities arose for nurses in the social field. After the Crusades, big cities began to rise and develop by reducing feudalism. The development of a large population in the cities caused health problems, which automatically required more health workers, including nurses. Lack of health care and sanitation and increasing poverty in rural areas resulted in the emergence of serious health problems in the fifteenth and seventeenth centuries. Social factors, such as laws that suppress the poor and taxes on house windows, lead to decreased ventilation as homeowners close windows to avoid paying taxes. It caused a health condition that required quick responses from the nurse. In 1633, a group of nuns was formed by St. Vincent de Paul. This group cares for people in hospitals, especially the displaced and the poor. Later, this group became widely known as traveling nurses because they cared for the sick in their homes.

At this time, nursing education was also pioneered by Louise de Gras. The educational program provided at that time was both caring for sick people in hospitals and also making home visits (Donahue, 1995). Hospitals have a vital role in the development of nursing. There were at least three hospitals that played a major role in the development of nurses in the Middle Ages. The first is Hotel Dieu in Lion; although initially the work of nurses was carried out by former converted prostitutes, this hospital played a major role in the advancement of nursing. It was due to the fact that later nursing work was replaced by nurses who received nursing education at the hospital. Second, in the Hotel Dieu in Paris, nursing work was carried out by religious groups, but after the French Revolution, religious groups were abolished and jobs were replaced by free people who were not bound by religion. Third, St. Thomas Hospital, founded in 1123 AD, was the hospital where nursing figure Florence Nightingale started her career in nursing. In the 18th century, the development of larger cities led to an increase in the number of hospitals and improved the role of nurses.

In the mid-18th century and throughout the 19th century, social reforms changed the role of nurses and women in general. Here, nursing care gained people's trust, as did the name Florence Nightingale. Florence Nightingale was born in 1820 into a wealthy and respectable family. She

grew up in England with sufficient education. Despite strong opposition from her family, she was accepted into a nursing education course at the age of 31. The outbreak of the Crimean War and her appointment by the British to organize nursing care at a Turkish military hospital provided an opportunity for her to achieve success (Taylor, C., 1989). Nightingale successfully overcame difficulties or problems, managed to ward off negative perceptions on women, and increased the status of nurses. After the Crimean War ended, Florence Nightingale returned to England.

The historical development of nursing in England is very important to understand because England paved the way for the progress and development of nurses, and Florence Nightingale's pioneering work was followed by other countries. In 1860, Nightingale wrote *Notes on Nursing: What It Is and What It Is Not for the General Public*. Her philosophy towards nursing practice is a reflection of the changing needs of society. She saw the role of nurse as an individual who is in charge of maintaining one's health based on knowledge of how to place the body free from diseases (Nightingale, 1860; Schuyler, 1992). In the same year, she developed the first nursing training program, the Nightingale Training School for Nurses at St. Thomas' Hospital in London. It is this educational concept that influences nursing education in today's world. Florence Nightingale's contribution to the development of nursing was to emphasize that nutrition is an important part of nursing care, to ensure that occupational and recreational activities are a therapy for the sick, to identify the personal needs of patients and the role of the nurse to fulfill them, to set standards for hospital management, to develop occupational standards for female patients, to develop nursing education, to establish two components of nursing, namely health and illness, to ensure that nursing stands alone and distinct from the medical profession, and to emphasize the need for continuing education for nurses (Taylor, C. 1989).

Florence Nightingale

Born: May 12, 1820   **Died:** August 13, 1910

History: Nightingale served as a nurse during the Crimean War, tending to wounded soldiers. She was called **"The Lady with the Lamp"** because of her habit of making rounds at night.

Florence Nightingale - "Founder of Modern Nursing"

She laid the foundation of professional nursing with the establishment of her nursing school at St Thomas' Hospital in London. It was the first secular nursing school in the world and is now part of King's College London. The Nightingale Pledge, taken by new nurses, was named in Florence Nightingale's honor.

Nurses Day is celebrated around the world on Florence Nightingale's birthday.

Source: Ashland University Dwight Schar College of Nursing & Health Sciences. Picture Window theme. Powered by Blogger.

The Civil War (1860–1865) stimulated the development of nursing in the United States. Clara Burton, the founder of the American Red Cross, cared for combatants on the battlefield, cleaned wounds, met basic needs, and comforted combatants in the face of death (Donahue, 1995). After the Civil War, nursing schools in America and Canada began to form their own curricula, following the Nightingale schools. The first training school in Canada, St. Catherina in Ontario, was founded in 1874. In 1908, Mary Agnes Snively established the Canadian National Association of Trained Nurses, which later changed its name to the Canadian Nurses Association (CNA) in 1924 (Donahue, 1995). In 1899, the American and Canadian affiliations ceased and a new organization was established under American Nurses Association (ANA) in 1911.

Nursing care in hospitals developed in the late nineteenth century. However, in the community, nursing did not show significant improvement until 1893, when Lilian Wald and Mary Brewster opened The Henry Street Settlement. It focused on the health needs of the poor living in New York

shelters. Nurses who worked in these places had a greater responsibility towards patients than those who worked in hospitals because they often faced situations that required independent action from doctor's orders. In addition, in treating diseases, the poor needed nursing therapy aimed at improving nutrition, providing lodging, and maintaining cleanliness. Advances in hospitals, public health, and education occurred in the early twentieth century. At that time, nursing education was initiated at the university level. With the development of nursing education, nursing practice has also expanded. In 1901, the Army Nurses Corps was established, followed by the founding of the Navy Nurses Corps in 1908. Nursing specialties also began to develop. Around the 1920s, specialist nurse organizations were formed, such as the Association of Operating Room Nurses (1949), the American Association of Critical-Care Nurses (1969), and the Oncology Nursing Society (1975).

D.   History of the Nursing Development in Indonesia

1.   History of Nursing Before Independence

Nurses from the indigenous "*veelpleger*" population assisted "*zieken opposer*" as the guardians of the sick during the Dutch colonial era. They worked at the Binnen Hospital in Jakarta, which was founded in 1799. During the VOC's reign, British Governor General Raffles (1812–1816) had the motto "Health belongs to humans". After the colonial government returned to Dutch hands, several hospitals were established in Jakarta in 1819. One of them is the Sadsverband Hospital, located in Glodok, West Jakarta. In 1919, the hospital was moved to Salemba, and now it is known as Cipto Mangunkusumo Hospital.

In the period 1816–1942, there were several private hospitals owned by Catholic and Protestant missionaries, for example, the Indonesian Church Association hospital in Cikini, Central Jakarta; St. Carolus hospital in Salemba, Central Jakarta; St. Borromeus hospital in Bandung; and Elisabeth hospital in Semarang. Even in 1906, the Indonesian Church Association Hospital and Cipto Mangunkusumo Hospital in 1912 had organized nurse education. However, the arrival of the Japanese (1942–1945) caused nursing education to decline.

2. History of Nursing After Indonesian Independence
   a. 1945-1962

   From 1945 to 1950, there was a transition period for the government of the Unitary State of the Republic of Indonesia. The development of nursing was still taking place. It can be seen from the development of nursing staff who still used the existing education system, such as, nurses with Dutch education (MULO (equal to junior high school level) + 3 years of education) the A diploma for general nurse and the B diploma for mental nurses. There is also basic nurse education (SR (equal to primary school level) + 4 years of education), whose graduates are called nurse orderlies. It was in 1953 that a nursing management school was opened with the aim of producing more qualified nurses. In 1955, Djuru Kesehatan School (SDK) was opened with SR education plus one year of education and a health observer school as SDK development plus another year of education. In 1962, a nursing academy with general high school basic education was opened in Jakarta at the Cipto Mangunkusumo Hospital. Now known as the Ministry of Health's Nursing Academy on 17th Chemistry St.in Central Jakarta. Even though there is higher education, the pattern of development of nursing education is not yet visible, as seen from the institutional organization in the hospital. Further, it is also reviewed from the perspective of the orientation of nurses in action skills, and the concept of the nursing curriculum has not yet been introduced. The concepts of nursing development are not yet clear and the forms of nursing activities are still oriented towards procedural skills, which are packed with the extension of medical services.

   b. 1963-1983

   This period has seen little development in the field of nursing. On March 17, 1974, a professional organization was born under the name Indonesian National Nurses Association in Jakarta. It is a step toward a better development of nursing. However, it was only starting in 1983 that this professional organization was fully involved

in improving nursing through collaboration with CHS, the Ministry of Health, and other organizations.

c. 1984-at present

In 1985, the Bachelor of Nursing Education was officially opened under the name Nursing Study Program at the Faculty of Medicine, University of Indonesia in Jakarta. Since then, the program has produced undergraduate-level nursing staff; thus, in 1992, Law No. 23 concerning Health was issued and recognized nursing as a profession. In 1996, the Nursing Study Program was opened at Padjadjaran University, Bandung. In 1997, the Nursing Program, University of Indonesia changed its status to the Faculty of Nursing, University of Indonesia and to improve the quality of its graduates, in 1998, the nursing education curriculum was legalized. Furthermore, in 1999, the diploma curriculum in nursing began to be reformed and used in 2000 until now.

Summary

Nursing today is far different from nursing as it was practiced years ago, and it is expected to continue changing during the 21st century. To comprehend present-day nursing and at the same time prepare for the future, one must understand not only past events but also contemporary nursing practice and the sociologic and historical factors that affect it (Audrey,2022).

For a great many people, history is a set of facts, a collection of events, a series of things that happened, one after another, in the past. In fact, history is far more than these things–it is a way of thinking about and seeing the world. In addition to allowing us to determine the reality of historical events, studying history is essential because it enables us to understand the roots of many concepts. The history of nursing imparts wisdom and virtuous behavior toward people, which is significant in the field of nursing and demonstrates that the nursing profession is one that is consistent with human civilization. History demonstrates how crucial nursing is to ensuring people's welfare.

Review Questions
1. Why is it important to understand the history of nursing?
2. Explain when nursing began.
3. Briefly describe the development of nursing around the world.
4. Briefly describe developments in Indonesia.

Glossary

References

1. ------. https://en.wikipedia.org/wiki/History_of_nursing diakses 10 April 2023
2. Audrey Berman, Shirlee Snyder, Geralyn Frandsen. (2022). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition), Pearson Publisher
3. Dian Setya Budi, S.Kep., Ns. *Sejarah Keperawatan Dunia dan Indonesia*. https://www.academia.edu/30419666/Sejarah_Keperawatan_Dunia_Dan_Indonesia,diakses tanggal 13 Mei 2023
4. Hidayat, A.A.A. (2004). *Pengantar Konsep Dasar Keperawatan*. Salemba Medika
5. Kodim, Y. (2018). *Konsep Dasar Keperawatan*. Edisi Revisi. Trans Info Media.
6. Nugraha Fauzi. (2022). *Sejarah Keperawatan di Dunia dan Perkembangannya* https://www.nerslicious.com/sejarah-keperawatan-dunia/#Sejarah%20Penyebaran%20Keperawatan%20Di%20Dunia. diakses 13 Mei 2023
7. Reni Asmara Ariga. (2020). *Konsep Dasar Keperawatan*. Yogyakarta: CV Budi Utama https://books.google.co.id/books?id=sdEOEAAAQ-BAJ&printsec=frontcover&hl=id&source=gbs_ge_summary_r&-cad=0#v=onepage&q&f=false

CHAPTER 2.

NURSING AS A PROFESSION

Learning Objectives

By the end of this chapter, you will be able to:

1. Explain the definition of the profession.
2. Describe the characteristics of the profession.
3. Describe nursing as a profession.
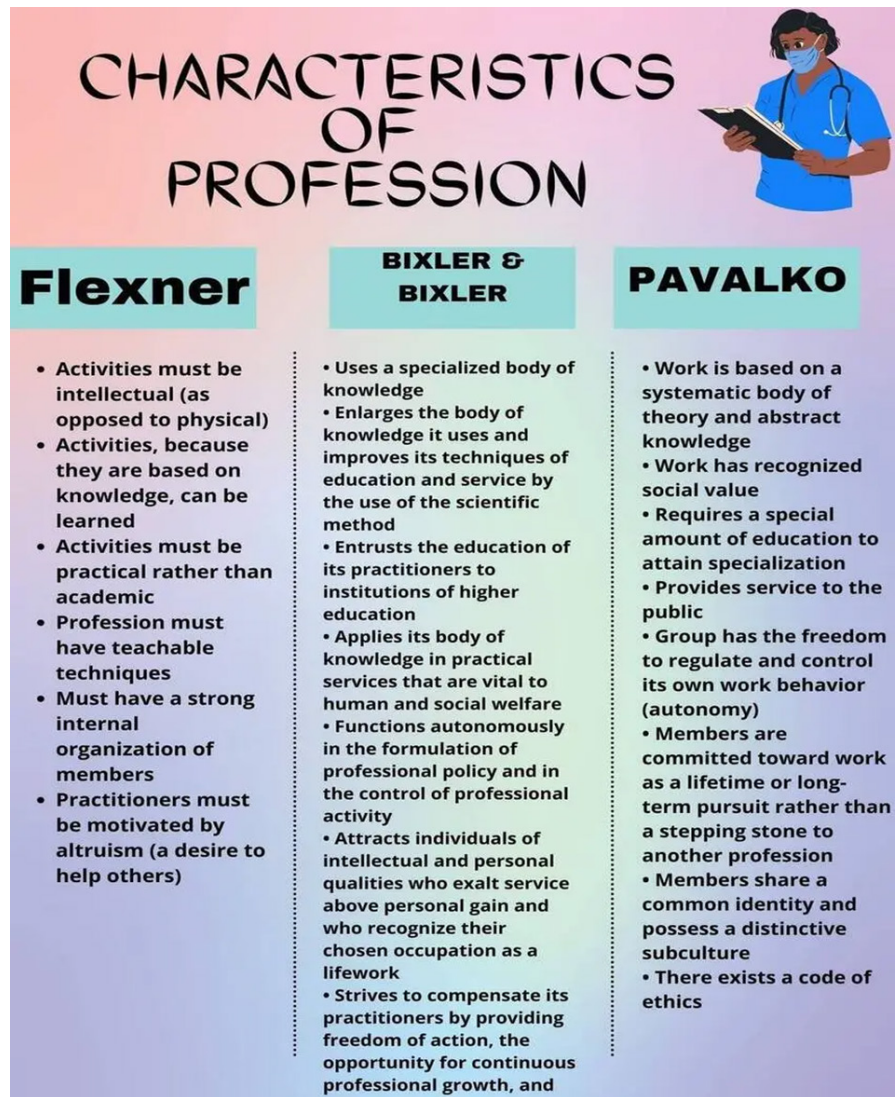
A. Definition of Profession

Understanding the meaning of the profession and the traits it possesses is necessary before being able to comprehend the development and steps for the development of the nursing profession. The word "profession" comes from the Latin word "*professus*". Both have the same meaning, namely, ability or expertise in a particular field. So that the profession is a job that requires certain expertise, which can be obtained from higher education, which includes mentality, personality, and professional attitude.

According to Wilensky (1964), "profession" means a job that requires the support of a body of knowledge as a basis for systematic theory development, faces many new challenges and therefore requires education and training for quite a long time, has a code of ethics, and its main orientation is service (altruism). A profession is a group of jobs that build a very specific norm derived from their role in society. In general, a profession is a job that requires certain education and knowledge or has special skills so that it can do its job well.

B. Professional Characteristics

From the definition of profession, it can be seen that a profession has several characteristics, including the following:

CHARACTERISTICS OF PROFESSION

Flexner
- Activities must be intellectual (as opposed to physical)
- Activities, because they are based on knowledge, can be learned
- Activities must be practical rather than academic
- Profession must have teachable techniques
- Must have a strong internal organization of members
- Practitioners must be motivated by altruism (a desire to help others)

BIXLER & BIXLER
- Uses a specialized body of knowledge
- Enlarges the body of knowledge it uses and improves its techniques of education and service by the use of the scientific method
- Entrusts the education of its practitioners to institutions of higher education
- Applies its body of knowledge in practical services that are vital to human and social welfare
- Functions autonomously in the formulation of professional policy and in the control of professional activity
- Attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a lifework
- Strives to compensate its practitioners by providing freedom of action, the opportunity for continuous professional growth, and

PAVALKO
- Work is based on a systematic body of theory and abstract knowledge
- Work has recognized social value
- Requires a special amount of education to attain specialization
- Provides service to the public
- Group has the freedom to regulate and control its own work behavior (autonomy)
- Members are committed toward work as a lifetime or long-term pursuit rather than a stepping stone to another profession
- Members share a common identity and possess a distinctive subculture
- There exists a code of ethics

Sources: Soumya Ranjan Parida, Nursing is a profession, Why?, June 20, 2021

From the characteristics above, there are several characteristics of the profession that distinguish it from ordinary work. The following are the characteristics of a profession:

1. It has extensive education, namely the educational process that is carried out long enough according to the high level of education for a prestigious profession.
2. It has an expertise based on theoretical knowledge, i.e., a professional has extensive theoretical knowledge and expertise in putting that expertise into practice.
3. The existence of institutional training, namely training to gain practical experience before becoming a full member of a professional organization,
4. There is a competence test, in regard to knowledge in a particular field, where generally there is a requirement to pass tests on theoretical knowledge.
5. There is a license, for instance, certification in a certain field, so that professionals are considered to have expertise and are considered to be trustworthy.
6. The existence of a professional association, namely, a professional organization that aims to improve the status of its members,
7. The existence of work autonomy, such as, a work control system and the theoretical knowledge of professionals to avoid outside interference,
8. A professional code of ethics is a procedure of a professional organization that regulates its members' work according to the rules.
9. It represents status and high rewards, i.e., a successful professional will obtain high status, prestige, and compensation, which is appropriate in recognition of the services provided to the public.
10. It is self-regulated, that is, a professional is regulated by a professional organization without any interference from the government.
11. It represents public service and altruism, that is an income from professional work that has been maintained as long as it is related to the needs of the community.

C. Nursing as a Profession

From the definition of a profession, nursing has fulfilled many characteristics. One of them is that it organizes a professional education program aimed at producing skillful and responsible "nurses." It also has authority to carry out nursing services by constantly referring to the "Nursing Code of Ethics" in providing appropriate nursing services to patients.

Nursing is the protection, promotion, and optimization of health and abilities; the prevention of illness and injury; the facilitation of healing; the alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in the care of individuals, families, groups, communities, and populations. Nursing is a form of professional service that is fully integrated into health services in the form of comprehensive bio-psycho-social-spiritual services based on nursing knowledge and tips aimed at individuals, families, and communities, both sick and healthy, covering all aspects of life. Therefore, it is clear that nursing is a form of profession because nursing has characteristics as a profession. Based on the definition by experts regarding the profession, then nursing deserves to be considered a profession because it has fulfilled the requirements of a profession (Audrey,2022), namely:

1. Specialized education

   Nursing education was also a negative impact in recognizing nursing as a profession. Previously nursing students are learning skills from medical practitioners in hospitals. After some days of training and learning skills, they were given employment. There was no provision of education in colleges and universities. Gradually nursing education patterns and setting changed. Now, most of the nurses who want to be Registered Nurse go to college and university.

   In Indonesia, various levels of education have developed different competency standards, starting from Diploma in Nursing to a Doctoral Degree in Nursing.

