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Secretariat:

STIKES Telogorejo

Jl. Puri Anjasmoro/ Ateri Yos Sudarso, Semarang, Indonesia

Phone: +6224 76632823, 76632824, 76632825

Fax: +6224 76632939

Email: ichpr19@gmail.com

Website: ichpr.stikestelogorejo.ac.id

PROCEEDING 1ST INTERNATIONAL CONFERENCE ON HEALTH PRACTICE AND RESEARCH : “COMPREHENSIVE HEALTH CARE OF AGING POPULATION”

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PREFACE

The 1st International Conference On Health Practise And Research (ICHPR-2019) is a leading forum which provides opportunities for the delegates to exchange knowledge, new ideas, best practices and application experiences face to face, to establish academic and research relation and networking, and to find global partners for future collaboration on various of interest in health education field. This conference conducts a series of scientific activities including a keynote speech, plenary speeches, concurrent sessions, and poster presentations. It is the first ICHPR which successfully held by STIKES Telogorejo. Moreover, this event is attended by speakers from domestic and also from other countries who are experts in their fields. Also, we invite participants from all regions in Indonesia and foreign countries.

The theme of this conference is “*Comprehensive Health Care Of Aging Population.*” At the first, the International Conference focused on improving the quality of life of the “Aging Population” so the theme taken was “Comprehensive Health Care of Aging Population”. STIKES Telogorejo expected to improving knowledge and understanding in providing health services for an “aging population”. The conferences also held to increasing academic nuance through the publication of academic’s and health professional’s research. We hope this conference will contributing to the development of health care knowledge. In addition, these conference are carried out with the following objectives: increase the knowledge and

understanding of health professionals (nurses, midwives, pharmacists) and academics in health services towards “Aging Population”, increasing the role of health professionals (nurses, midwives, pharmacists) and academics in health services towards “Aging Population”, facilitating scientific publication of academic’s and practitioners’s research in nursing, pharmacy and midwifery (oral presentations and posters), and publish scientific research of academics and practitioners (nursing, pharmacy and midwifery).

We do hope that this conference can answer the challenge. Finally, we welcome you, our respected guests and participants, in Semarang, Indonesia and enjoy the conference.

Organizing Committee



THE CORRELATION BETWEEN TRANSCULTURAL NURSING FACTORS WITH THE NURSE COMMUNICATION BARRIERS TO THE PATIENTS IN THE HOSPITAL WARDS OF BREBES REGIONAL GENERAL HOSPITAL, CENTRAL JAVA.

Wanto Paju¹, Ani Margawati², Devi Nurmalia³.

¹ Student of Master Program in Nursing, Master in Nursing Leadership and Management, Faculty of Medicine, Universitas Diponegoro, Indonesia.

² Lecturer, Nutrition Department, Faculty of Medicine, Universitas Diponegoro, Indonesia.

³ Lecturer, Nursing Department, Faculty of Medicine, Universitas Diponegoro, Indonesia.
email : paju.wanto@gmail.com

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ABSTRACT

Background: Effective communication is a competency needed in nursing services in order to bridge every action performed to the patients to reduce the adverse effects of nursing services. Communication barriers in nursing services include cultural factors, nurses' attitudes and competence factors, gender factors, environmental factors, nurses' workload factors. The cultural factors are the prominent barriers which negatively influence nurses' communication with clients. Purpose: The purpose of this study is to analyze the cultural factors related to nurses' communication barriers to the patients in the wards of Brebes Regional General Hospital, Central Java. Methods: The method used in this study is comparative cross sectional study design. The total sample of 52 respondents was obtained by purposive sampling technique. The data was collected using a questionnaire validated by the expert judgment to all valid variables with CVI value ≥ 0.68 . The validity test of 10% level of significance and $n = 30$ obtained $r_{0.05;28} = 0.3610$. The reliability test of all reliable Cronbach Alpha scores is > 0.60 . The data was analyzed by using spearman's rho correlation. Results: The factors of religion and philosophy had a strong Spearman's rho correlation of 0.819 and the economic factors had a strong Spearman's rho correlation of 0.846. Conclusion: The factors of religion and philosophy and the economic factors have a very strong correlation with the communication barrier between nurses-patients in the wards of Brebes Regional General Hospital, Central Java. Suggestions: Periodic effective communication training and in-depth research on social factors and family attachments might likely help to solve the problems of communication barriers.