2. Body of knowledge

   The body of knowledge possessed by nursing is nursing science, which includes the basic sciences (natural, social, and behavioral),

biomedical, public health, basic nursing, clinical nursing, and community nursing sciences. At first nursing was criticized because of not having a special body of knowledge. Critics state that nursing has borrowed concepts from other sciences like biological science, social science, and medical science. It formed skills by combining all those concepts.

Nursing theorists and leaders disagree with the 'borrowed concept'. They justified that synthesis and combining other subject and form new the concept is a distinctive quality of nursing. Nursing theorists took it as a challenge and compete among themselves to describe and identify general principles that governing nursing practice. As a result, nursing has appeared as a profession with an established body of knowledge.

3. Service orientation

Many theorists suggested service to the public and dedication as criteria for the profession. Nurses have provided their service in every situation. Nursing was developed as an integral part of the national health system. Therefore, the system of providing nursing care was developed as an integral part of the system of providing health services to the community in every health care setting. The services and programs developed are humanistic and comprehensive based on client needs and guided by nursing care standards and nursing ethics.

4. Ongoing research

The progress of a profession is developed through various related research projects, which will strengthen the nursing body of knowledge, as well as the development of professional nursing practice.

5. Code of ethics

The Code of Ethics for Nurses with Interpretive Statements (The Code) was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

In the implementation of nursing care, professional nurses always

show the attitude and behavior of nursing professionals according to the nursing code of ethics.

6. Autonomy

   Nursing has independence, authority, and responsibility to regulate professional life, including autonomy in providing nursing care and establishing standards of nursing care through the nursing process, organizing education, nursing research, and nursing practice in the form of nursing legislation.

7. A Professional organization

   Nursing must have a professional organization. This organization will determine success in efforts to develop the image of nursing as a profession, to have an active role in building professional nursing, and become the forefront of nursing innovation in Indonesia. Currently, Indonesia has a nursing professional organization named PPNI based on constitution and laws. Worldwide nursing organization is known as the International Council of Nurses (ICN).

8. Motivation is altruistic

   The Indonesian nursing professional society is responsible for fostering and positioning the role and function of nursing as a professional service in health development, adhering to the nature of nursing as a profession, and oriented to the interests of society.

Summary

Nursing is not simply a collection of specific skills, and you are not simply a person trained to perform specific tasks. Nursing is a profession. No one factor absolutely differentiates a job from a profession, but the difference is important in terms of how you practice. To act professionally, use your critical thinking skills to administer quality evidenced-based, patient-centered care in a safe, prudent, and knowledgeable manner. As a nurse you are responsible and accountable to yourself, your patients, and your peers. A variety of career opportunities are available in nursing, including clinical practice, education, research, management, administration, and even entrepreneurship. It is important for you to understand the scope of

professional nursing practice and how nursing influences the lives of your patients, their families, and their communities (Hall, 2020).

Modern nursing is both an art and a science that encompasses a wide range of conceptual activities and skills related to various disciplines. Nursing as a profession is unique; it addresses a variety of individual and family responses to health problems. The nursing profession is complex and diverse. Nurses practice in various places, demanding skill and expertise as well as high discipline since expertise in nursing is the result of knowledge and clinical experience. Expertise is needed to interpret clinical situations and make complex decisions in order to provide professional and high-quality nursing care. The nursing profession continuously develops because of the demands of society, changing health needs, and various government policies related to health and nursing services.

Review Questions
1. Why is nursing called a profession?
2. Explain that nursing is a form of professional service that is fully integrated into health services.
3. Describe the characteristics of nursing as a profession.

References
1. Audrey Berman, Shirlee Snyder, Geralyn Frandsen. (2022). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition), Pearson Publisher
2. Budiono. (2016). *Konsep Dasar Keperawatan*. Jakarta: Kementerian Kesehatan Republik Indonesia
3. Hall, Amy M.; Perry, Anne Griffin; Potter, Patricia Ann; Stockert, Patricia A. (2020). *Fundamentals of Nursing*, Publisher: Elsevier
4. Soumya R P. (2021). Nursing is a profession, Why?, https://nurseinnursing.com/nursing-is-a-profession/. diakses 10 April 2023
5. Hidayat, A.A.A (2004). *Pengantar Konsep Dasar Keperawatan*. Salemba Medika
6. Kodim, Y. (2018). *Konsep Dasar Keperawatan*. Edisi Revisi. Trans Info Media.

7. Reni Asmara Ariga. (2020). *Konsep Dasar Keperawatan*. Yogyakarta: CV Budi Utama https://books.google.co.id/books?id=sdEOEAAAQ-BAJ&printsec=frontcover&hl=id&source=gbs_ge_summary_r&-cad=0#v=onepage&q&f=false

CHAPTER 3.

ROLE, FUNCTIONS, RIGHTS AND RESPONSIBILITY OF THE PROFESSIONAL NURSE,

Learning Objectives

By the end of this chapter, you will be able to:

1. Describe the role of the nurse.
2. Explain the function of the nurse.
3. Explain the duties of a nurse.
4. Explain the rights and obligations of nurses.

A. Roles of a Professional Nurse

Nurses assume a number of roles when they provide care to clients. Nurses often carry out these roles concurrently, not exclusively of one another. For example, the nurse may act as a counselor while providing physical care and teaching aspects of that care. The roles required at a specific time depend on the needs of the client and aspects of the particular environment (Audrey, 2022).

A role is a set of behaviors expected by other people towards someone according to their position in a system. Roles are influenced by social conditions and mostly stable. A role is a form of behavior expected of someone in a particular social situation (Kozier, Barbara, 1995:21). *Merriam-Webster Online Dictionary* defines role as "a socially expected behavior pattern usually determined by an individual's status in a particular society" (2009). The word role may be interpreted as a set of behaviors and expectations, rights and obligations, as conceptualized by actors in a

situation guided by individuals with social positions who set these behaviors. Roles are associated with social positions (e.g., status and power) and are shaped by the expectations of others in an individual's workplace or social network (Biddle, 1979). Although structure and function are essential in understanding the role, to define nursing in the context of expected behaviors would then interpret actions as solely prescribed by rules outlined in policy and procedure or a job description. From this functional perspective, the meaning of role is lacking the underpinnings of the individual's professional identity, which underscores the motivation for selecting the profession.

The role of the nurse needs to be a way to express the activities of nurses in practice, where they have completed their formal education. The role is also recognized and authorized by the government to carry out the duties and responsibilities of nursing in a professional way and in accordance with the professional code of ethics. The ability of nurses to perform their duties and functions in accordance with their competencies can be considered part of their role. In general, there are four roles of nurses, namely:

1. implementing nursing services
   The services provided through the provision of nursing services using the nursing process at the level of basic human needs. The provision of nursing care varies from simple to complex.
2. carrying out management of nursing services and educational institutions
   Nurses are responsible for education and teaching nursing science to clients, nursing staff, and other health workers.
3. administering nursing education.
   In this case, nurses are responsible for nursing management both in hospitals and in the community, managing nursing for individuals, groups, and communities. Nurses interpret various information from service providers or other sources, especially in making informed consent for nursing care to their patients.
4. applying nursing research and development
   Nurse as a reformer in science and improve professional practice through research. Research activities essentially involve evaluating, measuring abilities, assessing, and considering the effectiveness of a

given care. Research can inspire others. Nurses also need to update information regarding developments in health services, utilizing mass media and other information from various sources.

According to the Nursing Science Consortium (1989), there are seven important roles of nurses as follows:

1. As a provider of nursing care, a nurse plays a crucial role in adjusting the provision of nursing care to patients while still paying attention to basic human needs. The traditional and most essential role functions as a nurturer, comforter, and provider. "Mothering actions" of the nurse provide direct care and promote client comfort. Client activities involve knowledge and sensitivity to what matters and what is important to clients. show concern for client welfare and acceptance of the client as a person.

2. As a patient advocate, a nurse will assist in the process of communication and provide appropriate information between patients, families, and other health workers. He or she is concerned for and acted on behalf of the client to bring about a change. He or she promotes what is best for the client by ensuring that the client's needs are met and protecting the client's rights. A nurse also provides explanations in the client's language and supports the client's decisions.

3. As an educator, a nurse will provide knowledge about health, symptoms, and actions to encourage healthy lifestyle among the patients. Also, he or she provides information and helps clients learn or acquire new knowledge and technical skills, encourages compliance with prescribed therapy, promotes healthy lifestyles, and interprets information for clients.

4. As a coordinator, a nurse will coordinate the best health services for patients.

5. As a collaborator, a nurse will be able to collaborate on various actions that need to provide the best service to patients with other health workers.

6. As a consultant, a nurse case will provide the best explanation on information related to nursing services provided. As a counselor,

he or she helps clients to recognize and to cope with stressful psychological or social problems, develops and improves interpersonal relationships, and promotes personal growth. He or she provides emotional, intellectual, and psychological support. It focuses on helping a client to develop new attitudes, feelings, and behaviors rather than promoting intellectual growth. The nurse also encourages his or her client to look at alternative behaviors to recognize the choices and develop a sense of control.

7. As an agent of change, a nurse initiates changes or helps clients to make modifications themselves or to the system of care. He or she will carry out planning, collaboration, and systematic changes in order to achieve the goal of providing the best nursing services for patients.

BOX 1.1	Selected Expanded Career Roles for Nurses

ADVANCED PRACTICE REGISTERED NURSE (APRN)
APRNs have a master's degree, post-master's certificate, or practice-focused DNP degree in one of four specific roles:

- Certified Nurse Practitioner (CNP)
  CNPs provide care, independently, in a range of settings and in one of six defined client populations: family and individual across the lifespan; adult-gerontology (acute care or primary care); women's health and gender-related health; neonatal; pediatrics (acute care or primary care); and psychiatric or mental health.
- Clinical Nurse Specialist (CNS)
  CNSs usually work in a specialized area of nursing practice defined by parameters such as disease or medical specialty (e.g., oncology, diabetes); population (e.g., children, seniors, women); setting (e.g., critical care, emergency department); type of care (e.g., rehabilitation, mental health); and type of problem (e.g., pain, eating disorders). CNSs may serve as educators or outcome managers, conduct research, supervise staff, or manage cases to ensure the best possible client treatment.
- Certified Registered Nurse Anesthetist (CRNA)
  CRNAs administer anesthesia for surgical and other procedures and provide pre- and postanesthesia care for individuals across the lifespan. This care is provided in diverse settings, including hospital surgical suites.
- Certified Nurse Midwife (CNM)
  CNMs provide primary healthcare for women from adolescence throughout the lifespan. In addition to general primary care, they also provide the following: gynecological and family planning services; pregnancy, childbirth, and postpartum care; healthy newborn baby care; and treatment of male partners for sexually transmitted diseases. It is a misconception that CNMs are primarily used in at-home births. More than half of CNMs are employed by hospitals (GraduateNursingEDU.org, n.d.).

OTHER EXPANDED NURSING ROLES

Nurse Researcher
Nurse researchers investigate nursing problems to improve nursing care and to refine and expand nursing knowledge. They are employed in academic institutions, teaching hospitals, and research centers such as the National Institute for Nursing Research in Bethesda, Maryland. Nurse researchers usually have advanced education at the doctoral level.

Nurse Administrator
The nurse administrator manages client care, including the delivery of nursing services. The administrator may have a middle management position, such as head nurse or supervisor, or a more senior management position, such as director of nursing services. The functions of nurse administrators include budgeting, staffing, and planning programs. The educational preparation for nurse administrator positions is at least a baccalaureate degree in nursing and frequently a master's or doctoral degree.

Nurse Educator
Nurse educators are employed in nursing programs, at educational institutions, and in hospital staff education. The nurse educator usually has a baccalaureate degree or more advanced preparation and frequently has expertise in a particular area of practice. The nurse educator is responsible for classroom and, often, clinical teaching. There is now a process to become a certified nurse educator (CNE).

Nurse Entrepreneur
A nurse entrepreneur usually has an advanced degree and manages a health-related business. The nurse may be involved in education, consultation, or research, for example.

Forensic Nurse
The forensic nurse provides specialized care for individuals who are victims or perpetrators of trauma. Forensic nurses have knowledge of the legal system and skills in injury identification, evaluation, and documentation. After tending to the client's medical needs, the forensic nurse collects evidence, provides medical testimony in court, and consults with legal authorities. Forensic nurses work in a variety of fields including sexual assault, domestic violence, child abuse and neglect, mistreatment of older adults, death investigation, and corrections. They may be called on in mass disasters or community crisis situations (International Association of Forensic Nurses, n.d.). Nurses complete a certification process to become a forensic nurse.

Informatics Nurse Specialist (INS)
The INS is an RN with formal graduate-level education in informatics or an informatics-related field. The INS is responsible for implementing or coordinating projects involving multiple professions and specialties. They support other RNs to use data, information, knowledge, and technology in their practice (ANA, 2015a, p. 7).

Source: Audrey, 2022, Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice (Global Edition),

B.   Functions of Nurses

Nurse functions in three categories: independent, dependent, and interdependent. The function is carried out in accordance with its role in providing nursing services and is adapted to the real conditions of the patient. The following is an explanation of each nurse's functions.

1. Independent

    The nurse has the independence to make decisions and take the best care based on her nursing knowledge. This independence must be based on nursing knowledge. In addition, the decisions and actions taken by the nurse will be the full responsibility of the nurse. Independent function means does not depend on other people, where a nurse can carry out his or her duties independently in order to meet basic human needs, for example, meeting physiological needs (fulfilling oxygenation needs, meeting fluid and electrolyte needs, meeting nutritional needs, fulfilling activity needs, safety and comfort needs, fulfilling love needs, fulfilling self-esteem needs, and self-actualization).

2. Dependent

    Dependent function takes place when a nurse is carrying out his or her activities based on messages or instructions from other nurses. Therefore, it is an act of delegation of assigned tasks. It is usually done by specialist nurses to general nurses or by primary nurses to executive nurses. The dependent function also means that a nurse carries out his or her activities based on orders from other health teams, for example, carrying out instructions from doctors on placing infusions, administering drugs, taking blood samples, injecting them, etc. Here, the doctor is fully responsible for the given orders.

3. Interdependent

    In this function, nurses can cooperate with other parties to provide the best health services, such as doctors, nutritionists, physiotherapists, and experts, to provide nursing care for patients. For example, in treating patients with diabetes, nurses will work closely with nutritionists to determine the patient's food intake. Interdependent function is carried out in a team which relies on one another. It

can function effectively if the form of service requires teamwork in providing it, such as in providing nursing care to patients who have complex diseases. The situation cannot only be handled by a team of nurses. but it also needs doctors or other health workers.

C.   Nurse Duties

Duty of care is a fundamental part of nursing, and often nurses will see it as being a part of their professional duties as a nurse. Duty of care is a legal, ethical and professional obligation and commitment for nurses to provide quality care and protect patient safety. Although 'giving care' and 'to care' has been discussed widely in nursing literature, less attention has been given to 'duty of care' as a fundamental basis for practice.

Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 26/2019, on the Implementation Regulations No. 38/2014 on Nursing, it is conveyed that, nurses serve as: nursing caregiver; extension agents and counselors for clients; nursing service manager; nursing researcher; task executor based on delegation of authority; and/or task executor in limited circumstances.

1.   Main Duties of Nurses in Hospitals:

The nurse is one of the medical staff members in the hospital who plays an important role. His or her main duties as a nurse include monitoring the patient's condition, being involved in planning the patient's care, and providing education about disease management. However, there are other responsibilities that are still part of the role of a nurse, including:

a. taking medical history and symptoms,

b. work closely with the team to plan patient care, advocate for patient health and well-being,

c. monitor the patient's health and record the signs.

d. provide medication and treatment.

e. operate medical equipment.

f. perform a diagnostic test.

g. provide patient education on how to manage the disease.

h. provide support and advice to patients.

2. Duties of Nurses in Caring for Patients

   The role of the nurses is mainly a caregiver for the patient. He or she helps manage physical needs, prevent illness, and treat health conditions. Therefore, nurses need to observe and monitor the patient's condition and record relevant information to help make decisions regarding the given treatment. During the treatment process, the nurse's job is to follow the progress of the patient and act in the patient's best interests. So, it's not simply giving medicines and therapies. Nurses are also responsible for holistic patient care, which includes the psychosocial, developmental, and mental needs of the patient.

3. Patient Advocacy

   Another main task of a nurse is to advocate for his or her patients. Thus, the nurse will provide information and act on behalf of the patients. The nurse provides information, becomes a mediator, and protects his or her patients. It is essential because sick patients often cannot understand his or her medical situations. Thus, it is the nurse's job to support the patient and represent the patient's best interests at all times, especially when making treatment decisions.

4. Nurses' Duties in Care Planning

   Nurses are also directly involved in the decision-making process for patient care. So, it is important for nurses to be able to think critically when assessing a patient's signs and identifying potential problems. So, they can make the right recommendations and actions. Other health professionals, such as doctors or specialists, are usually responsible for making final treatment decisions. Therefore, nurses must be able to provide information about the patient's health effectively. They are most familiar with the patient's individual situation, as they monitor their signs and symptoms on an ongoing basis. They also work closely with other members of the medical team to promote the best patient health outcomes.

5. Providing Education and Support to Patients

   Nurses are also responsible for ensuring that patients understand their health conditions, illnesses, medications, and care. It is

important, especially at the time the patients are discharged from the hospital, that they can care for themselves. So, nurses should take the time to explain to patients and their families or caregivers what to do when they leave the hospital or clinic. It is also the nurse's job to ensure that the patient feels supported and knows where to go for additional information.

D.   Rights and Responsibility of the Professional Nurse

1.   Rights of nurses

The word "right" means something that is property, possession, authority, or power to do something (as it is determined by law, regulation, etc.) (KBBI, 2023), right power over something or to claim something, degree, or dignity. An obligation is something that should be carried out. The following are the rights and responsibilities of nurses:

a. Gaining dignity

A nurse has the right to dignity in life as well as in the workplace. Nurses must gain the dignity to express and improve their own capabilities according to their abilities.

b. Getting a good work environment

Nurses also have the right to a good and positive work environment. They have a strong right to a work environment with minimum, both physically and emotionally, stress.

c. Setting Nursing Quality Standards

Another nurse's right is to determine nursing quality standards in order to continue and to maintain the quality of nursing services for people in need.

d. Doing professional practice

Nurses have the right to practice their profession in accordance with applicable legal limits. That is, nurses may not violate the rules of practice and the scope of their abilities. If there is a violation, the nurse must be willing to accept sanctions.

e. Participating in social organizations.

The right to take part in a social organization is another right of the nursing profession. His or her role is to represent the nursing profession and to improve health care.

f. Complying with all regulations.

The rights and obligations of nurses are indeed important to understand and carry out in balance. In addition, nurses are also required to comply with all regulations. The rules in question are the rules from the government as well as from the agency where they work.

g. Providing nursing services

Nurses are required to provide nursing services for patients according to the competencies they already have. The type of service will also vary according to the condition of each patient being treated.

h. Respecting patient rights

Respecting patient rights is the next duty that nurses must carry out. Nurses must be well aware of the patient's rights and respect them properly. Including the right to privacy or maintaining the confidentiality of the patient's illness.

i. Collaborating with other medical personnel.

Nurses must also be able to collaborate with other medical personnel in order to provide optimal care services for patients.

j. Providing accurate information to patients

Nurses are required to provide accurate information to their patients. The information must be accountable and based on valid sources. It also relates to the patient's health condition or other information requested by the patient.

Nurses have the right to work in an environment that is safe for themselves and their patients. The rights of nurses based on Law No. 38/2014 concerning nursing are:

a. to obtain legal protection to carry out duties in accordance with service standards, professional standards, standard operating procedures, and provisions of legislation;

b. to obtain correct, clear, and honest information from the client and/ or his family.
c. to receive service fees for nursing services that have been provided;
d. to refuse the wishes of the client or other parties that are contrary to the code of ethics, service standards, professional standards, standard operating procedures, or provisions of laws and regulations;
e. to obtain work facilities according to standards.

According to the Nurse's Bill of Rights,
a. Nurses have the right to practice that fulfills their obligations to society and to those who receive nursing care.
b. Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
c. Nurses have the right to work in an environment that supports and facilitates ethical practice, in accordance with the Code of Ethics for Nurses with Interpretive Statements.
d. Nurses have the right to freely and openly advocate themselves and their patients without the fear of retribution.
e. Nurses have the right to fair compensation for their work which is consistent with their knowledge, experience, and professional responsibilities.
f. Nurses have the right to work in an environment that is safe for themselves and their patients.
g. Nurses have the right to negotiate the conditions of their employment in all settings, either individually or collectively.

2. Nursing Responsibility

In addition to having rights, however, there are various other responsibilities of a nurse that form a part of the role of a nurse. Responsibility is the state or fact of having a duty to deal with something or of having control over someone. The nurse's primary responsibility is to those who need nursing care.

Based on Law No. 38/2014 about nursing, the responsibility or obligations of nurses are:

a. Completing the facilities and infrastructure for nursing services in accordance with the standards of nursing services and the provisions of legislation;

b. Providing nursing services in accordance with the code of ethics, nursing service standards, professional standards, standard operating procedures, and provisions of laws and regulations

c. Refer clients who cannot be treated by nurses or other health workers to better facilities according to their scope and level of competence;

d. Documenting nursing care according to standards;

e. Provide complete, honest, correct, clear, and easy-to-understand information regarding nursing actions to clients and/or their families in accordance with their authority;

f. Carry out delegation of authority from other health workers in accordance with the nurse's competence; and

g. Carry out special assignments determined by the government.

TABLE 3.2 Legal Roles, Responsibilities, and Rights		
Role	**Responsibilities**	**Rights**
Provider of service	To provide safe and competent care commensurate with the nurse's preparation, experience, and circumstances To inform clients of the consequences of various alternatives and outcomes of care To provide adequate supervision and evaluation of others for whom the nurse is responsible To remain competent	Right to adequate and qualified assistance as necessary Right to reasonable and prudent conduct from clients (e.g., provision of accurate information as required)
Employee or contractor for service	To fulfill the obligations of contracted service with the employer To respect the employer To respect the rights and responsibilities of other healthcare providers	Right to adequate working conditions (e.g., safe equipment and facilities) Right to compensation for services rendered Right to reasonable and prudent conduct by other healthcare providers
Citizen	To protect the rights of the recipients of care	Right to respect by others of the nurse's own rights and responsibilities Right to physical safety

Source: Audrey Berman, Shirlee Snyder, Geralyn Frandsen. 2022, *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition),

Summary

A role is someone's set of behaviors according to his or her position in a system. Social factors influence roles, which are generally stable. A role is a form of expected behavior in a particular social situation. There are four main roles for nurses: implementing nursing services, carrying out management of nursing services and educational institutions, administering

nursing education, and applying nursing research and development. Nurse functions in general are independent, dependent, and interdependent. Professional nurses have rights and responsibilities. A right is power over something, the right to claim something, and a degree of dignity. An obligation is a task that should be carried out.

Review Questions
1. Describe the role of a nurse in the health care.
2. Describe the function of a nurse among health care team.
3. Explain the rights and responsibilities of nurses.

Glossary

References
1. Audrey Berman, Shirlee Snyder, Geralyn Frandsen. (2022). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition), Pearson Publisher,
2. Hall, Amy M.; Perry, Anne Griffin; Potter, Patricia Ann; Stockert, Patricia A. (2020). *Fundamentals of Nursing*. Publisher: Elsevier
3. Hidayat, Aziz Alimul. (2018). *Konsep Dasar Keperawatan*. Jakarta Salemba Medika
4. Persatuan Perawat Indonesia. (2015). Standar Kompetensi Perawat Indonesia
5. Reni Asmara Ariga. (2020). *Konsep Dasar Keperawatan*. Yogyakarta: CV Budi Utama

CHAPTER 4.

STANDARDS OF PROFESSIONAL NURSING PRACTICES

Learning Objectives

By the end of this chapter, you will be able to:

1. Describe the definition of standard of nursing practice.
2. Explain the scope of Indonesian nursing practice standards.

A. Standards of Nursing Practice

A standard of nursing practice is a statement describing the desired quality of nursing services provided (Gillies, 1989, p. 121). The minimum standard measure that nurses must adhere to when providing nursing care is the standard of nursing practice. The main focus of standard nursing practice is the client. Nursing practice standards are used to determine the process and results of nursing services provided in achieving good nursing services. The goals and benefits of nursing care standards basically measure the quality of care, the performance of nurses, and the effectiveness of organizational management. The relationship between quality and standards is closely related because standards can be quantified as evidence of improving and deteriorating services (Wilkinson, 2006). In the nursing practice standards, there are nursing care standards; care standards focus on patient outcomes; and practice standards are oriented towards the performance of professional nurses to empower the nursing process. A standard of nursing care is a description of the desired level of performance with assessable quality of structure, process, and results. The standard of nursing care is a good and assessable quality statement in the provision of nursing care to patients or clients. The goals and benefits of nursing

care standards basically measure the quality of care, the performance of nurses, and the effectiveness of organizational management. In the development of standards, using a common approach and framework, it can be determined who is responsible for developing standards and how the development process works.

B. Scope of Nursing Practice Standards

The scope of Indonesian nursing practice standards includes professional practice standards and professional performance standards.

1. Professional Practice Standards

The Indonesian Professional Nursing Practice Standards consist of five standards, namely:
a. Standard I: Assessment
b. Standard II: Nursing Diagnosis
c. Standard III: Planning
d. Standard IV: Action Implementation (Implementation)
e. Standard V: Evaluation

a. Standard I Nursing Assessment

The nurse collects data about a patient's health status in a systematic, thorough, accurate, concise, and continuous manner. The rationale is that nursing assessment is an important aspect of the nursing process that aims to establish basic data about the patient's level of health to formulate patient's problems and action plans.

The standard structure criteria for nursing assessment are:
1) The data collection method to guarantee:
   a) systematic and complete data collection
   b) updated data in existing records
   c) easy access to data
   d) maintaining privacy.
2) The practice setting has a nursing data collection system, which is an integral part of the patient data collection and recording system.

3) A recording system based on the nursing process: short, thorough, accurate, and continuous.
4) The practice has a nursing data collection system that is part of the patient's health record system.
5) In practice, there is a data storage system that allows it to be retrieved.
6) Availability of facilities and supportive environment

The criteria for the standard nursing assessment process are:
1) Data collection was carried out by interviews, observation, physical examination, and studying supporting data (e.g., the results of laboratory examinations and diagnostic tests), as well as other records.
2) Data sources are clients, family or relatives, health team, medical records, and others.
3) The patient participates in the data collection process.
4) The data collected is focused on identifying:
    a) patient's current health status
    b) patient's past health status
    c) biological status (physiological)
    d) psychological status (coping pattern)
    e) socio-cultural status
    f) spiritual status
    g) response to therapy
    h) hope for an optimal level of health
    i) risk of potential problems

The standard results of nursing assessment criteria are:
1) Data is recorded and analyzed according to existing standards and formats.
2) The generated data is accurate, up-to-date, and relevant according to client needs.

b. **Standard II Nursing Diagnosis**
The nurse analyzes the assessment data to formulate a nursing diagnosis. The rationale is nursing diagnosis as a basis for developing nursing intervention plans in order to achieve improvement,

prevention and cure of disease and restoration of patient's health.

The Criteria for the Standard Structure of a Nursing Diagnoses are:

1) The practice setting provides opportunities; to colleagues and patients to validate nursing diagnoses.
2) There is a mechanism for exchanging information about research results in determining the right nursing diagnoses.
3) Access related professional development resources and programs.
4) There is a systematic recording of the patient's diagnoses.

The Criteria for the Standard Nursing Diagnostic Process are:

1) The diagnostic process consists of analyzing and interpreting data, identifying patient problems and formulating nursing diagnosis.
2) The components of a nursing diagnosis consist of problems (P), causes (C), symptoms/signs (S) or consist of problems with causes (PC).
3) Collaborate with patients, family of the patients, other health workers to validate nursing diagnoses.
4) Review and revise the diagnosis based on the latest data.

The criteria for the standard results of a nursing diagnosis are:

1) Nursing diagnoses are validated by the patient whenever possible
2) The nursing diagnoses accepted by colleagues as relevant and significant diagnoses.
3) Diagnosis is documented to facilitate planning, implementation, evaluation, and research.

c. **Standard III: Nursing Planning**

The nurse makes a nursing action plan to address health problems and improve the patient's health. The rationale is that planning is developed based on nursing diagnoses.

Nursing Planning Standard Structure Criteria, the practice setting provides:

1) The means needed to develop the plan.
2) There is a recording mechanism, so it can be communicated.

The Standard Process Criteria for Nursing Planning are:
1) planning, which consists of setting priority issues, goals and nursing action plans.
2) collaborating with clients in developing nursing action plans.
3) individual planning (as individuals, groups and communities) according to the conditions or needs of the patient.
4) documenting the care plan.

The Standard Outcome Criteria for Nursing Planning are:
1) compilation of a client nursing care plan
2) planning which reflects completion of the nursing diagnosis.
3) plans which are written in a short and easy to get format.
4) planning which shows evidence of revisions to achieving goals.

d. **Standard IV: Implementation of Actions (Implementation)**
The nurse implements the actions that have been identified in the nursing care plan. The rationale is the nurse can implement the nursing care plan to achieve the goals and the patient's participation in nursing actions influences the expected results.
Criteria on the standard structure of action (implementation), the practice setting provides:
1) resources for the implementation of activities.
2) employment pattern as needed.
3) a mechanism to periodically review and revise employment patterns.
4) development and improvement of nursing clinical skills.
5) nursing consultation system.

Standard Action (implementation) Process Criteria are:
1) collaborating with patients in the implementation of nursing actions.
2) collaborating with other health professionals to improve patient health status.
3) performing nursing actions to solve client problems.
4) supervising the nursing staff under their responsibility.
5) becoming a service coordinator and advocating patients to achieve health goals.

6) informing patients about health status and existing health care facilities.

7) providing education to patients & families about self-care concepts and skills and helping patients modify the environment they use.

8) reviewing and revising the implementation of nursing actions based on the patient's response.

Standard Results Criteria for Action (implementation) are:

1) Documented nursing actions and client responses which are systematically and easily retrieved.

2) Nursing actions that are acceptable to the patient.

3) A measurable evidence of nursing care goals.

e. **Standard V: Evaluation**

The nurse evaluates the patient's health development for internal action plans and revise database and planning. The rationale is that nursing practice is a dynamic process that includes various data changes, diagnoses or plans. The effectiveness of nursing care depends on repeated assessment.

The evaluation standard structure criteria are:

1) The practice setting provides facilities and an environment that supports the implementation of the evaluation process.

2) There is access to information used by nurses in improving planning

3) There is supervision and consultation to help nurses evaluate effectively and develop appropriate planning alternatives.

The standard evaluation process criteria are:

1) developing a plan to evaluate the results of actions in a comprehensive, timely and continuous manner.

2) using baseline data and client response in measuring progress toward achieving goals.

3) validating and analyzing new data with colleagues and clients

4) collaborating with patients and their families to modify nursing care plans.

5) documenting evaluation results and modifying plans.

6) supervision and clinical consultation.

Criteria for standard evaluation results are:
1) obtaining results of data revision, diagnosis, action plan based on evaluation.
2) patient's participation in the process of evaluating and revising the action plan.
3) evaluating results which are used to make decisions
4) evaluation of documented actions that shows a contribution to the effectiveness of nursing actions and research.

2. Professional Performance Standards

The standards of professional performance describe how the registered nurse follows the Standards of Practice, completes the nursing process, and deals with other nursing practice issues. The Indonesian Professional Performance Standards consist of eight standards, namely:
a. Standard I: Quality Assurance
b. Standard II: Education
c. Standard III: Work Assessment
d. Standard IV: Collegial
e. Standards V: Ethical
f. Standard VI: Collaboration
g. Standard VII: Research
h. Standard VIII: Utilization of resources

a. Standard I: Quality Assurance

Nurses systematically evaluate the quality and effectiveness of nursing practice. The rationale is that evaluation on the quality of nursing care through assessment of nursing practice is a way to fulfill professional obligations, namely to ensure that clients receive quality care.
The Structure Criteria cover:
1) an institutional policy to support the implementation of quality assurance.

2) peer review mechanisms and interdisciplinary evaluation programs in place in practice settings.
3) nurses become members of peer review and members of interdisciplinary evaluation programs to assess health care outcomes.
4) availability of a quality assurance development plan based on established practice standards to monitor the quality of nursing care.

Process Criteria consist of:
1) Nurses participate regularly and systematically in the evaluation of nursing practice through:
   a) determining critical indicators and monitoring tools.
   b) collecting and analyzing data.
   c) formulating conclusions, feedback and recommendations.
   d) disseminating information
   e) preparing follow-up plans.
   f) preparing plans and implementation of periodic assessments.
2) The nurse utilizes appropriate suggestions, obtained through a nursing practice evaluation program.

Results Criteria indicate:
1) quality control results
2) corrective actions for the gaps identified through an evaluation program both for individual nurses, units or organizations

b. **Standard II: Education**
Nurses are responsible for acquiring the latest knowledge in nursing practice. The rationale is the development of science and technology, social, economic, political and public education requires the commitment of nurses to continuously increase knowledge so as to spur professional growth.
Structure Criteria cover:
1) a policy in the practice setting to continue to provide opportunities and facilities for nurses to participate in activities related to nursing development.

2) availability of learning opportunities and facilities in practice settings.

3) an opportunity to participate in the activities of professional organizations to develop the profession.

Process Criteria consist of:

1) nurses have the initiatives for independent learning in order to keep up with scientific developments and improve skills

2) nurses participate in stabilization activities in the workplace (in-service), such as scientific discussions and nursing rounds.

3) nurses attend training, seminars or other professional meetings

4) nurses help colleagues identify learning needs

Results Criteria indicate:

5) an increase in the knowledge and skills of nurses regarding nursing science and advanced technology.

6) utilization of the latest science and technology in clinical practice.

c. **Standard III: Work Assessment**

Nurses evaluate their practice based on professional practice standards and other relevant provisions. The rationale is that an assessment of nurse performance is a way to ensure the achievement of standards of nursing practice and other related provisions.

Structure Criteria cover:

1) a policy regarding nurse performance appraisal.

2) a nurse appraiser as a member of the work appraiser.

3) a standard of work assessment

4) a performance appraisal plan based on established standards.

Process Criteria consist of:

1) nurses participate regularly and systematically in performance appraisal through:

a) determination of performance appraisal mechanisms and tools

b) performance review based on established criteria

c) formulation of performance appraisal results

d) feedback and follow-up plans

e) Nurses use the results of the assessment to improve and maintain performance

Results Criteria indicate:

1) results of work assessment
2) corrective action against identified gaps through performance appraisal activities.

d. Standard IV: Collegial

Nurses contribute to the professional development of their colleagues. The rationale is that collaboration through effective communication improves the quality of providing healthcare services to patients.

Structure Criteria cover:

1) mechanisms in place for peer review of practice settings.
2) nurses who act as peer reviewers who evaluate the results of nursing care.
3) nurses play an active role in peer collaboration

Process Criteria consist of:

1) Nurses' active role in carrying out interdisciplinary collaboration through peer review mechanisms.
2) utilization of the results of peer collaboration and implementation of nursing care

Results Criteria indicate:

1) an agreement between colleagues
2) improvements made based on the results of peer collaboration meetings

e. Standards V Ethical

The nurse's decisions and actions on behalf of the patient are determined in an ethical manner (according to norms, cultural values, modules and professional ideals). The rationale is that a nurse's code of ethics is a parameter for nurses in making ethical judgments. Various specific ethical issues that concern nurses are patient refusal of treatment, "informed-consent", termination of life support, and patient confidentiality.

Structure Criteria cover:

1) a nursing ethics committee
2) criteria for ethical issues
3) a mechanism for solving ethical problems.
4) a Nursing Professional Ethics Development Program

Process Criteria consist of:

1) a practice which is guided by a code of ethics
2) maintenance of patient's confidentiality
3) nurse as the patient's advocate
4) providing care without judgment and discrimination
5) providing care by protecting the client's autonomy, dignity and rights.
6) available resources to help making ethical decisions

Results Criteria indicate:

1) evidence in the patient's notes that ethical issues were discovered and discussed in team meetings
2) the goals in continuing nursing development reflect the application of the concepts contained in the code of ethics

f. **Standard VI: Collaboration**

Nurses collaborate with patients, families and all multidisciplinary health teams in providing client care. The rationale is that complexity of providing care requires a multidisciplinary approach to providing care to patients. Multidisciplinary collaboration is necessary to increase the efficiency and effectiveness of care and to help patients to achieve optimal health. Through a collaborative process, the special abilities of health care providers are used to communicate, plan, solve and evaluate services.

Structure Criteria cover:

1) a teamwork policy in providing health care to clients.
2) establishing policies related to client care.
3) a schedule of regular meetings.
4) mechanisms in place to ensure client involvement in team decision making

Process Criteria consist of:

1) nurses consult with other professions to provide optimal care for clients.
2) nurse communicates his or her knowledge and skills, so that colleagues can integrate them into patient's care
3) nurse involves the patient in a multidisciplinary team
4) nurse functions as a patient advocate
5) nurses collaborate with multidisciplinary teams in teaching programs, supervision and research efforts.
6) nurses recognize and respect colleagues and their contributions

Results Criteria indicate:

1) evidence that the nurse is a member or an integral part of a multidisciplinary team
2) evidence of multidisciplinary collaboration, as shown in the treatment plan.

g. **Standard VII: Research**

Nurses use research results in nursing practice. The rationale is that nurses as professionals have responsibilities to develop new approaches to nursing practice through research.

Structure Criteria cover:

1) availability of institutional policies regarding research.
2) availability of research guidelines
3) opportunities are available for nurses to conduct and or participate in research according to educational level
4) opportunities and facilities are available to use research results

Process Criteria consist of:

1) a practice-related nursing problem that requires research
2) using research results that can be accounted for in investigative efforts.
3) carrying out research
4) using research results
5) a mechanism to protect humans as subjects. Nurses develop, implement and evaluate research studies according to educational level.