INTRODUCTION

Effective communication is a significant competency in nursing services to bridge every action performed to the patients in order to reduce the adverse effects of nursing services. An ineffective communication leads to a communication barrier. Effective communication, appropriate information services as well as provision of effective education in the hospitals become one of the national standards for hospital accreditation. Accordingly, the importance of effective communication must be carried out in the framework of improving the quality of service and patient safety in the hospitals (Kars, 2017).

Communication effective in nursing practice requires good communication skills, including the proper attitude and knowledge to treat patients from various cultural backgrounds (Almutairi, et al, 2015). Nursing practice can be influenced by cultural beliefs and values that tend to be embedded in global views, languages, philosophies, religions, kinship, social, politics, education, economics, technology, ethno-history, and cultural environment. Communication barrier is the

ineffectiveness of patient communication activities with the health workers in the communication process which leads to the non-conveyable message.(Ganiem, 2018)

Communication barriers can occur between nurses and patients. This condition cannot be avoided due to the influences of various factors affecting the interaction between the nurses and the patients. This condition has a negative effect on nurses such as inadequate care, patient discomfort, pain and even death (Almutairi, et al, 2015). The nursing communication barriers are generated by several factors such as religious factors, behavioral factors, philosophy and way of life factors, nurses competency factors, economic factors, environmental factors, and nurse's workload factors.

The expert states that cultural factors are the biggest barrier in communication which is 36.25% of the nurses described it as a dominant factors, such as the language (31.25%), religion (23.75%), and gender (8.75%) as a negative influence of nurse communication with the clients.(Arungwa, 2014). Also, there are findings of various communication

barriers namely work dissatisfaction due to workload, the uncontrolled interference of the patient's family to the nurse's duties, the distrust of nurse competence which is influenced by the cultural values of each nurse. It reflects that communication barriers occur because of the gender of the service providers and recipients which are male so that the risk of rejecting clinical advice and assistance is higher. Also, the gender mismatch from service providers and recipients is a factor of communication barrier in nursing services(Vida Shafipour, et all, 2014). Nurse communication barriers include lack of attention, tardiness and carelessness in providing information needed, and lack of responsibilities (Waldron, et all, 2012).

The communication barriers from the nurse's point of view include the language differences of nurses and patients , overworked nurses, patient's family interference, the presence of emergency patient on the ward. Meanwhile, the barriers from the patient's point of view are gender differences between nurses and patients, nurses' reluctance to communicate, the busy environment on the ward, patient anxiety, patient pain, and physical discomfort is the most important

obstacle to communication (Norouzinia, et all, 2016). According to the expert, cultural communication views communication as a resource for individuals to produce and regulate culture (Stephen,et all, 2017).

Religion as part of culture has been linked to various communication and behavioral characteristics. The religion has been linked to usage and preferences, health / medical decisions and communication about health related issues, interpersonal communication(Deepa, 2012). Research showed how religion, specifically religiosity, promotes healthy living and better decision making regarding health and well-being(Haris,et all, 2012). There 48% of the nurses who are less attentive in providing services. 53% of the nurses also lack of communication with patients and families. 46% of the nurses are slow in responding to complaints or calls by patients. 30% of the supporting facilities and infrastructure are less optimal (Rr.Tutik, et all, 2015). Communication barriers of the nurses are caused by the lack of knowledge or resources of nurses, the competence of nurses themselves so that nurses have difficulty in establishing

communication relationships with clients and families.

Sometimes, they barely use health technology because 90% of them lack of understanding of treatment, 90% of them still maintain culture and 60% of them refuse to change the existing culture because it is contrary to health. Assessment by culture-based nurses showed that there are still 40% of nurses who have never studied the issue of cultural values and lifestyles and implementation of culture-based nursing. Almost 77.7% of nurses rarely help clients to adapt to certain culture which is more beneficial to their health.

In addition, 66.6% of nurses have never restructured culture because it is contrary to the health and hardly try to understand the both similarities and differences of the clients' culture. The culture-based nursing evaluation phase showed that almost 60% of nurses barely evaluate the client's success in maintaining existing culture unless it is conflicted with health. Meanwhile, nearly 70% of nurses rarely evaluate the client's ability to adapt to a particular culture that is more beneficial to health, and the ability to restructure culture client because it is contrary to health culture (Alimul, et all, 2013).

PURPOSE

To analyze factors of religion and philosophy and economic factors correlated to the communication barriers between nurses-patients in the wards of Brebes Regional General Hospital, Central Java.

METHODS

1. Research design

The methods used in this study is comparative cross sectional study design to see the relationship between cultural factors and communication barriers of nurses to the patients in the wards of Brebes Regional General Hospital, Central Java.