6) getting consultation and or supervision from experts when needed
7) disseminating research results

Results Criteria indicate:
1) identified and addressed problems through research efforts
2) evidence that the knowledge of nursing is continuously tested and updated with relevant research results
3) reflection the use of the latest available research findings.
4) the development of published theory, practice and research.

h. **Standard VIII: Utilization of Resources**

The nurse considers factors related to safety, effectiveness and cost in planning and providing nursing care. The rationale is that nursing services require efforts to design effective and efficient nursing service programs. The nurse participates in exploring and utilizing resources for the patient.

Structure Criteria cover:
1) availability of productive size policies used in nursing services and nursing units
2) availability of funding sources in accordance with the approved budget.
3) availability of clear performance standards and conflict resolution mechanisms
4) availability of a management information system that is used by various managerial levels of nursing, to receive, organize, analyze and convey and store information needed to plan nursing implementation, manage nursing staff, direct nursing activities and evaluate nursing outcomes.
5) availability of occupational health and safety programs in institutions.
6) availability of essential cost management protocols.
7) availability of tools required by the client.

Process Criteria consist of:
1) preparing and managing the unit budget program

2) distributing available resources in the most effective and least wasteful way.

3) controlling the use of most of the institutional resources for which nursing is responsible.

4) analyzing monthly budget reports to evaluate spending patterns and adapting their use to changing situations.

5) adjusting the number of unit workloads for each full-time workforce.

6) establishing the main tasks and functions of nursing appropriately (building a network that supports nursing for nurses and responding appropriately to all complaints and conflicts between nurses and colleagues, family mismatch with work schedules, unfair work assignments and inadequate work orientation).

7) ensuring the availability of equipment that functions properly.

8) ensuring the health and safety of nursing institutions/units.

Results Criteria indicate:

1) availability of monthly budget reports to provide an overview of expenditure patterns and budget adjustments

2) realization of employee loyalty to the work group, because job satisfaction and work contributions are recognized and appreciated.

3) autonomy in managing the resources obtained from the community.

4) utilization of health service resources in the community.

5) realization of services that pay attention to safety, effectiveness and appropriate costs.

C.   ANA Standards of Practice

Here is an overview from the American Nurses Association (ANA). The American Nurses Association (ANA) is a nationally-recognized organization that is devoted to advancing and enhancing the nursing profession. As the largest voice for nurses across the United States, the ANA is constantly working to:1) Adopt high standards of practice for registered nurses, 2) Promote safe and ethical work environments in healthcare, 3) Support

nurses' health and wellness, 4) Advocate on issues that affect the nursing profession today

The ANA Standards of Practice outline and describe a competent level of care for registered nurses to follow. From assessment to diagnosis, and planning to implementation, the below standards are fundamental to the nursing care process, and foundational for all registered nurses:

1. Assessment

   RNs must be able to effectively collect data and patient information that is relative to their condition or situation as a part of the assessment process.

2. Diagnosis

   RNs must be able to analyze the data gathered during assessment phase, to determine potential or actual diagnoses.

3. Outcomes Identification

   In addition, RNs should be able to effectively predict outcomes for the patient.

4. Planning

   After identifying a diagnosis and outcomes, RNs must develop a plan or strategy to attain the best possible outcome for the patient in need.

5. Implementation

   RNs can then implement the identified plan by coordinating care for the patient, such as administering treatment, and/or promoting good health and safe healing environments.

6. Evaluation

   After that, a nurse must monitor and evaluate the patient's progress towards the expected outcome or health goals.

   After the Evaluation standard, the ANA delves into the Standards of Professional Performance for nurses. These are meant to ensure nurses maintain a competent level of behavior in the professional role, in aspects related to ethics, communication, education, leadership, quality of care, and more.

   As stated in the ANA's third edition of Nursing: Scope and Standards of Practice, "Registered nurses are expected to engage in

professional role activities, including leadership, appropriate to their education and position. Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society." They continue the standards with:

7. Ethics

   A nurse must practice ethically in their role.

8. Advocacy

   Nurses are not only healthcare providers, but also advocates for their patients. Nurses must demonstrate advocacy and support the needs of their patients, no matter their patients' background.

9. Respectful and Equitable Practice

   Nurses must be respectful of all patients, families, healthcare consumers, and professionals. Therefore, they must demonstrate equitable care for all patients in need.

10. Communication

    A registered nurse must be able to communicate effectively in all areas of practice, including with patients, families, and the greater medical team.

11. Collaboration

    Nurses must also be able to collaborate with other healthcare team members, as well as the patient, as they conduct their nursing practice.

12. Leadership

    Registered nurses are also leaders, so they must demonstrate leadership skills within the profession.

13. Education

    Nursing is always changing and evolving. RNs must always seek out ways to grow their knowledge, skills, and competence to reflect current nursing practice and future ways of thinking.

14. Scholarly Inquiry

    Nurses are always learning, as the field advances. Therefore, RNs must help contribute to the profession through scholarly inquiry and research.

15. Quality of Practice

    Quality of practice means that the nurse demonstrates and contributes to a high quality of care.

16. Professional Practice Evaluation

    A nurse must be able to evaluate their own professionalism and practice, as well as the practice of others, in order to consistently grow and provide the best quality of care.

17. Resource Stewardship

    Nurses must be able to utilize the appropriate resources to plan, provide, and sustain care services. They must also take care to ensure these services are safe, effective, and responsible.

18. Environmental Health

    RNs must practice in an environmentally safe and healthy condition.

> **Box 1.2 ANA Standards of Nursing Practice**
>
> 1. **Assessment:** The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.
> 2. **Diagnosis:** The registered nurse analyzes the assessment data to determine the actual or potential diagnoses, problems, and issues.
> 3. **Outcomes Identification:** The registered nurse identifies expected outcomes for a plan individualized to the health care consumer or the situation.
> 4. **Planning:** The registered nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.
> 5. **Implementation:** The registered nurse implements the identified plan.
>   5a. **Coordination of Care:** The registered nurse coordinates care delivery.
>   5b. **Health Teaching and Health Promotion:** The registered nurse employs strategies to promote health and a safe environment.
> 6. **Evaluation:** The registered nurse evaluates progress toward attainment of outcomes.
>
> Copyright© American Nurses Association: *Nursing scope and standards of practice*, ed 3, Silver Springs, MD, 2015, The Association. Reprinted with permission. All rights reserved.

Source: Hall, Amy M.; Perry, Anne Griffin; Potter, Patricia Ann; Stockert, Patricia A. 2020. *Fundamentals of Nursing*, Publisher: Elsevier

Box 1.3 ANA Standards of Professional Performance

1. **Ethics:** The registered nurse practices ethically.
2. **Culturally Congruent Care:** The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.
3. **Communication:** The registered nurse communicates effectively in all areas of practice.
4. **Collaboration:** The registered nurse collaborates with health care consumer and other key stakeholders in the conduct of nursing practice.
5. **Leadership:** The registered nurse demonstrates leadership in the professional practice setting and the profession.
6. **Education:** The registered nurse seeks knowledge and competency that reflects current nursing practice and promotes futuristic thinking.
7. **Evidence-Based Practice and Research:** The registered nurse integrates evidence and research findings into practice.
8. **Quality of Practice:** The registered nurse contributes to quality nursing practice.
9. **Professional Practice Evaluation:** The registered nurse evaluates one's own and others' nursing practice.
10. **Resources Utilization:** The registered nurse uses appropriate resources to plan and provide and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.
11. **Environmental Health:** The registered nurse practices in an environmentally safe and healthy manner.

Source: Hall, Amy M.; Perry, Anne Griffin; Potter, Patricia Ann; Stockert, Patricia A. 2020. *Fundamentals of Nursing*, Publisher: Elsevier

Summary

Standards reflect the values and priorities of the profession and provide both a direction for professional nursing practice and a framework for the evaluation of this practice. They also define the nursing profession's accountability to the public and the outcomes for which registered nurses

are responsible. The standard of practice is one of the tools needed by every professional provider. Standards of nursing practice are the minimum expectations for providing safe, effective, and ethical nursing care. Standards of nursing practice are the commitment of the nursing profession to protecting the public against practices carried out by members of the profession.

Review Questions
1. What is the standard practice in nursing?
2. Explain the scope of standard nursing practice?
3. Discuss with your friends: what are the similarities and differences between the standard practice of nurses in Indonesia and the USA?

Referensi
1. https://www.nerslicious.com/standar-praktik-keperawatan/
2. Audrey Berman, Shirlee Snyder, Geralyn Frandsen. (2022). *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition), Publisher: Pearson,
3. Bidang Organisasi PP-PPNI. Persatuan Perawat Nasional Indonesia (PPNI). (2005). Standar Praktik Keperawatan Indonesia.
4. Hall, Amy M.; Perry, Anne Griffin; Potter, Patricia Ann; Stockert, Patricia A. (2020). *Fundamentals of Nursing*, Publisher: Elsevier
5. Nugraha FauziMay. (2022). Standar Praktik Keperawatan Indonesia. https://www.nerslicious.com/standar-praktik-keperawatan/ diakses 15 April 2023
6. Sue C. DeLaune; Patricia K. Ladner. (2002). *Fundamentals of Nursing*: Standards & Practice, Second Edition. New York; Delmar
7. The American Nurses Association (ANA). (2015*). Nursing: Scope and Standards of Practice*, Third Edition. Silver Spring, Maryland

CHAPTER 5.

NURSING ORGANIZATION

Learning Objectives

By the end of this chapter, you will be able to:

1. Explain the roles, functions of professional nursing organizations.
2. Know various nursing organizations in Indonesia and around the world.

A. Nursing Organization

Professional organizations are organizations whose members are practitioners who establish themselves as a profession and join together to carry out social functions that they cannot perform in their capacity as individuals. Professional organizations have an important role in improving the quality, professionalism, and careers of their members. Nurses have great potential to contribute to the development of health policy through political action. We undertook a systematic website review of international and national-level professional nursing organizations to determine how they engaged registered nurses in health policy activities, including policy priority setting, policy goals and objectives, policy products, and mechanisms for engaging nurses in policy issues. Operation under the umbrella of a professional organization differentiates a profession from an occupation. One way nurses can demonstrate professional commitment is through active involvement in nursing organizations. Participation in the activities of nursing associations enhances the growth of involved individuals and helps nurses collectively influence policies affecting nursing practice. Professional nursing organizations could play a key role in helping to bridge these gaps, so nurses, in whatever role and sector they work in, can be actively engaged in health policy to positively affect the profession and the health of their country's citizens. Professional organizations provide a vehicle for nurses to

face current and future challenges and work in a positive direction towards professional changes, which is in accordance with social changes.

1. **The characteristics of a professional organization**
   a. There is only one organization for each profession.
   b. The main bond among the members is pride and honor.
   c. The main objective is to maintain the dignity and honor of the profession.
   d. The position and relationship between members are close.
   e. It has the nature of collective leadership.
   f. It is agreement-based decision-making mechanisms

2. **The roles of professional organizations**
   a. as a coach, developer, and supervisor of the quality of nursing education.
   b. as a coach, developer, and supervisor of nursing services.
   c. as a coach and developer of nursing science and technology.
   d. as a coach, developer, and supervisor of professional life.

3. **The functions of professional organizations**
   Nursing organizations have functions in various fields such as:
   a. The field of nursing education is to:
      1) establish nursing education standards.
      2) develop advanced nursing education.
   b. The field of nursing services is to:
      1) set standards for the nursing profession
      2) give permission to practice.
      3) provide registration for nursing staff.
      4) develop and enforce a nursing code of ethics.
   c. Science and Technology Field is to:
      1) plan, carry out, and supervise nursing research.
      2) plan, implement, and supervise the development of science and technology in nursing.
   d. Field of professional life is:
      1) fostering and supervising professional organizations
      2) fostering cooperation with the government, society, other professions, and between members

3) fostering cooperation with similar professional organizations in other countries
4) fostering, seeking, and supervising the welfare of members

4. **The benefits of professional organizations**

According to Breckon (1989), the benefits of professional organizations include four things, namely:
a. to develop and advance the profession.
b. to put order and expand the space for the profession.
c. to gather and unify the opinions of professional citizens.
d. to provide opportunities for all members to work and play an active role in developing and advancing the profession

B. National Nursing Organizations

In every country in the world, there is a national nursing organization that promotes standards of practice, advocates for safe patient care, and articulates the profession's position on pressing healthcare issues to policy boards, government agencies, and the general public. Many national nursing organizations also have associated journals that report research findings, disseminate timely clinical information, and discuss the outcomes of policy initiatives. In addition, most nursing specialty and advanced practice groups have their own organizations and associated journals that reach both national and international audiences. There are many nursing special interest groups. Different unions also engage in collective bargaining and labor organizing on behalf of nurses.

In Indonesia, the nursing organization that is used as a forum for nurses to channel their aspirations is the Indonesian National Nurses Association (INNA). INNA was established on March 17, 1974. The pioneers believed that nursing staff required a professional organization of Indonesian nurses. At that time, before 1974, nurse organizations in Indonesia had grown rapidly. Since the colonial era, Indonesian nurses have existed along with the existence of hospitals, namely: Resident Vpabst (1819) in Batavia which changed into Stadtverband (1919) and then CBZ (Centrale Burgerlijke ZiekenInrichting) in Salemba, which is currently the location of Cipto Mangunkusumo Hospital (RSCM). At that time, nurses already had

associations as a forum to carry out movements in determining the dignity of the nursing profession. Also, there were several organizations, including the Indonesian Nurse Association, the Indonesian Health Professionals Association, the Indonesian Nurses Association, and the Indonesian Nurses Association.

Ojo Radiat, HB Barnas, and Drs. Maskoed Soerjasumantri, who served as the meeting's chairmen, were among the attendees of nurse organizations at the time. They agreed to carry out organizational fusion into one organization, which at the time was still known as the National Nurses Association. The merger of nurse organizations took place in the Demonstration Room, Jl. Prof. Eykman Bandung No. 34 Bandung, West Java. Later on, on March 17, 1974, the Indonesian National Nurses Association was approved and a committee was formed to prepare for the First Congress in 1976. INNA's legal entity is registered under 93.AH.01.07.2012.

INNA aims at the advancement of the organization. While INNA's vision is becoming a respected organization to its members, the government, and other organizations. INNA's mission includes the following:

1. strengthening management at every level, including organizational bodies and institutions.
2. seeking and prioritizing the interests of members in carrying out professional, ethical, and useful practices like a profession
3. building a broad and effective network for carrying out organizational roles.
4. cooperate and coordinate with the government on policies related to nurses.

The Indonesian National Nurses Association has several aims, such as:

1. improving and/or developing the knowledge, nursing practice skills, dignity, welfare, and professional ethics of nurses;
2. empowering nurses in order to support national health development; and
3. strengthening unity and oneness among nurses.

INNA acts as a forum for nurses who encourage the establishment of policies for the interests and welfare of nurses in Indonesia. The functions

of INNA are as a unifier, coach, developer, and supervisor of nursing in Indonesia. The types of activities carried out by INNA include:
1. scientific activities, like seminars, training, workshops, education, research, and other scientific activities.
2. social activities, like social services, compensation, community service activities, professional services, and other social activities.
3. internal institutional activities, such as advocacy, regeneration, and structuring of leadership systems; strengthening and fostering professional and legal ethics; and strengthening unity and integrity among nurses.
4. business activity as the organization's business entity.

C.   International Nursing Organizations
1.   International Council of Nurses (ICN)
The International Council of Nurses (ICN), a Geneva-based federation of over 128 national nurse groups, is the global voice of nursing. The World Health Organization (WHO) has long been interested in increasing the role of nursing, particularly as independent community-based primary health care providers in the Third World and other underserved countries. Nursing has long been recognized as an important function in disaster relief and ongoing health education efforts by the International Committee of the Red Cross (ICRC) and its national affiliates. Professional nursing organizations are designed to attract RNs.

Influencing health policy is described as a core organizational mandate by the ICN. This organization's strategic planning actions are described in a publicly available strategic plan. This strategic plan clearly articulates nursing, health, and social policy, including identifying policy trends, defining opportunities to be politically active, and administering press releases and fact sheets declaring ICN's position and the role it plays in influencing health and social policy. On the ICN website, various projects explaining the ICN policy viewpoint are given, including counterfeit medications, international nursing migration, noncommunicable illnesses, and health care worker wellbeing. ICN publishes position statements, fact sheets, press releases, and presentations on some of its issues after

reviewing policy products. ICN provides chances for nurses to participate in networks, one of which is centered on nurse politicians. The ICN website announces forthcoming conferences as well as their venues.

2. **Canadian Nurses Association (CAN)/Association Des Infirmières et Infirmers du Canada**

The CNA's mission and vision include advocacy for healthful public policy and a quality health care system. There is a list of its organizational goals from 2010 to 2014, one of which is to advance health public policy at the national and international levels. The CNA publishes an annual report that details the organization's accomplishments over the past year, including how it advocated for public policy by encouraging nurses to participate in national election debates, discussions on health care system transformation, NP legislation, and nursing regulation matters. In a section of its website titled "On the Issues," the CNA describes its policy objectives and the areas of nursing and health care policy on which it concentrates its efforts. A national expert commission will examine the contributions of nurses to the health care system, as well as personnel and patient outcomes, emergency preparedness, interprofessional practice, chronic disease prevention, healthy aging, and pharmaceutical access. The CNA has webpages devoted to the organization's political action activities and the method it employs to engage with health policymakers. Nurses are encouraged to participate in the political activities of the CNA, with specific instructions for composing letters to political representatives, working with the media, and meeting with policymakers. The policy products produced by the CNA consist of open letters, position statements, briefing notes, research summaries, and fact sheets.

3. **American Nurses Association (ANA)**

The ANA's vision and purpose include talking about policy advocacy to promote the rights of nurses in the workplace, the image of nurses, and lobbying the government for changes in nursing and health-related issues. A summary of the annual report from the past year is available online. It talks about political advocacy efforts like lobbying for the "Affordable Care

Act," representing nurses in accountable care organizations, and paying advanced practice RNs. The ANA has web pages about policy and lobbying. On these pages, you can download testimonies that the ANA has given to Congress about things like the Clean Air Act, Medicaid, Health Care Reform, the Clean Water Act, and Nursing Workforce Development Programs. The ANA's policy goods include a "policy activist tool kit" (ANA, 2012b). As part of this toolkit, RNs are given information on how to get involved in a political campaign, how to write letters to the editor, how to get in touch with officials, and how to lobby. On the website for the political activist tools, RNs can sign up for the ANA's Nurses Strategic Action Team, which helps nurses get involved all over the U.S.

4. **Australian College of Nursing (ACN)**

After the merger of the Royal College of Nurses Australia (RCNA) and the College of Nurses (TCoN), the ACN was established. The ACN's vision, mission, and mandates all involve advocating for the advancement of the nursing role in health policy. Royal Colleges of Nurses of Australia (2011). The ACN's ongoing policy activities include lobbying political leaders and decision-makers, providing feedback for health sector consultations, participating in a variety of high-level national, state, territory, and non-government committees relevant to the nursing and health professions, and encouraging and assisting its members to submit articles for publication. On its website, the ACN offers policy products such as guidelines for nurses interested in lobbying activities, position statements, and fact documents, and invites its members to apply for advisory committees with the potential to influence policy decisions.

5. **The European Forum of National Nursing and Midwifery Associations (EFNNMA)**

The European Federation of National Nursing and Midwifery Associations (EFNNMA) was founded in November 1996 and is comprised of 26 national nursing and midwifery associations and the World Health Organization (WHO; 2012) with a signed declaration to promote health and healthcare in Europe. Their purpose and mission are to promote and

strengthen the exchange of information, ideas, and policies between national nursing and midwifery associations and the WHO. The EFNNMA also seeks to integrate appropriate policies, formulate policy statements and recommendations on the health of the population at the national level, and initiate projects of evidence-based nursing and midwifery practice. The European Federation of Nurses and Midwives Associations (EFNNMA) asserts that each year it focuses on a single theme, formulates a statement on it, and collaborates with nursing and midwifery associations to influence national policy and practice with its recommendations. The focus of themes in recent years has been the international code on recruitment of health personnel, stewardship and government, health care systems, wealth and wellness, HIV/AIDS, maternal, child, and adolescent wellness, with a focus on obesity, and mental health. The opportunities for nurses to participate in political engagement and policy-related products available to the public are not adequately described. While we were able to find a few reports on the EFNNMA website, we were unable to find other policy products.

6. **The Royal College of Nursing (RCN)**

The RCN's goal and mission involve influencing and executing policy through lobbying government and stakeholders to improve the quality of patient outcomes. RCN's vision, purpose, and mandate all clearly articulate a health policy focus. Fact sheets, briefing notes, and consultation materials are among the policy products accessible for download. Topics such as health workforce challenges, the future of nursing, and welfare reform are examples. Aside from policy products, avenues for nurses to become more active in healthcare issues include applying to be an organization's representative on committees, accepting invitations to take part in panels or task groups, and becoming elected to council. The RCN further promotes its members to participate in consultations on current issues and keeps them up to date on current news, events, and campaigns.

TABLE 1.1	Examples of Major Nursing Organizations
Organization	**Description**
American Nurses Association (ANA)	• The national professional organization for nursing in the United States. • The purposes are to foster high standards of nursing practice and to promote the educational and professional advancement of nurses so that all people may have better nursing care. • In 1982, the organization became a federation of state nurses' associations. Individuals participate in the ANA by joining their state nurses' associations. • The official journal of the ANA is *American Nurse Today*, and *The American Nurse* is the official newspaper.
National League for Nursing (NLN)	• The NLN is an organization of both individuals and agencies. • Its objective is to foster the development and improvement of all nursing services and nursing education. • People who are not nurses but have an interest in nursing services, for example, hospital administrators, can be members of the league. This feature of the NLN—involving non-nurse members, consumers, and nurses from all levels of practice—is unique. • The official journal of the NLN is *Nursing and Health Care Perspectives*.
International Council of Nurses (ICN)	• The council is a federation of national nurses' associations, such as the ANA and Canada Nursing Association. • The ICN provides an organization through which member national associations can work together for the mission of representing nursing worldwide, advancing the profession, and influencing health policy. • The official journal of the ICN is *International Nursing Review*.
National Student Nurses' Association (NSNA)	• The official preprofessional organization for nursing students. • Exposes student nurses to issues impacting the nursing profession while promoting collegiality and leadership qualities. • To qualify for membership in the NSNA, a student must be enrolled in a state-approved nursing education program. • The official journal of the NSNA is *Imprint* magazine.
International Honor Society: Sigma Theta Tau	• The international honor society in nursing. • The Greek letters stand for the Greek words *storga*, *tharos*, and *tima*, meaning "love," "courage," and "honor." • The society's purpose is professional rather than social. Membership is attained through academic achievement. Students in baccalaureate programs in nursing and nurses in master's, doctoral, and postdoctoral programs are eligible to be selected for membership. • Potential members, who hold a minimum of a bachelor's degree and have demonstrated achievement in nursing, can apply for membership as a nurse leader in the community. • The official journal is the *Journal of Nursing Scholarship*. • The society also publishes *Reflections*, a quarterly newsletter that provides information about the organization and its various chapters.

Source: Audrey Berman, Shirlee Snyder, Geralyn Frandsen. 2022, *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition),

Summary

Associations of nurses are organizations devoted to the professional and personal development of members and nursing as a whole. Due to the constant evolution of the nursing discipline, membership in a professional nursing association is essential. According to the American Nurses Association (ANA), "professional development is an essential aspect of continuous learning in which nurses engage in efforts to acquire and maintain competence, enhance professional nursing practice, and facilitate the attainment of career objectives."

Nursing organizations enable nurses to remain abreast of current practices, read what leaders in the field are saying, and gain insight into

what hospitals across the nation are doing to innovate and advance patient care. Joining a professional nursing association offers nurses tools, knowledge, and opportunities that would not be available otherwise. There are numerous advantages to joining organizations, but very few drawbacks. Associations do not mandate attendance at their meetings or conventions or participation, but members are strongly encouraged to take advantage of everything the organization has to offer. The cost of joining multiple organizations is the principal disadvantage. State and national nursing associations may charge hefty annual membership fees. Unfortunately, these fees are rarely recoupable; however, if the fee is affordable, it is strongly recommended that you join the associations that are directly associated with your practice.

Review Questions
1. Explain why nurse organizations are essential?
2. Why do we need to join a nurse's organization?
3. Discuss the current development of nurse organizations in Indonesia? Describe:
   The name and symbol of the Indonesian nursing professional organization, organizational structure, statutes and bylaws

References
1. Audrey Berman, Shirlee Snyder, Geralyn Frandsen. 2022. *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (Global Edition), Pearson Publisher
2. Cristina Catallo, Karen Spalding, and Roya Haghiri-Vijeh. 2014. *Nursing Professional Organizations: What Are They Doing to Engage Nurses in Health Policy*?. https://journals.sagepub.com/doi/full/10.1177/2158244014560534
3. Bidang Organisasi PP-PPNI. Persatuan Perawat Nasional Indonesia (PPNI). 2005. Standar Praktik Keperawatan Indonesia.
4. Kathleen Gaines BSN, BA, RN, CBC. 2019. You Should Join a Nursing Organization. Here's Why. https://nurse.org/articles/benefits-of-nursing-organizations/

CHAPTER 6

CONCEPTS OF CARING

Learning Objectives

Upon completion of this chapter, you will be able to:

1. Define the meaning of caring
2. Describe Watson theory of caring
3. Describe Leininger theory of caring
4. Explain factors influencing caring
5. Describe caring behavior in nursing practice
6. Explain nursing process in caring theory
7. Explain caring benefits
8. Describe caring behavior measurement

Caring behavior is essential for a nurse's success in performing nurse's job. Caring is the nurse's ability to feel what the patient feels about all occurrences related to the patient, to analyze and interpret with feeling, and to understand what the patient is experiencing. The implementation of nursing care professional and balanced with intellectual, technical, and interpersonal abilities, whose execution can be represented in caring conduct, will result in high quality health services.

A.   Definition of Caring

Nursing theorist Jean Watson defines caring as a science that encompasses humans, human scientific orientation, human attention processes, phenomena, and experiences (Stroehlein, 2016). Honesty, relating with patients, entering into their lives, and being resilient to potential uncertainties in each patient's state of health are all caring characteristics commonly met in nursing (Corbin, 2008). Human caring

entails values, a willingness and commitment to care, knowledge, caring behaviors, and consequences. Giving attention and learning about a person's preferences, way of thinking, and actions is part of having a caring attitude toward, respecting, and appreciating others. The ability to care for patients completely is the essence of nursing, hence nurses must possess this ability.

B.   Watson Theory of Caring

Certain actions that a nurse must take for her patient must be done in accordance with the law and professional ethics. Caring includes respecting the individual's self-identity and soul. Pure dedication and commitment to the patient are required. There are eleven Watson's assumptions relating to nursing's human care values (Blasdell, 2017).

1. Care and love are the most widespread, powerful, and enigmatic cosmic forces: they represent the primal and universal psychic energy.
2. These needs are frequently disregarded, or even when they are acknowledged, we frequently act in ways that are not kind and considerate toward one another. To nurture our humanity, advance as a society, and coexist, we must grow more compassionate and loving if our humanity is to survive.
3. Nursing is a caring profession, thus how well it is able to put its caring ideals and philosophy into reality will have an impact on how civilization develops as a whole and on how much nursing contributes to society.
4. As a starting point, we must impose our own will to love and care upon our own behavior rather than that of others. Before we can appreciate and treat others with dignity, we must first treat ourselves with kindness.
5. Nursing has traditionally taken a human-care and compassionate posture toward those who are experiencing health or sickness issues.
6. Caring is at the heart of nursing and serves as the most central and unifying focus for nursing practice.

7. Individual and group human care has become increasingly important in the health-care delivery system.

8. Nurses' and nursing's caring principles have been drowned. As a result, nursing and society are in a precarious situation today in terms of upholding human care values and a caring worldview in reality. In a nuclear age civilization, the role of human care is endangered by growing medical technology and bureaucratic-managerial institutional limits. Simultaneously, there has been an increase in the number of curing and radical therapy cure treatments, often without regard for expense.

9. Human care preservation and advancement as an epistemic and clinical activity is an important concern for nursing today and in the future.

10. Only interpersonal care may be properly demonstrated and exercised. The intersubjective human process preserves a common sense of humanity; it teaches us how to be human through associating with others, whereby the humanity of one is reflected in the other.

11. The commitment to human care values in theory, practice, and research is at the heart of nursing's social, moral, and scientific contributions to humanity and society.

Understanding how nursing and caring are related is provided by the eleven premises of human care values in nursing. From Watson's viewpoint, the assumptions give the idea of caring a feeling of purpose. Watson derived ten major carative factors in order to understand nursing as the science of caring (Blasdell, 2017). The carative factors are concerned with the interpersonal dimensions of caring and serve as structural guides for understanding care as a phenomenon in the context of an interpersonal relationship process. Caring variables and processes are associated with basic human needs, interpersonal relationships, and health maintenance. The following are the ten primary carative factors.

1. The development of a humanistic-altruistic value system.
2. Faith-hope instillation.
3. The development of sensitivity to oneself and others.
4. The establishment of a helping-trust relationship.

5. The encouragement and acceptance of the expressing of good and negative emotions.
6. Systematic application of the scientific problem-solving process to decision-making.
7. Interpersonal teaching-learning promotion.
8. The establishment of a mental, physical, social, and spiritual environment that is supportive, protective, and/or corrective.
9. Supporting the satisfaction of human needs.
10. The consideration of existential-phenomenological forces.

The carative factors are the ways in which interventions are linked to the human care process. The carative variables become active as the nurse interacts with the patient. The nurse goes on to say that higher levels of care might exist amongst various nurses and different experiences.

According to Blasdell (2017) Watson's theory of human care involves three major areas as follow nursing as it relates to human science and art, within an intersubjective framework, mutuality of person/self of both nurse and patient with mind-body-soul gestalt and nursing's moral standard for the patient-caregiver interaction, which incorporates ideas like phenomenal field, genuine caring occasion, and transpersonal caring. The theory's genuine objectives are to promote one's own and others' mental and spiritual growth, help people find significance in their own lives and experiences, find their own inner strength and control, and increase instances of transcendence and self-healing. The patient is seen as the genuine change-agent. However, by providing human care, the nurse can also contribute to the change.

C. Leininger Theory of Caring

Leininger defines concern as Caring, in its broadest definition, refers to acts of assistance, support, or facilitation directed towards or for another individual or group with obvious or predicted needs to mitigate or improve a human condition or way of life (Blasdell, 2017). Professional care, according to Leininger, is defined as those cognitive and culturally learned behaviors, strategies, processes, or patterns that enable or assist a person, family, or community in improving or maintaining a favorable

healthy state or way of life (Blasdell, 2017). According to Blasdell (2017), Leininger makes the following assumptions regarding human compassion.

1. Although human care is a universal phenomenon, different cultures have different expressions, procedures, and patterns.
2. Human caring is a universal phenomenon, yet cultural expressions, procedures, and patterns differ.
3. For human growth, development, and survival, caring behaviors and processes are crucial.
4. The core and defining intellectual and practical aspect of professional nursing should be considered to be caring.
5. To offer people with holistic care, the biophysical, psychological, cultural, social, and environmental aspects of caring can be studied and used.
6. Transcultural caring behaviors, forms, and processes from other cultures have yet to be validated; once this body of information is obtained, it has the potential to transform current nursing practices.
7. The nurse should be aware of the client's (or clients') caring values, beliefs, and practices in order to provide therapeutic nursing care.
8. Depending on the social structure aspects of any designed culture, caring behaviors and functions differ.
9. To expand the body of nursing knowledge, it will be crucial to identify common and uncommon caring behaviors, beliefs, and practices in the general public and among professionals.
10. There are differences in the essence and important elements of caring and curing behaviors and processes.
11. There can be no curing without caring, but caring without curing is possible.

D.   Factors Influencing Caring

Caring is a form of performance demonstrated by a nurse that is an application of the nursing process. Individual factors, psychology, and organization are among the 3 (three) factors that have an impact on an individual's performance (Gibson, et al., 2006 in Kusnanto, 2019).

1. Individual factors

   The subvariables abilities and skills, background, and demographic are used to organize the individual variables. Individual behavior and performance can be influenced by elements such as abilities and skills. Intellectual ability is a person's ability to do numerous tasks in a mental activity.

2. Psychological factors

   This variable has three components: attitude, commitment, and the subvariable motivation. Family, social status, work history, and demographic variables all have a big impact on this aspect. Every individual is always improving their motivational skills. Volunteer motivation is the power that someone possesses that breeds intensity and tenacity. Psychological characteristics are complicated and difficult to quantify.

3. Organizational factors

   Human resources, leadership, rewards, structure, and occupations are examples of organizational elements that might influence caring behavior. Reward influences changeable motivation, which has a direct impact on individual performance.

E.   Caring Behavior in Nursing Practice

The ability to devote oneself to others, vigilant supervision, sentiments of empathy for others, and feelings of love or affection are all examples of caring in general. Because caring is a dynamic method in which nurses strive to be able to care more about clients, it is essential to nursing practice. Caring is a crucial component of nursing, especially in nursing practice (Alikari, et al., 2023). Caring serves a purpose in that it allows you to provide physical care while also paying attention to emotions, which increases the client's sense of comfort and security. Caring also stresses individual self-esteem, which means that in order to give excellent health services, nurses must always appreciate their clients by recognizing their advantages and disadvantages. Three critical factors contribute to the need for nurses to care for others. This is a contract, ethical, and spiritual part of caring for someone else who is ill.

1. Contract aspects

   As professional nurses, we have a contractual commitment to care. Nurses have professional obligations to offer care. Because of this, professional nurses are required by our job contract to exhibit a caring attitude.

2. Ethical aspects

   Questions about right or wrong, how to respond in a certain circumstance, and what is the best course of action are all examples of ethical questions. The nurse's approach to providing care will be influenced by how you answer this question. Client care must be provided by a nurse. It is possible to provide joy to others via nurse care.

3. Spiritual aspects

   The primary concept in all of the world's major religions is the importance of caring for one another. Consequently, the nurse must take care of the client because she is a member of a religion or belief, not because they are alone religious people who care.

Building a trustworthy relationship with the patient is one way to show care in nursing practice. Establishing meaningful partnerships requires communication methods that foster trust. In their actions, nurses are transparent and honest. By having empathy, a nurse can relate to their patient. Friendly refers to the acceptance of others, and it is frequently demonstrated by body language, vocal emphasis, an open stance, facial expressions, etc. Nurses must be aware of all client interpersonal requirements, including biophysical, psychosocial, and psychophysical needs. Before going on to level one, it is also necessary to satisfy the most basic demands. Caring implementation can increase the quality of nursing care, nurses' image in the community, and make the nursing profession a special position in the eyes of service users' health. In order to become nurturing and to act in the patient's best interest, professional nursing practice needs to have a core of caring. A shared concept of caring, pain, health, the environment, and the human being as a whole is also necessary (Karlsson & Pennbrant, 2020).

F.   Nursing Process in Caring Theory

Watson (1979) highlights in Kusnanto (2019) that the nursing process follows the same steps as the scientific research process since the process aims to solve the problem and find the best answer. The processes are then described by Watson as follows.

1. Assessment

    The assessment process entails observing, identifying, and reviewing problems; applying knowledge from available literature; and involving conceptual knowledge to build and conceptualize the framework used to examine and research the problem. The assessment also includes outlining the variables that will be studied in problem solution. Watson (1979) in Kusnanto (2019) defines the needs that nurses must investigate as follows.

    a. Lower order needs (biophysical needs) that is needs for oxygenation, nutrition, hydration, urination, and excretion are all necessary for survival.

    b. Lower order needs (psychophysical needs) that is needs for exercise, safety, comfort, and sexuality are all necessary for functioning.

    c. Higher order needs (psychosocial needs) namely integrity requirements, such as the need for an award and association.

    d. Higher order needs (intrapersonal-interpersonal needs) that is need for self-actualization.

2. Planning

    Planning aids in deciding how variables will be investigated or quantified, including a conceptual or design approach for problem solving in nursing care, and defines what data to collect and to whom and how data will be collected.

3. Implementation

    Implementation includes data collection as well as direct action and plan implementation.

4. Evaluation

   Evaluation is a process that includes the interpretation of outcomes, the degree to which a goal is positive achieved, and whether the results may be generalized.

G.   Caring Benefits

The provision of nursing services based on nurse caring behavior has the potential to increase the quality of health care. Integrating caring with biophysical understanding and human behavior knowledge can promote individual health and facilitate service delivery to clients. Behavior-based nurse performance caring will be highly significant in affecting service quality and client happiness, especially in hospitals, where the image of the institution is decided by the level of service delivered. Caring can efficiently boost an individual's health and development.

A nurse's caring behavior will have an impact on customer satisfaction. Nurses' caring behavior not only increases client happiness, but it also benefits the hospital. This occurs because caring behavior can provide financial benefits to the healthcare industry. Staff caring behavior for health has economic worth for the hospital since it affects client satisfaction. It becomes evident that caring behavior can benefit health services by promoting health and individual growth, as well as increasing the number of client visits to health facilities and, in the future, providing financial benefits at the health facility (Kusnanto, 2019).

H.   Caring Behavior Measurement

Several assessment techniques (tools) established by researchers discussing the science of caring can be used to assess caring behavior. Several quantitative and qualitative research on caring have been conducted. Measuring caring is a process that reduces subjectivity, human phenomena that are unseen (not visible), which can be personal, into a more objective form (Watsons, 2009 in Kusnanto 2019). As a result, using techniques for formal measurement can lessen the subjectivity of measuring caring behavior. The use of formal measurement tools in nursing care research to study caring behavior aims to: continuously increase caring through use

of outcomes and relevant interventions to improve nursing practice; as a comparative study.

Nurse caring behavior can be measured by assessing patients' impressions of the nurse's caring behavior. Because the patient is the individual who gets direct behavior and acts of nurses, including caring behavior, using the patient's viewpoint in measuring nurse caring behavior can produce more sensitive results. According to Kustanto (2019), several formal measuring tools are used for measuring nurse caring behavior is based on patients' perceptions, such as caring behaviors assessment tool (used by Cronin and Harrison, 1988), caring behavior checklist and client perception of caring (used by McDaniel, 1990), caring professional scale (used by Swanson, 2000), caring assessment tools (used by Duffy, 1992, 2001), caring factor survey (used by Nelson, Watson, and Inovahelath, 2008).