2. Population and sample

Population amounted to 105 people in the wards of Brebes Regional General Hospital. They research was conducted in August 2018 until February 2019. The sample selection was conducted by probability sampling technique which is proportional random sampling with a sample size of 52, which met the inclusion and exclusion criteria.

3. Data Collection Techniques and Research Instruments

The data was collected using questionnaires in the form of statements relating to cultural factors and communication barriers of nurses to the patients. The researcher formulates a well-designed and well-prepared questionnaire and it was validated by the expert judgment, validity and reliability test. After perceived valid and reliable, the data is feasible to use as the research data.

4. Research Instruments Testing

Validity Test

The validity test is carried out using 2 steps, namely content validity and construct validity. CVI (Content Validity Index) which is done by consulting statements with the recommended experts (expert judgment). The assessment of the validity test uses 4 scores on each question item such as 1 = invalid, 2 = less valid, 3 = quite valid, 4 = valid. After giving the expert judgment to the instrument, the researcher conducted an analysis to determine the content validity index (CVI). The results of the instrument analysis obtained an average of CVI value of

≥ 0.68 . It is indicated that all items were reliable to be used as research instruments. The construct validity is a test of validity to understand the relationship of two or more variables hardly measurable directly. The instrument was first tested on ± 30 respondents outside the sample group of 52 respondents. The construct validity was conducted at Kardinah Hospital, Tegal, Central Java. The Construct Validity Test results showed that questionnaire items are perceived to be valid if the score of $r \text{ count} \geq r_{\text{table}} (\alpha, n-2)$ or $\text{sig.} < \alpha$. In this study, with a significance level of 10% and $n = 30$, the value obtained is $r_{0.05;28} = 0.3610$.

Reliability Test

Reliability is the accuracy of a measurement tool. This test is carried out to measure the internal consistency of a respondent's answer towards a construct or variable. All are reliable because all variables are independent and the dependent value of Cronbach Alpha > 0.60 . If Cronbach Alpha is < 0.60 then the variable is perceived to be unreliable.

5. Data Processing and Analysis Techniques

Data processing in research consists of editing, coding, processing and cleaning. The analysis data is conducted by normality tests, univariate analysis, bivariate analysis, and multivariate analysis.

a. Normality test

The normality test in this study used the Kolmogorov Smirnov test because the number of respondents > 50. Distribution of research data is perceived to be normal if the level of significance > 0.1.

b. Univariate Analysis

The results of univariate analysis consist of the frequency distribution and the percentage of each variable.

c. Bivariate Analysis

The bivariate analysis in this study used the Spearman's test due to the abnormal distribution.

d. Hypothesis Testing

The correlation test is conducted using rho statistics. It aims to

test the existence of correlation between two variables. The hypothesis is formulated as follows: H_0 : rho is not equal to 0 which means that there is no correlation between the two variables.

If $p\text{-value} < \alpha=0,10$, then H_0 is rejected; and

If $p\text{-value} > \alpha=0,10$, then H_0 is accepted.

RESULTS AND DISCUSSION

Characteristics of Respondents

The majority of respondents are male amounted to 28 respondents (53.8%). The average age of respondents is between 32.14-35.81 years. As much as 29 respondents were graduated from associate degree of nursing department (55.8%). The length of service of respondents is between 7,12-11,00 years.

Table 1. Distribution of Characteristics of Respondents in the Wards of Brebes Regional General Hospital Central Java, December 2018 (n = 52)

Variable	Frequency(f)	Percentage (%)	Mean	Median	SD	90% CI
Age			33,98	33,00	7,89	32,14-35,81
Gender						
Male	28	53,8				
Female	24	46,2				
Educational Level						
DIII Nursing	29	55,8				
SI Nursing	11	21,1				
Nurse	12	23,1				
Years of Services			9,06	5,00	8,36	7,12-11,00

Characteristics of Research Variables

a. Communication Barriers of Nurses to the Patients.

Table 3. Distribution of Respondents Based on the Score of Nurse Communication Barriers to the Patients in the Hospital Wards of Brebes Regional General Hospital, Central Java, December 2018 (N = 52)

Characteristics	Mean	Maximum	Minimum	Deviation Standard	90%CI
Communication Barriers of Nurses to the Patients	74,52	93,00	57,00	9,48	72,32-76,72

The mean of the variable of nurse communication barriers was 74.52 out of the total score 24–96 with the estimated interval value is 72.32-76.72.

b. Distribution of Respondents Based on the Scores of Cultural Factors in the Wards of Brebes Regional General Hospital, Central Java, December 2018.