Sitzman and Watson (2019) emphasize some of the reasons for using formal measurement methods in human caring are as follows:

1. Continuing to develop human caring practices and healing systems by utilizing outcomes and more attentive treatments to increase relational caring.
2. Obtaining reliable data on patients' caregiving experiences.
3. Comparison of the places, cultures, settings, and environments where compassion is more pronounced.
4. Comparing the levels and types of care provided in various contexts of care with standard care procedures.
5. Comparing the effects of providing care with not providing care to both nurses and patients.
6. Establishing a "report care" model for a unit or a facility in a crucial practice area.
7. Finding areas of caregiving processes and interventions' weaknesses and strengths in order to inspire self-correction and examples of best practices in action.
8. Increasing awareness of the interplay between caring, health, and healing between people.

9. Creating new theories of caring, caring relationships, and healing-health behaviors, as well as validating empirically existing caring theories.
10. Expanding nursing and health science pedagogies, as well as multidisciplinary and transdisciplinary teaching and research, and inspiring new paths for caring science curricula.

Summary

Caring is the nurse's capacity to experience what the patient experiences in relation to all events involving the patient, to evaluate and interpret with feeling, and to comprehend what the patient is going through. The Watson and Leininger theories are the two key ideas of the theory of caring. General examples of caring include the capacity to commit oneself to others, watchful observation, feelings of empathy for others, and feelings of love or compassion. By encouraging wellness and personal development, as well as increasing client visits to healthcare facilities and, eventually, bringing financial rewards to the healthcare institution, caring behavior can improve health services.

Review Questions
1. Describe the meaning of caring!
2. Mention the factors that affect caring!
3. Describe the advantages of caring!
4. Describe how caring behavior is demonstrated in nursing practice!
5. What are the goals of developing a caring measurement tool?

References
1. Adams, L.Y (2016). The conundrum of caring in nursing. *International Journal of Caring Science*, 9 (1): 1-8. Retrieved from http://www.internationaljournalofcaringsciences.org/
2. Alikari, V., et al. (2023). Perceptions of Caring Behaviors among Patients and Nurses. *International Journal of Environment Research and Public Health*, 20: 396 https://doi.org/10.3390/ijerph20010396

3. Blasdell, N.D. (2017). The meaning of caring in nursing practice. *International Journal of Nursing and Clinical Practices*, 4:238 https://doi.org/10.15344/2394-4978/2017/238

4. Corbin, J. (2008). Is caring a lost art in nursing? *International Journal of Nursing Studies, 45*(2): 163-165. https://doi.org/10.1016/j.ijnurstu.2007.09.003

5. Karlsson, M. & Pennbrant, S. (2020). Ideas of caring in nursing practice. *Nursing Philosophy*. 2020;00:e12325 https://doi.org/10.1111/nup.12325

6. Kusnanto. (2019). *Perilaku Caring Perawat Professional*. Pusat Penerbitan dan Percetakan Universitas Airlangga (AUP). Retrieved https://repository.unair.ac.id/

7. Sitzman, K.L. & Watson, J. (2019). *Assessing and Measuring Caring in Nursing and Health Sciences: Watson's Caring Science Guide*. 3rd Edition. Springer Publishing. https://10.1891/9780826195425

8. Stroehlein, M. (2016). Caring concept. *SOJ Nursing and Health Care*, 2(1): 1-3. http://dx.doi.org/10.15226/2471-6529/2/1/00113

CHAPTER 7

CURRENT ISSUES AND TRENDS IN NURSING

Learning Objectives

Upon completion of this chapter, you will be able to:

1. Describe the current problems in nursing.
2. Explain the nursing trends nowadays.

Current issues and trends in nursing is something that many people discuss about the nursing practice, whether it is founded on facts or not. Nursing issues and trends surely touch the legal and ethical aspects of nursing. Many people are talking about nursing trends and challenges right now.

A. Current Issues in Nursing

An issue is a future event or occurrence that can be projected to occur or not occur in the economic, monetary, social, political, legal, national development, natural disasters, doomsday, death, or crises. Many people are discussing an issue yet there are no definite facts or evidence. There are various growing nursing challenges, which are classified as issues of nursing education, practice, and research.

1. Nursing education issues

In a modernizing society, there is an expanded opportunity for higher education, increased affluence, improved public understanding of the law, and a more critical culture. This situation has an impact on health services, where crucial communities seek great care from professionals. This situation implies that health workers, particularly nurses, can meet international

global standards in providing nursing services, have professional abilities, intellectual and technical abilities, as well as sensitivity to social and cultural aspects, have broad insight, and master the advancement of science and technology. Based on this, it is vital to strengthen or expand nursing education so that nurses have global health competency and are capable of dealing with global health concerns (Roux & Halstead, 2009).

2. Nursing practice issues

Stegen and Sowerby (2019) emphasize legal, ethical, and safety considerations in nursing practice. In terms of nursing practice, there has been an increased emphasis on the incorporation of evidence-based practice. The inclusion of best practices into nursing care has allowed individual nurses to take more ownership in achieving excellent health outcomes for patients (Gulledge, 2012). The nurse is directly responsible for administration, reporting, and implementation studies. Most crucially, this obligation has resulted in a paradigm shift in how nursing is perceived. The perception of nursing as a task-oriented discipline focused on following orders in the medical hierarchy has changed. Today, nursing is a science that contributes to research and the development of fresh, creative ideas for enhancing patient outcomes.

B. Trends in Nursing

Trends are fundamental in many analytical methodologies. Trends can also be defined as one of the images or information that is currently happening and is frequently popular among the general audience. A trend is something that is currently being discussed by many people, and its happenings are founded on facts. Nursing education is a professional education that has been evolving over time. Its dynamic shift nature has facilitated continual growth and trend development. There is a need for innovation in the curriculum to meet the difficulties of the present, such as the requirement for ongoing curriculum updates. (Renjith, Renu & George, 2015). The development of nursing education curricula is focused on competency and emphasizes student output. It encourages student involvement and ownership of their education.

Along with the curriculum, quality control of nursing education must also be taken into account. The process of assessing the efficacy and efficiency of educational initiatives is known as quality assurance in nursing education. A system accreditation and process are required, similar to how nursing education has grown in both the public and private sectors. Nursing staff preparation should be of high quality. As a result, it is the time to create a quality index of nursing schools across the country by dividing them into different categories based on infrastructure and faculty profile.

Renjith et al. (2015) underline that nursing education should train students to provide high-tech and high-touch patient care using technology and smart gadgets. As a teaching and learning tool, technology is having a growing impact on nursing education. With the advancement of technological technology, computers are now used in all disciplines of healthcare. Nursing informatics assists nurses in providing high-quality patient-centered care (Vernic, 2012). The usage of technology can reduce the amount of time spent on manual data entry and allow for more engagement with patients. As a result, nurses must be equipped with the appropriate tools for data management.

The introduction of new learning modalities, such as E-learning and online education, has the potential to broaden the scope of universal learning. Technological improvements and nursing learning applications have made education available to all nurses. There are plenty free online Continuing Education (CE) program assists nurses in staying current with the newest information. Another trend related to global health challenges and globalization is the preparation of global nurses with transnational acceptance in the education sector. Another concern in nursing education is that short-term programs are growing more popular than any traditional graduate nursing.

Summary

Many people talk about current concerns and trends in nursing, whether they are based on truth or not. Nursing concerns and trends invariably touch on legal and ethical issues. Right now, many individuals are discussing nursing trends and difficulties. There are several emerging nursing issues

that can be characterized as issues of nursing education, practice, and research. Nursing education has evolved over time as a professional education. Its dynamic shift nature has allowed for consistent growth and trend development. With the expansion and development of the nursing profession, various trends have emerged that are beneficial for nursing care and education.

Review Questions
1. What are the current nursing issues?
2. Describe the current nursing trends that are prevailing!

References

1. Fawaz, M.A., Hamdan-Mansour, A.M. & Tassi, A. (2018). Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences*, 9, 105-110. https://doi.org/10.1016/j.ijans.2018.10.005
2. Gulledge, E.D. (2012). Current trends in nursing and care: Status of profession. *Journal of Nursing and Care*, 1 (4): https://doi.org/10.4172/2167-1168.1000e107
3. Renjith, V., Renu, G. & George, A. (2015). Trends in nursing education. *Indian Journal of Applied Research*, 5 (8):496-498.
4. Roux, G. & Halstead, J.A. (2009). *Issues and Trends in Nursing: Practice, Policy and Leadership*. 2nd Edition. Jones & Bartlett Learning.
5. Stegen, A.J. & Sowerby, H. (2019). *Nursing in Today's World: Trends, Issues and Management*. 11th Edition. Wolters Kluwer.
6. Vernic, C. (2012). Nursing informatics, current and future trends. *Annals Computer Science Series*, 10 (2): 39-44

CHAPTER 8

HEALTHCARE SYSTEM

Learning Objectives

Upon completion of this chapter, you will be able to:

1. Explain system theory
2. Explain the heat health care level
3. Describe the scope of healthcare
4. Describe healthcare facilities
5. Explain the factors affecting healthcare
6. Explain nursing services in healthcare

The healthcare system in an important part of improving health. The health service system is intended to help meet the objectives of health development in an efficient, effective, and timely manner. The numerous elements that make up the health service are crucial to the system's success. By taking into consideration the values that are prevalent in society, this system will deliver high-quality healthcare that is both effective and efficient. In a crucial aspect of this health service, nurses are supposed to deliver healthcare.

A. System Theory

Understanding the system's theory is a prerequisite for researching it. Knowing the system's theory will make it simpler to tackle any issues the system may have. The system is made up of interconnected subsystems that must have an impact on one another. According to system theory, this system is made up of interrelated, interdependent subsystems that have an impact on one another. Input, process, output, impact, feedback, and environment make up this part (Kodim, 2018). These elements are

all connected to and have an effect on one another. The core principles of Systems Theory should be intuitive to healthcare workers (Anderson, 2016).

A subsystem called *input* will supply all the input needed for a system to function. A community's potential, health professionals, health facilities, and other factors can all be considered as input. *Process* is an action that changes an input into a desired outcome of the system. Process refers to a variety of actions in the health services. The end product of a process is called the output. Results in the healthcare system could take the shape of high-quality, highly-effective, and cost-effective healthcare services that are accessible to all societal levels and help patients heal and maintain their health at their best. Impact is the effect that a system produces that happens over a significant amount of time. The community will become healthier and experience a decrease in morbidity and mortality as a result of the findings, just as in the health service system, because services are accessible to the general public. Feedback comes from a system that is connected and impacts one another, and it is a result that also functions as an input. The quality of the healthcare professionals serving as feedback in the system can also cause the input to consistently rise. The environment is the final component; it consists of all factors that are external to the system but may impact health care. The environment in question can take the form of a geographical environment or a circumstance of social factors that exist in society, such as institutions outside of health services (Kodim, 2018).
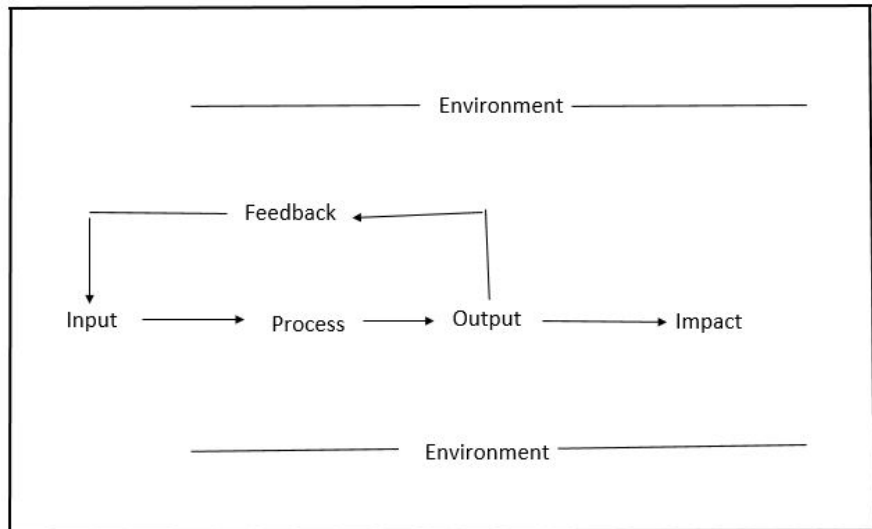
Figure 1. System theory (Kodim, 2018)

B. Healthcare Level

The level of health services is a component of the health care system. The level of health services identifies basic human health needs. Health promotion, specific protection, early diagnosis and treatment, disability limitation, and rehabilitation are all part of the level of health services (Rachmawati, 2019).

1. Health promotion

Health promotion is the first level of health in terms of providing services through efforts to promote health. This implementation attempts to improve health status so that the target community does not encounter health interference. Personal hygiene, environmental sanitation improvement, prenatal care, senior services, and any actions connected to health status improvement for both individuals and society are all examples of health promotion.

2. Specific protection

Special protection is carried out to safeguard the public from hazards that would result in a deterioration in health status or as a kind of protection against particular diseases that threaten the health of

individuals or society. This specific protection's health activity is providing immunizations, such as the BCG vaccination, DPT Hepatitis measles, and others, are used to protect against certain diseases. Occupational safety protection services are health care services provided to someone who works on the premises who is exposed to a high risk, such as working in the production of materials and chemicals, as well as unique forms of protection in the form of service use of personal protective equipment and so on.

3. Early diagnosis and treatment

This level of health care is an activity taken when indications of an illness develop. This degree of service is provided to prevent disease spread. This health service can take the form of screening for cases in surveys, preventing the spread of diseases, and conducting case searches both privately and publicly.

4. Disability limitation

Restrictions are put in place to prevent patients or the general public from suffering the effects of a disease-related incapacity. This level is applied in circumstances or conditions when there is a risk of incapacity. Treatment can be used to stop an illness, prevent complications, and administer all facilities to help people with disabilities overcome their conditions and avoid death.

5. Rehabilitation

After the patient is determined to be cured, rehabilitation is conducted. Rehabilitation is frequently seen during the recovery stage of a handicap as the exercise program offered to the patient, followed by the provision of facilities so that patients' confidence or love for life returns to society and society is prepared to accept with pleasure because of that awareness has.

THE NATURAL HISTORY OF ANY DISEASE OF MAN				
Interrelations of Agent, Host, and Environmental Factors		Reaction of the HOST to the STIMULUS		
Production of STIMULUS		Early pathogenesis	Discernible Early Lesions / Advanced Disease	Convalescence
Prepathogenesis period		Period of Pathogenesis		

↑ ↑ ↑ ↑ ↑

HEALTH PROMOTION	SPECIFIC PROTECTION	EARLY DIAGNOSIS and PROMPT TREATMENT	DISABILITY LIMITATION	REHABILITATION
Health education Good standard of nutrition adjusted to developmental phases of life Attention to personality development Provision of adequate housing, recreation and agreeable working conditions Marriage counseling and sex education Genetics Periodic selective examinations	Use of specific immunizations Attention to personal hygiene Use of environmental sanitation Protection against occupational hazards Protection from accidents Use of specific nutrients Protection from carcinogens Avoidance of allergens	Case-finding measures, individual and mass Screening surveys Selective examinations Objectives: To cure and prevent disease processes To prevent the spread of communicable diseases To prevent complications and sequelae To shorten period of disability	Adequate treatment to arrest the disease process and to prevent further complications and sequelae Provision of facilities to limit disability and to prevent death	Provision of hospital and community facilities for retraining and education for maximum use of remaining capacities Education of the public and industry to utilize the rehabilitated As full employment as possible Selective placement Work therapy in hospitals Use of sheltered colony
Primary Prevention		Secondary Prevention		Tertiary Prevention
LEVELS of APPLICATION of PREVENTIVE MEASURES				

Figure 2. Levels of application of preventive measures (Baumann & Ylinen, 2017)

C. Scope of Healthcare

The healthcare system encompasses medical, nursing and public health services, all of which have separate goals from the overall goal of healthcare. Government and commercial sector organizations can both offer health services. Primary, secondary, and tertiary health care are the three different types of health services (Baumann & Ylinen, 2017). The three forms of service are divided into basic services carried out at community health centers and referral services carried out at hospitals.

1. Primary Health Care

According to Leavell and Clark (1965) in Baumann and Ylinen (2017) "primary prevention" refers to interventions designed to stop the development of new illnesses, disabilities, or wounds. This intervention needs to be carried before prior to pathogenesis and targeted at vulnerable individuals or groups. In order to prevent health issues in the community or its goals, this implementation seeks to improve the health status. Community health centers and other organizations can provide this health service. Primary preventive initiatives often target populations rather than individuals and involve

health promotion and targeted protection. Principal strategies for primary prevention include public policy and education.

2. **Secondary Health Care**

A series of actions taken to control a problem or sickness (prevalence) and lessen the effects is known as secondary prevention (Baumann & Ylinen, 2017). Interventions for secondary prevention enhance the likelihood that a person with a condition will be diagnosed at a stage where therapy is likely to cure them or lessen the severity of their condition. The community and patients who require hospital or inpatient care but are not served by the primary health service require this type of health service. This medical service is provided in a hospital where qualified medical professionals or others are on hand. One important method of secondary prevention is health screening.

3. **Tertiary Health Care**

Treatment and rehabilitation are the main components of tertiary prevention, which aims to prevent additional problems from developing from an existing illness, disability, or damage (Baumann & Ylinen, 2017). The greatest degree of health care is provided by this service, therefore services at the first and second levels no longer require it. Typically, this service involves sub-specialist or expert staff, as well as a primary referral facility such a category A or B hospital.

D.   Healthcare Facilities

A wider variety of healthcare settings are now available due to the expansion of the healthcare system and professional specialization. There are now numerous healthcare facilities available. Outpatient, community-based agency or organization, institution and hospice are among the variety of healthcare facilities (Hidayat, 2004).

1. Outpatient

Outpatient care strives to offer medical services at the level of diagnosing and treating acute or chronic illnesses when

hospitalization is not necessary. Clinics and outpatient facilities are two examples (Ariga, 2020).

2. Community-based agency

To address the unmet health-related social needs of high-risk populations, collaboration between health systems and community-based organizations is necessary. Community-based agency or organization is a component of a healthcare facility that provides family clients with care through the practice of family care. Community-based organizations play a significant role in the health-care system since they provide a variety of highly valued programs and services to their community members (Wilson, Lavis & Guta, 2012).

3. Institution

Institutional care refers to a health service institution that has the resources to offer different tiers of medical treatment, such as hospitals and rehabilitation institutions. A range of health services at different levels can be offered via institutional care.

4. Hospice

Hospice is a program that offers extra attention to those who are nearing the end of their lives and have ceased receiving therapy to manage their illness. The emphasis is on caring rather than healing. In hospice care, the care, comfort, and quality of life of a patient who is nearing the end of life due to a serious illness are the main priorities. The care is given by an interdisciplinary team that addresses the holistic requirements of the patient and their family.

E.   Factors Affecting Healthcare

Not all targets will be met when providing health care, therefore a method is required to identify the issues that arise. Several factors influence whether or not health services are implemented, including an increase in new knowledge and technology, alterations in community values, legal and ethical issues, economic and political considerations (Azwar, 1996 in Kodim 2018).

1. Politics

   Government policies through existing politics will have a large influence on the present health care delivery system and can provide patterns in the health care system. All government policies impact health and health disparities.

2. Economy

   Economic status can have an impact on how the health-care system is implemented. The better a person's economic situation, the more attention and ease of access to health services, and vice versa, given that health services are quite expensive.

3. Legal and ethical aspects

   The greater public awareness of the use of health services, the greater the legal and ethical expectations in health services, such that health care providers are obligated to deliver health services in a professional manner while taking into account the legal and ethical norms that apply in society.

4. Values shift in society

   The values that exist in society as users of health services can also influence the continuity of the health service system, where a diverse population might lead to different consumption of health services. An evolved society with a high level of knowledge will be more conscious of the use or utilization of health services, and vice versa, affecting the health care system.

5. Science and technology advancements

   The implementation of the health service system is influenced by new science and technology, with the understanding that the advancement of science and technology is followed by advancements in health services, such as in health services to overcome the problem of difficult-to-treat diseases using tools such as lasers, gene change therapy, and others. As a result, health care will be more expensive, and services will be more professional, requiring staff who are experts in specific.

F.   Nursing Services in Healthcare

Nursing services are a subset of health services, which also include basic and referral services. At the most basic level, it is carried out within the public health center using a family and community nursing care approach that is oriented towards family tasks in health, such as identifying health problems early, making decisions, dealing with emergencies, providing basic services to sick family members, and modifying the environment. The nurse's role in referral services is to offer nursing care within the scope of the referral, such as medical surgical, maternity, gerontology, and emergency nursing care. Nurses play a critical role in attempts to sustain the quality of health care by providing high-quality nursing care. Many factors influence the quality of nursing services, including communication, health-care costs, community support, social standing, consumer needs, the impact of globalization, health-care standards, and nursing practice standards (Jin & Cho, 2021; Kodim, 2018). Mosadeghrad (2014) that the quality of health services is determined by the service process and the contact between the customer and the service provider. Some aspects of health-care quality are like this because timeliness, consistency, and correctness are difficult to measure outside of subjective patient assessment.

Summary

The goal of the health service system is to promote and restore or preserve the health of individuals, families, and community groups through the regular coordination of various health factors. The components of the healthcare system are input, process, output, impact, feedback, and environment. The level of health services includes disability reduction, rehabilitation, early diagnosis and treatment, specific protection, and health promotion. Outpatient, institution, community-based organizations, and hospices are among the health service institutions that serve the goal of achieving health service objectives. Increased knowledge and new technology, changes in social values, legal and ethical considerations, economics, and politics are all factors that have an impact on health services.

Review Questions
1. What does the healthcare system mean?
2. Identify the level of health services!
3. Mention the health facilities that are offered by healthcare institutes!
4. Describe the range of health services!
5. List the variables that affect health services!

References
1. Agonafer, E.P et al. (2021). Community-based organizations' perspectives on improving health and social service integration. *BMC Public Health*, 21:452, https://doi.org/10.1186/s12889-021-10449-w
2. Anderson, B.R. (2016). Improving healthcare by embracing systems theory. *Journal of Thoracic and Cardiovascular Surgery, 152*(2): 593–594, https://doi.org/10.1016/j.jtcvs.2016.03.029
3. Ariga, R. A. (2020). *Buku Ajar: Implementasi Pelayanan Kesehatan dalam Keperawatan*. Deepublish.
4. Baumann, L.C. & Ylinen, A. (2017). Prevention: Primary, secondary, tertiary. *Encyclopedia of Behavioral Medicine*, https://doi.org/10.1007/978-1-4614-6439-6_135-2
5. Hidayat, A.A.A. (2004). *Pengantar Konsep Dasar Keperawatan*. Salemba Medika
6. Jin, I & Cho, H.H. (2021). Factors influencing the quality of nursing care as perceived by mothers of hospitalized children in South Korea. *Child Health Nursing Research*, 27(3): 266-275. https://doi.org/10.4094%2Fchnr.2021.27.3.266
7. Kodim, Y. (2018). *Konsep Dasar Keperawatan*. Edisi Revisi. Trans Info Media.
8. Mosadeghrad, A.M. (2014). Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 3(2): 77-89. https://doi.org/10.15171/ijhpm.2014.65
9. Rachmawati, W.C. (2019). *Promosi Kesehatan dan Ilmu Perilaku*. Wineka Media

10. Wilson, M.G., Lavis, J.N & Guta, A. (2012). Community-based organizations in the health sector: A scoping review. *Health Research Policy and Systems*, 10:36.

CHAPTER 9.

TRANSCULTURAL NURSING

Learning Objectives

By the end of this chapter, you will be able to:

1. Upon completion of this chapter, you will be able to:
2. Explain the definition of transcultural nursing
3. Explain the goals of transcultural nursing
4. Describe cultural factors that affecting health and diseases
5. Explain health culture
6. Explain transcultural healthcare
7. Explain the significance of cultural competence
8. Explain transcultural nursing care model
9. Explain transcultural nursing education
10. Describe nurses' competence to provide transcultural care

A.   Definition of Transcultural Nursing

Culture is the learned, shared, and transmitted values, beliefs, norms, and way of life of a specific group that guides its thoughts, decisions, and actions in a systematic way (Prosen et al., 2021). The way that professional nursing engages with the idea of culture is through transcultural. Centered on the comparative study and analysis of other cultures and subcultures, transcultural nursing is a specialized field of nursing. The ability to plan, create, administer, and evaluate nursing care for people, families, groups, and communities reflecting diverse cultures is required for transcultural nursing.

The founder of transcultural nursing, Madeleine Leininger, describes it as a significant field of study and practice that focuses on comparative

cultural ideals of care, as well as the attitudes and practices of individuals or groups from the same or distinct cultures (Betancourt, 2015). Its focus as a discipline is on imparting international and transcultural knowledge to nursing students. It covers cultural diversity education, nursing abroad, global health concerns, and global health organizations.

B.   Goals of Transcultural Nursing

The objectives of transcultural nursing are to provide culturally appropriate nursing care and offer universal and culture-specific nursing care practices for the health and well-being of people or to support them as they cope with difficult life circumstances, such as illness or death, in culturally meaningful ways (Kaur, 2016). Transcultural nursing's primary goal is to encourage the provision of meaningful, high-quality, safe healthcare to patients from similar or different cultural backgrounds ideas in order to provide culturally appropriate treatment (Albougami, Pounds & Alotaibi, 2016).

C.   Cultural Factors Affecting Health and Disease

Socioeconomic position, family structure, gender roles and duties, marriage patterns, sexual behavior, preventive routines, population policy, pregnancy and birth practices, physique and nutrition are cultural elements that affect health and disease. Dressing or wearing, personal hygiene, housing arrangements, general health regulations, occupations, religion, habits, culture-induced stress, immigration status, substance use, leisure time habits of pets and birds, and self-healing strategies and therapies are additional cultural factors that affect health and disease (Prosen et al., 2021.

D.   Health Culture

Currently, a medical philosophy that could be described as strongly conservative is influencing health-related cultural aspects practically everywhere in the world. The tendency to understand and assess health–and disease–related processes that are described in medical words is growing. To encourage the art of healthy living among people, healthcare

should be evaluated with a thorough awareness of culture. Peoples who embrace contemporary public health, evaluate health holistically, give the other individuals an opportunity to participate in their health care issues, and have the potential to solve problems with appropriate preferences can only be the output of cultural constructs supporting health, values, knowledge, attitudes, behaviors and norms.

WHO define that health states is a state of complete physical, mental and social wellbeing, and note merely the absence of disease or infirmity. Culture a set of beliefs, traditions, or practices that are common to a certain society or group of people (Tukuitonga, 2018). Health culture is concerned with every individual's or the society's patterns of living, celebrating, being joyful in life, suffering and dying. Raising the level of health in the nation is the major goal of building a health culture. This can only be made sure of by putting the criteria for health education developed by knowledgeable, conscientious people into practice with the aid of their skills and knowledge.

E.   Transcultural Healthcare

It is crucial that health services are congruent with modern medical knowledge while still being appropriate for the target cultures. The culture of the society in which a person resides is influenced by their beliefs and habits. Culture should be considered a dynamic force in both health and sickness. It is vital to at least comprehend how the group receiving care views and responds to illness and health, as well as what cultural elements underlie their behaviors, in order to be able to deliver better health care. Therefore, healthcare professionals ought to make an effort to comprehend a society's cultural framework. To comprehend cultural attitudes regarding dealing with disease, promoting health, and protecting one's health, health professionals must gather cultural data (Prosen, et al., 2021. Building a framework for health care data gathering can be made possible by understanding cultural attitudes about health.

Health policies nowadays are primarily concerned with preventing discrimination and health-related inequities, particularly those based on ethnicity. All members of the health team must be knowledgeable and

skilled in order for societies to govern healthcare that will suit the demands of various groups in terms of culture. The individual is the key component of the transcultural approach, in which every health professional plays a vital role (Agyemang, 2019). All levels of healthcare organizations can use the transcultural approach, but nurses are given special consideration. Only nurses, in Leininger's approach, are qualified to offer transcultural health care. Considering that the primary goal of nursing is to offer a compassionate service that respects people's cultural values and lifestyles. Nurses should provide clients with appropriate, reasonably priced, and culturally appropriate care given the circumstances of the moment.

The process of caring is positively impacted by understanding the cultural practices used in the societies receiving healthcare services and by identifying the cultural barriers to accessing healthcare services. The nursing profession is a cultural phenomenon that is significant to the health team. Holistic nursing care incorporates the patient's cultural values, beliefs, and behaviors. The nurses should investigate novel approaches to provide cultural care in multicultural settings, comprehend how cultural differences affect the definitions of health and disease, and bridge the gap between cares for people in various cultural contexts. In order to fulfill the cultural demands of people, families, and groups, transcultural nursing provides excellent nursing care. Effective nursing care is provided through transcultural nursing to satisfy the cultural needs of people, families, and groups (Purnell & Paulanka, 2008).

Nursing services that are culturally sensitive must be provided in a variety of ways, both personally and professionally. The transcultural approach enables nurses to widen their experiences and perspectives while also preparing them to provide individuals with innovative care. Culturally sensitive methods and information can boost the self-esteem of both the nurse and the patient. The American Nurses Association uses three reciprocal relationships based on the following to define the role of transcultural nursing, namely culture of the individual (patient), culture of the nurse and culture of the environment (in relation to the patient-nurse).

In order to properly address patient requirements, it is essential to comprehend the first of these three factors, but transcultural nursing

also heavily relies on the other two. It is crucial for transcultural nurses to approach those conversations with a higher level of self-awareness because a nurse's own cultural beliefs will unavoidably come up in the discussion about care. The care setting must be attentive to values and beliefs in a similar manner. What religious practices, for instance, might need to be taken into account if a patient is hospitalized? Exist any particular traditions related to childbirth and labor? There can also be a need for culturally appropriate menu alternatives.

F.   The Significance of Cultural Competence

A set of culturally appropriate behaviors, procedures, and policies are referred to as cultural competency, and they enable nursing practitioners to provide high-quality care in a variety of cross-cultural contexts (Albougami et al., 2016). In nursing, cultural competence is a crucial necessity. The goal of culturally competent healthcare is to improve healthcare delivery by taking into account disparities in age, gender, religion, and socioeconomic background. It is not intended to facilitate patient treatment for solely ethnic or racial minority groups.

As the transcultural approach offers advice on how to behave in these circumstances, it is crucial for nurses to be able to deliver appropriate holistic care to patients from diverse cultures. Additionally, nurses must assess patients in the context of their own culture, identify individuals in their own cultural patterns, and incorporate this information into their nursing care. Nurses in multicultural communities must be culturally competent, as this is what the general public expects. For the purpose of providing meaningful, effective nursing care, nurses' comprehension of the cultures of patient groups is crucial. An obligation to provide care that is culturally appropriate is imposed by growing cultural variety, revelation of identities, awareness of home care, and health care disparities. In order to offer services and care that are relevant to the cultural features of the patients, nurses must demonstrate the knowledge, skills, attitudes, and personal conduct that are expected of them.

Developing cultural competency is an ongoing, dynamic process. Although cultural competency is a fundamental aspect of nursing practice,

the term has not been thoroughly defined or examined. The word "cultural competence" has occasionally been replaced with other phrases like "transcultural nursing," "culturally appropriate nursing care," or "culturally sensitive nursing care" (Albougami et al., 2016).

G. Transcultural Nursing Care Model

Transcultural nursing models give nurses the groundwork they need to learn about many cultures while providing patient care. The models, which are constantly being improved, direct nursing practice all around the world (Albougami, et al., 2016). Transcultural nursing models, classification schemes, and recommendations are being used more and more frequently. These models help people organize their thinking and give professionals a common vocabulary while focusing on how nursing relates to ideas and theories about life, health, disease, and society. The four particularly important models are the subject of this chapter.

1. Leininger's Sunrise Model

The first theory created in the field of transcultural nursing and remains in use today was the "Culture Care Diversity and Universality" hypothesis produced by Leininger in 1960. Leininger was the first nurse to make the first contribution to this field and obtain the status of anthropologist. This approach focuses on comparing care and examining various and universal cultures. It takes a multi-factorial approach to health and care, taking into account factors including kinship, technology, culture, politics, economics, the environment, language, gender, class, racism, ethnography, and language. This model takes into account technological, religious and philosophical, social and familial, cultural values and way of life, as well as political, legal, economic, and technological aspects (Prosen, et al., 2021).
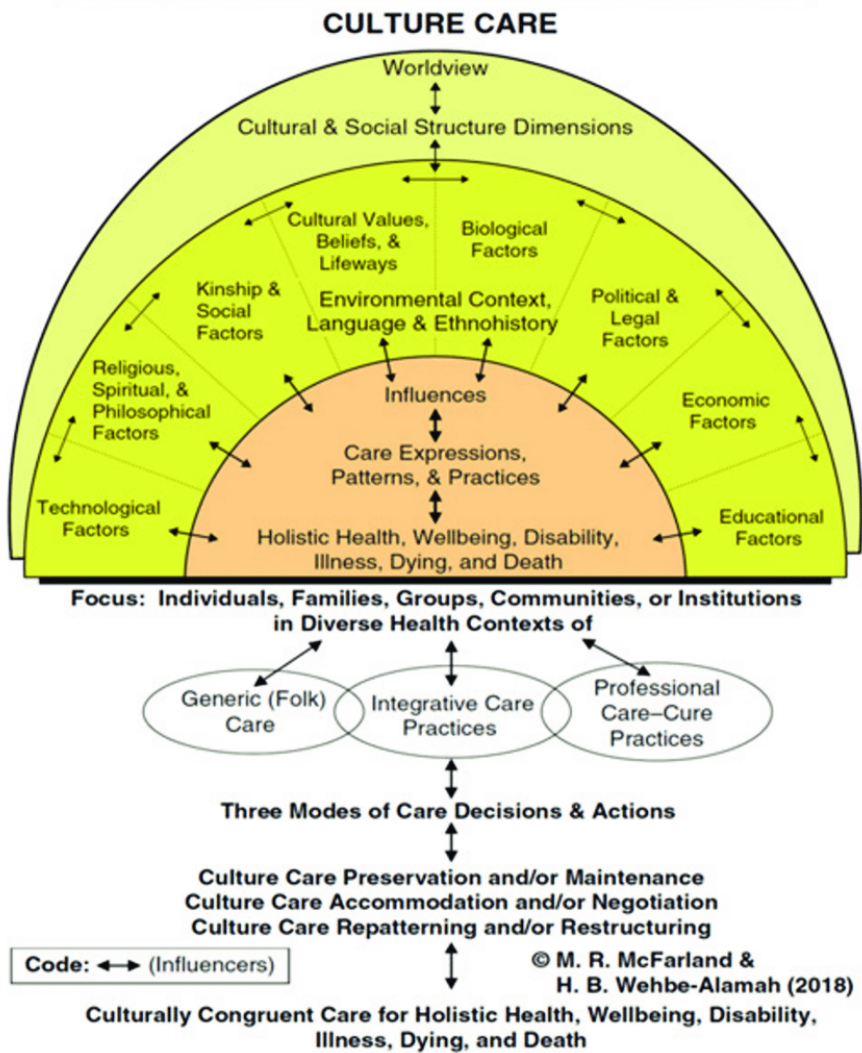
Leininger's Sunrise Enabler to Discover Culture Care

CULTURE CARE

Worldview

Cultural & Social Structure Dimensions

Cultural Values, Beliefs, & Lifeways

Biological Factors

Kinship & Social Factors

Environmental Context, Language & Ethnohistory

Political & Legal Factors

Religious, Spiritual, & Philosophical Factors

Influences

Economic Factors

Care Expressions, Patterns, & Practices

Technological Factors

Holistic Health, Wellbeing, Disability, Illness, Dying, and Death

Educational Factors

Focus: Individuals, Families, Groups, Communities, or Institutions in Diverse Health Contexts of

Generic (Folk) Care

Integrative Care Practices

Professional Care–Cure Practices

Three Modes of Care Decisions & Actions

Culture Care Preservation and/or Maintenance
Culture Care Accommodation and/or Negotiation
Culture Care Repatterning and/or Restructuring

Code: ◄──► (Influencers)

© M. R. McFarland & H. B. Wehbe-Alamah (2018)

Culturally Congruent Care for Holistic Health, Wellbeing, Disability, Illness, Dying, and Death

Figure 1. Leininger Sunrise Model (Prosen, et al., 2021)

2. Giger and Davidhizar's Transcultural Assessment Model

The model was first published in 1990 after being developed in 1988. This model was created as a tool for analyzing the influence of

cultural values on behaviors related to health and disease. This paradigm underlines how crucial it is to view each person as unique within their own culture. Six characteristics are shared by all cultures, according to Giger and Davidhizar (2002) namely communication, space, social organization, time, environmental control, and biological variation.
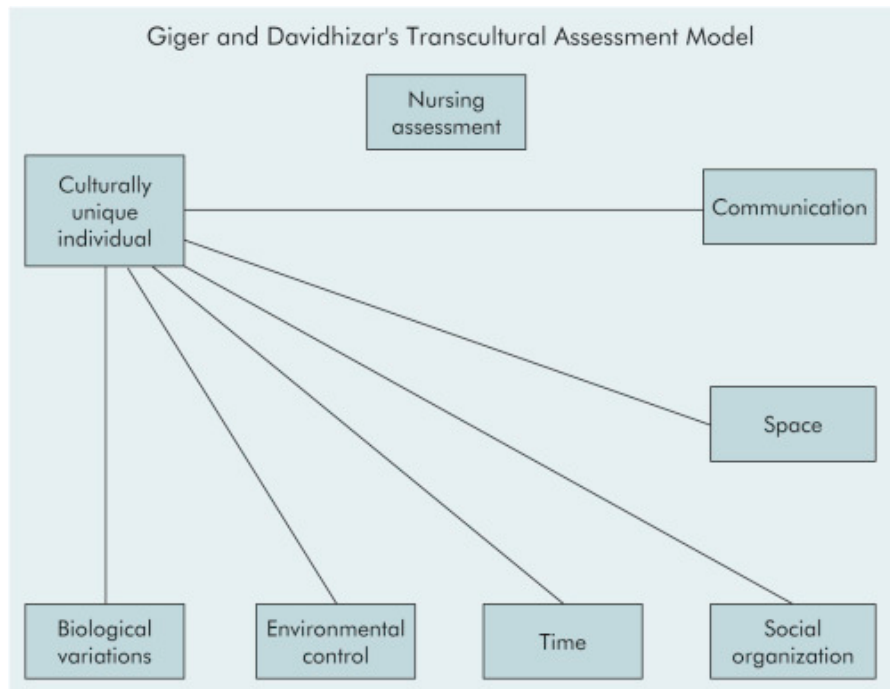