Table 4. Distribution of Respondents Based on Scores of Cultural Factors in the Inpatient Room of Brebes Central Java Hospital December 2018 (N = 52)

Characteristics	Mean	Median	Maximum	Minimum	Deviation Standard	90% CI
Factors of Religion & Philosophy	23,73	24,00	29,00	20,00	2,01	23,26-24,20
Economic Factors	23,58	23,50	29,00	16,00	2,86	22,91-24,24

The mean of the factors of religion and philosophy in the wards of Brebes Regional General Hospital was 23.73 out of the total score of 8-32 with an estimated interval value of the variable around 23.26-24.20.

The mean of the economic factors in the wards of Brebes Regional General Hospital was 23.58 out of the total score of 8-32 with an estimated interval value of the variable around 22.91-24.24.

Bivariate Analysis (Spearman's Correlation)

Table 5. Analysis of the Relationship between Cultural Factors and Nurse Communication Barriers to the Patients in the Wards of Brebes Regional General Hospital, Central Java (n = 52)

Variables	Spearman's rho correlation	P Value	Remarks
Factors of Religion & Philosophy with the Nurse Communication Barriers to the Patient	0,819	0,000*	Positively correlated
Economic Factors with the Nurse Communication Barriers to the Patient	0,846	0,000*	Positively correlated

* α : 0,10

The *spearman's rho* correlation analysis of religion and philosophy factor obtained a coefficient value of 0.819. It means that factors of religion and philosophy have a very strong correlation with a positive relationship towards the communication barriers of nurses to the patients in the hospital wards. Meanwhile, the *spearman's rho* correlation analysis of economic factors obtained a coefficient value of 0.846. It means that economic factors have a very strong correlation with a positive relationship towards the communication barriers of nurses to the patients in the hospital wards.

DISCUSSION

Univariate Analysis of Respondent Characteristics

1. Gender

The results showed that 53.8% of nurses in the hospital wards are male. Theoretically, male workers have two main targets in work such as building a career and family during the early stages of maturity. Besides, the male workers devote their time and energy to building a career and getting a position in a job, so that a

male worker pay much attention to their work in the early stages of maturity.

2. Age

The performance of nurses is influenced by a variety of supporting factors, such as internal and external factors which include talent, ability, personality, health, gender, and age. The study showed that there are differences between employee work performance in terms of age, education level and years of service.

Apparently, there are differences in work performance due to the factor of age. However, other studies showed that age has a significant positive effect on performance.

3. Education

The higher the educational level of the person is, the more rational and creative they would be. They openly accept the change and development and are able to adjust to various innovations (Jernigan et al, 1998). The educational level of a person influences their response to external factors. The educational factor can help a person in the process so to get the opportunity to explore ideas. Nurses with an associate diploma (D3) degree in nursing have work efficiency and better job performance. ⁵⁶ Other experts revealed that the educational level of a person affects the level of ability, especially intellectual. The increase of a person's intellectual leads them to make the right decision for health issues (Rivai and Mulyadi, 2010).

4. Years of Service

The longer a person works the higher the productivity will be. Thus, they likely become more experienced and have good skills in completing the tasks entrusted to him. ⁵⁸ Nurses who

work longer will be more experienced in doing their work and the lower the desire of nurses to leave their jobs.

Univariate Analysis of Variables Characteristics

Nurse Communication Barriers

The average answer of the respondents to the variable of nurse communication barriers was 74.52 out of the total score 24–96 with the estimated interval value is 72.32-76.72. The deviation standard of this variable is 9.48 smaller than the average respondent's answer. It indicated that the data is more homogeneous and representative. This condition showed that this statement is the main element often resulting in communication barriers of nurses to the patients in the hospital wards. It illustrated that communication barriers in nursing services are something necessarily to be fixed by all elements of nursing in the hospital. Otherwise, this condition will continue to negatively affect the patient's health both physically and psychologically. This communication barrier clearly comes from the nurses as well as the patients.

Factors of Religion and Philosophy

The mean of the Religion and Philosophy factors was 23.73 from a total score of 8-32 with the estimated interval value of the Religion and Philosophy factors was around 23.26-24,20. The deviation standard of this variable is 2.01 smaller than the average respondent's answers. It indicated that the data is less varied. It showed that the intensity level of the occurrence is higher on the score of religion and philosophy factors. According to statements on religion and philosophy factors, it has higher score in the category of 'always'. It can be inferred that different racial and religious tribes become obstacles for nurses in nursing care services which is represented by 34 respondents or 65.38%. The duty of nurses in communication is to treat and heal. However, unconsciously, the discrimination led by the religious aspects often happened when serving others(Jalaludin,2005). Nurses should have to unconditionally accept and respect patients for what they are regardless of any religion background, way of life, race, and social-culture. Through an open communication, nurses and patients are able to learn how to accept and get accepted by others. An honest acceptance of the nurse to the clients is a way to enhance the patient's ability to foster a

relationship of mutual trust. The above conditions are very consistent with other studies that contrast strongly with patients' desires for competencies held by nurses. Those nurses have low insight about the concept of spirituality. The spirituality of patients which is barely supported by the nurse competence will negatively impact on the individual stress, well-being, spirituality (the balance between physical, psychosocial and spiritual aspects), a sense of integrity and interpersonal relationships. The practice of spiritual care by nurses is hardly to find due to cultural shifts in health care. Therefore, the spiritual care is very important. The nurses must learn how to provide spiritual care, by collaborating with a team of spiritual guides to identify, formulate the patient's spiritual needs, intervene and evaluate the results (Susanti, 2012).

Economic factors

Discrimination is the acts of injustice against certain individual or groups. Someone carrying discriminative behavior may treat other people based on their economic classes. The results of this study confirmed that the nursing services given to the patients were distinguished by the socioeconomic

level of the patients. The patients with low economic level would barely receive better treatment than those who pay more. The result of the field research found that the patients necessarily pay the deposit in advance to get better treatment in both public and private hospital even though the health law already prohibited it. It shows that the low economic patients mostly have low satisfaction level in the public or private hospital (Tri Rini, 2010).

Bivariate Analysis

The Correlation between factors of religion and philosophy with the Nurse Communication Barriers to the patient hospital wards of Brebes Regional General Hospital, Central Java.

The nurses should have to welcome and respect the patients regardless of their religion, race, cultural values, or economic class and status. The function of communication in nursing services is to treat and heal. However, the nurses are oftentimes unaware that they perform the act of discrimination towards certain groups of patients while giving a nursing service (Jalaludin, 2005). The open communication between nurses-patients

might help the nurses to accept and respect the patients without any conditions, so it can foster the mutual trust between the nurses and patients. If the communication is open and the intention, purpose and expectation is clearly stated, then there will be a mutual trust and mutual acceptance between the nurses and patients. On the other hand, if the communication is not effectively developed, the communication barriers will adversely affect the relationship or interaction between the nurses and patients in nursing services. The multicultural society has a diversity of cultures and languages, customs, religion and way of life. Hence, the patients in the hospital can be considered as multicultural society since they come from a diverse cultural background. (Mahrus et al, 2015).

The Correlation between Economic Factors and the Nurse Communication Barriers to the patients in the hospital wards of Brebes Regional General Hospital, Central Java

Spearman 's rho correlation obtained a coefficient value of 0.846. It indicated that economic factors have the greatest and strongest correlation with the

positive relationship to communication barriers of nurses to the patients. The treatment of the patients is most certainly influenced by the socio-economic level of the individual. The economic factors of the patients can be related to culture / ethnicity and patient literacy, including strong links to communication. The socio-economic structural constraints of the patients can hinder effective communication between the patients and the nurses in the regard of providing information on medical actions and treatments which can lead to more complicated problems. The nurses often assume that patients from low socioeconomic groups demand less information. Also, they tend to judge patients for not understanding the information provided due to low education level of the patients. Even if the patient asks for clarification on the detailed information, the nurses tend to ignore it. It is an unhealthy assumption. The implications of this situation are closely related to the patient compliance and treatment outcomes as well as the patient satisfaction which ultimately impacts on patient safety. The economic factors are perceived as a sensitive subject for the patients because the patients spent their money to cure their illness. Therefore, the economic factors must be assessed

by the patient's nurse. The factors include patient's work, sources of medical costs, savings owned by the family, costs from other sources such as insurance, reimbursement of expenses from the office or joint ventures between family members.(Joyce,et all, 2002). If this is neglected, it will cause serious problems for patients, families, hospital institutions and ultimately can harm both parties. Thus, communication should be the main key to establish relationships to resolve the problems relating to economic factors.

CONCLUSION

1. The factors of religion and philosophy have the strong Spearman's rho correlation of 0.819. It means that factors of religion and philosophy have a very strong correlation with the communication barrier between nurses-patients in the wards of Brebes Regional General Hospital, Central Java.
2. The economic factors have the greatest correlation with a positive relationship to communication barriers of nurses to the patients in the hospital wards of Brebes Regional General Hospital,

Central Java with the spearman's rho correlation of 0.846.

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