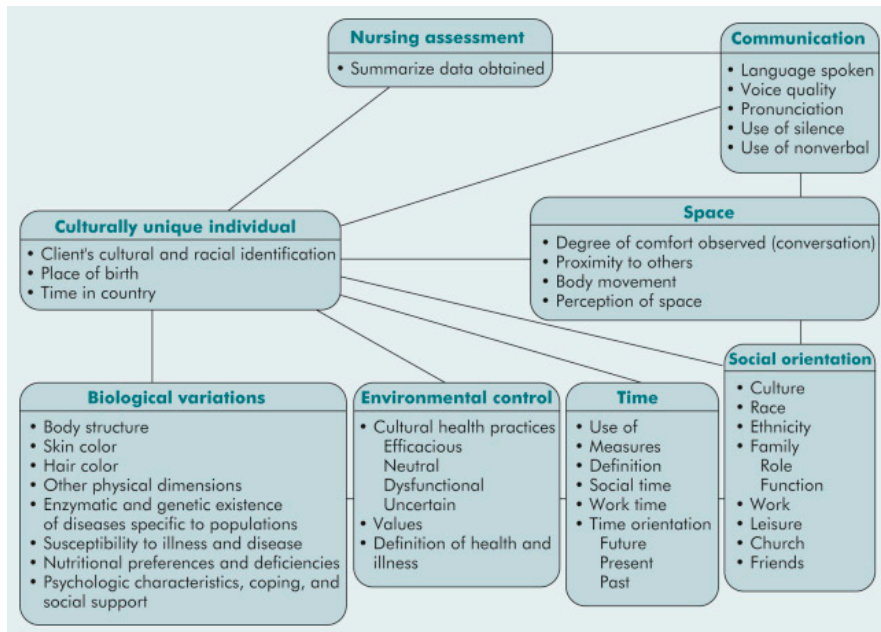Figure 2. Giger and Davidhizar's transcultural assessment model (Giger & Davidhizar, 2002)

Figure 3. Schematic of Giger and Davidhizar's transcultural assessment model
(Giger & Davidhizar, 2002)

3. Purnell Model for Cultural Competence

The Purnell model focuses on giving a basis for comprehending the numerous characteristics of a distinct culture, enabling nurses to accurately perceive patient characteristics, such as motivation, experiences, and ideas about healthcare and illness. Based on ethical viewpoints of the individual, family, and community, this ethnographic model was developed to increase cultural awareness of people's status in the context of health promotion and sickness. It can be used at the primary, secondary, and tertiary stages of protection.

The model is a circle, with the center rim representing the individual and the outer rims representing local communities, families, and the global society. Twelve pie-shaped wedges that make up the circle's interior represent the 12 cultural domains and their concepts. The mysterious phenomenon is represented by the circle's black center. The nonlinear concept of cultural consciousness is represented by a jagged line running

the length of the model's bottom. The model's organizational structure is provided by the 12 domains. The most recent revision of the model, which covers the diverse cultural traits, is located at the bottom. From the standpoint of population health, these diverse cultural traits are crucial when assessing how to reduce stereotyping of individuals. The different cultural traits were first referred to as primary and secondary cultural traits. There is a table of statements for each domain that can be used as a template for evaluating patients in various contexts (Purnell, 2018).
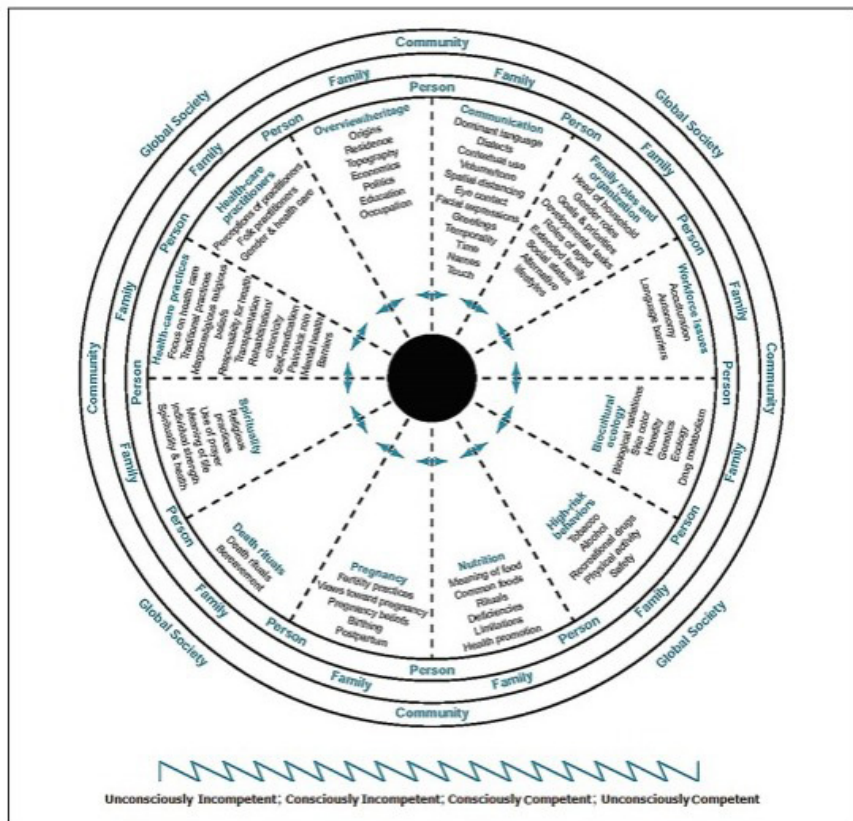
Figure 4. Purnell Model for Cultural Competence (Purnell, 2018)

4. **Campinha-Bacote Model of Cultural Competence in Healthcare Delivery**

The concept views cultural competence as a process rather than as a result of specific variables. In order to be more effective and work in a multicultural context while providing care for patients, whether they are an individual, a family, or a group, the nurse must practice what is known as cultural competency. A nurse must go through a process of increasing their ability to provide effective and high-quality care, a process that includes five components, in order to become culturally competent.

The first step is cultural awareness, which is the process through which medical professionals deliberately realize their own cultural backgrounds in order to prevent biases towards other cultures. The second element is cultural skill, which is described as the capacity to gather the required data from patients through culturally acceptable conduct and physical examination. The third element is cultural knowledge, which refers to the process by which medical personnel broaden their perspectives in order to comprehend how different cultural and ethnic qualities connect to patient attitudes toward illness and health. The fourth element is cultural encounters, which involve interactions between healthcare workers and people from various cultures to prevent stereotyping. Over-reliance on traditional thinking is discouraged during this procedure. The fifth element is cultural desire, which is the impetus for acquiring knowledge, abilities, competence, and cultural awareness. It also presupposes a readiness to engage in transcultural contacts (Albougami, et al., 2016).
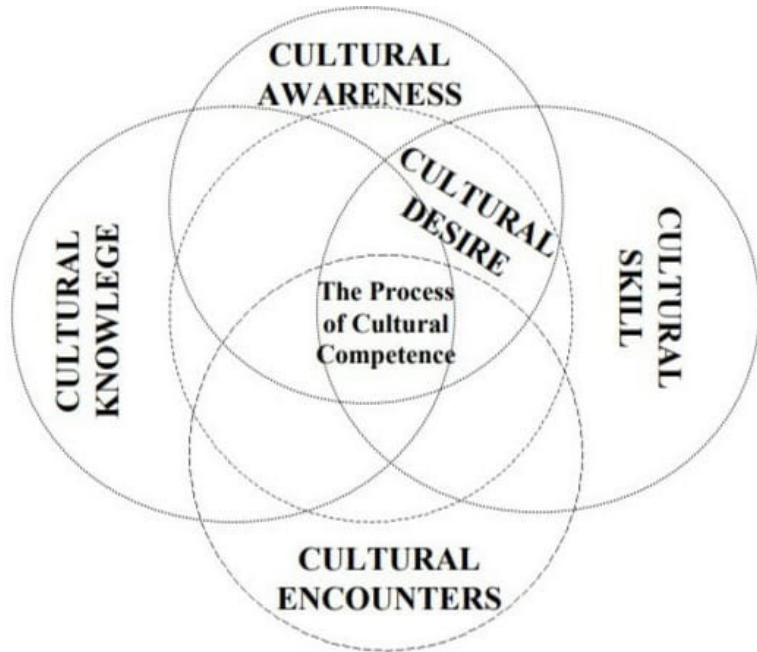
Figure 5. The process of cultural competence in the delivery of health care services (Campinha-Bacote, 2002)

H.   Transcultural Nursing Education

One of the most crucial elements of nursing care that is culturally competent is cultural understanding. The ability to understand one's own cultural characteristics and values, which aids in understanding the cultural beliefs, values, and actions of others, can also be a crucial component of cultural awareness. Before acquiring cultural knowledge, cultural awareness of one's own ideas, values, attitudes, and practices has been deemed to be a necessary first step. In order to assist students' cultural awareness, nursing education should incorporate cultural values, behaviors, diversities, and conventions (Tosun, 2021). In order to build interpersonal skills and obtain cultural awareness, it should also be incorporated. Integrating cultural competence education into nursing curricula will help nursing students perceive and practice cultural competence more effectively (Liang, 2019).

As a result, choosing the subjects that should be addressed in transcultural nursing education is crucial for ensuring that nursing students are culturally competent. Furthermore, evaluating how transcultural nursing education affects nursing students' cultural awareness, knowledge, and attitudes might help with the development of training materials and future transcultural nursing education activities (Tosun, 2021). The concepts cultural competency, multiculturalism, diversity, awareness, and safety should be woven into the curriculum alongside other professional disciplines.

I.   Nurses' Competence to Provide Transcultural Care

Numerous advantages for patients, nurses, and nursing care are brought about by promoting culturally competent care. This demonstrates the value of care that is culturally aware. Nurses require broad knowledge to offer treatment that is culturally competent. Additionally, it aids in raising standards of treatment, reducing unwarranted variances in traits, and bridging gaps in health status among various populations. The interventions would become more specialized and accurate for the patients since nurses are more attentive to the cultural demands of patients. The provision of care will be more effective with better resource allocation as our awareness of various cultures grows. Consequently, it will maximize the use of scarce resources (Kaur, 2016). Enhancing nurses' cultural competence will also assist patients comply with treatment recommendations and understand them, foster therapeutic relationships with patients, and improve patient satisfaction.

Worldwide, nurses can employ a set of globally applicable practice guidelines for providing culturally competent care to direct clinical practice, research, education, and administration. It is presumed that the person receiving the nursing care outlined in these standards is an individual, family, community, or population. These standards are founded on a social justice framework, or the idea that every person and every group has a right to fair and equitable treatment and participation in social, educational, economic, and, specifically in this instance, health care opportunities. By highlighting cultural competency as a focus of care for the communities

they serve, these 12 standards can operate as a guide and resource for nurses in practice, administration, teaching, and research (Douglas et al., 2011).

Table 1. Standard of practice for culturally competence nursing care (Douglas et al., 2011)

Standard	Description
Standard 1: Social justice	Professional nurses shall promote social justice for all. The applied principles of social justice guide nurses' decisions related to the patient, family, community, and other health care professionals. Nurses will develop leadership skills to advocate for socially just policies.
Standard 2: Critical reflection	Nurses shall engage in critical reflection of their own values, beliefs, and cultural heritage to have an awareness of how these qualities and issues can affect culturally congruent nursing care.
Standard 3: Knowledge of cultures	Nurses shall gain an understanding of the perspectives, traditions, values, practices, and family systems of culturally diverse individuals, families, communities, and populations they care for, as well as a knowledge of the complex variables that affect the achievement of health and well-being.
Standard 4: Culturally competent practice	Nurses shall use cross-cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.
Standard 5: Cultural competence in health care systems and organizations	Health care organizations should provide the structure and resources necessary to evaluate and meet the cultural and language needs of their diverse clients.
Standard 6: Patient advocacy and empowerment	Nurses shall recognize the effect of health care policies, delivery systems, and resources on their patient populations and shall empower and advocate for their patients as indicated. Nurses shall advocate for the inclusion of their patient's cultural beliefs and practices in all dimensions of their health care.
Standard 7: Multicultural workforce	Nurses shall actively engage in the effort to ensure a multicultural workforce in health care settings. One measure to achieve a multicultural workforce is through strengthening of recruitment and retention effort in the hospital and academic setting.
Standard 8: Education and training in culturally competent care	Nurses shall be educationally prepared to promote and provide culturally congruent health care. Knowledge and skills necessary for assuring that nursing care is culturally congruent shall be included in global health care agendas that mandate formal education and clinical training, as well as required ongoing, continuing education for all practicing nurses.
Standard 9: Cross-cultural communication	Nurses shall use culturally competent verbal and nonverbal communication skills to identify client's values, beliefs, practices, perceptions, and unique health care needs.
Standard 10: Cross-cultural leadership	Nurses shall have the ability to influence individuals, groups, and systems to achieve outcomes of culturally competent care for diverse populations.
Standard 11: Policy development	Nurses shall have the knowledge and skills to work with public and private organizations, professional associations, and communities to establish policies and standards for comprehensive implementation and evaluation of culturally competent care.
Standard 12: Evidence-based practice and research	Nurses shall base their practice on interventions that have been systematically tested and shown to be the most effective for the culturally diverse populations that they serve. In areas where there is a lack of evidence of efficacy, nurse researchers shall investigate and test interventions that may be the most effective in reducing the disparities in health outcomes.

Summary

As patient populations become more diverse, transcultural nursing has been incorporated into nursing education. Nurses must be aware of patients' diverse perspectives on healthcare and tolerance levels as more people of distinct cultures and ethnicities use healthcare facilities. To be able to conduct comprehensive patient assessments, nurses need to be sufficiently knowledgeable about various cultural backgrounds and practices. When a patient is from a different culture, it is crucial to complete a thorough

assessment in order to provide them with the best possible care. When creating a treatment plan, cultural care places a strong emphasis on taking a patient's values and traditions into account. Additionally, it calls on nurses to recognize that people come from all cultures and races, necessitating care that respects each person's individuality. In order to comprehend people's perspectives and behaviors, transcultural nursing uses ideas of ethnicity, race, and culture. In order to provide healthcare that is culturally sensitive, nurses must take these ideas into account.

Review Questions
1. What do you think is meant by cultural care in nursing?
2. What do you think are the most important aspect of cultural care in nursing?
3. What significance do you feel cultural care has for nursing as a profession?

References
1. Agyemang, J.B. (2019). Transcultural nursing and traditional care in Sukuma ethnic group. *International Journal of Healthcare Sciences*, 7 (1), 63-66.
2. Albougami, A.S., Pounds, K.G & Alotaibi, J.S (2016). Comparison of four cultural competence models in transcultural nursing: A discussion paper. *International Archives of Nursing and Health Care*, 2 (4), 053.
3. Betancourt, D.A.B (2015). Madeleine Leininger and the transcultural theory of nursing. *The Downtown Review*, 2 (1). Available at: https://engagedscholarship.csuohio.edu/tdr/vol2/iss1/1
4. Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of health care services: a model of care. *Journal of Transcultural Nursing*, 13 (3), 181-184.
5. Douglas, M.K et al. (2011). Standards of practice for culturally competent nursing care: 2011 Update. *Journal of Transcultural Nursing, 22* (4), 317–333. DOI: 10.1177/1043659611412965

6. Giger, J.N & Davidhizar, R. (2002). The Giger and Davidhizar transcultural assessment model. *Journal of Transcultural Nursing*, 13 (3), 185.

7. Kaur, B. (2016). Cultural competence care in Hong Kong. *International Journal of Social Science and Humanity*, 6 (2), 136-140.

8. Liang, H.F., Wu, K.M., Hung, C.C., Wang, Y.H., & Chen, Y.C. (2019). Evaluation of nursing students' perceptions of their cultural care competency: A mixed method study in Taiwan. *Nurse Education in Practice,* 41, 102639 https://doi.org/10.1016/j. nepr.2019.102639.

9. Prosen et al. (2021). *Transcultural Nursing: Better & Effective Nursing Education for Improving Transcultural Nursing Skills*. Ankara Nobel Tıp Kitabevleri.

10. Purnell, L. (2018). Update: The Purnell theory and model for culturally competence health care. *Journal of Transcultural Nursing*, 1-8.

11. Purnell, L. & Paulanka, B.J. (2008). *Transcultural Health Care: A Culturally Competent Approach*. 3rd Ed. Davis Plus.

12. Tosun, B. (2021). Addressing the effects of transcultural nursing education on nursing students' cultural competence: A systematic review. *Nurse Education in Practice*, 55, 103171.

13. Tukuitonga, C. (2018). Impact of culture on health. *The Journal of Pacific Research*, 21 (5), 5-7.

Author has been a teaching staff at the Nursing Department of the Poltekkes Kemenkes Yogyakarta, since 1988. Apart from completing formal education, he has also attended various professional trainings such as AKTA Teaching III & IV, CPR Instructor at Lambton College Canada, Training for Trainers for the Care & Control of Tuberculosis & MDR TB by the International Council of Nurses, Certified Trainer Nurse (CTN) Training, TOT ILT-TB, Pekerti, AIPNI & AIPViKI OSCE Training, English Training of Extensive Class. Apart from teaching, the author is also active as a BTCLS Instructor at the PMI Yogyakarta Training Center, Resource Person for Nursing Preceptorship-Mentorship Training and various nursing trainings. Recently, author is also a Lampt-Kes Assessor, Chairperson of the DPW PPNI DIY and Central Board of PPNI. Author's scientific publications include "Family Empowerment through "Trisna" Cultural Approach toward Improvement in Quality of Life & Decrease in Relapse Number in Patients with Schizophrenia", "The Effects of Motivation Card on the Increase of Obedience Level", "Quality of Life and Decrease of Depression among Diabetics Patients in Out Patient Department of Public Hospital in Sleman, Yogyakarta", "Effectiveness of the Interprofessional Collaborative Practice Model (PKIP) of Health Workers on the Performance of Home Health Services", and "Self-hypnosis Model Reduces Anxiety and Pain in Post-general Anesthesia Patients". Author also wrote the book entitled *Nursing Documentation* and *Communication in Nursing*.

Widjijati, M.N. Completed a Bachelor of Nursing and Master of Nursing at the University of Melbourne Australia at the expense of a scholarship. Received a Short Course Scholarship on Competency Based Learning from the Netherland Fellowship Program in the Netherlands. Actively writing books including *Basic Biomedical Science for Nurses* and *Introduction to Physiological Basics for Nursing Practice*.