

Factors that influence on Islamic caring behavior



Yanis Kartini^{1*}, Nursalam², Ahsan³, Khamida¹,
Immatul Faizah¹, Ratna Yunitasari¹

¹Departement of Nursing, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, 60237 Surabaya, Indonesia

²Departemen of Nursing, Faculty of Nursing, Universitas Airlangga Surabaya, Indonesia

³Departement of Nursing, Faculty of Medicine Universitas Brawijaya, Malang, Indonesia

*Corresponding to:
Yanis Kartini; Department of Nursing, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Surabaya, Indonesia;
yanis_youarenice@unusa.ac.id

Received: 2022-01-15

Accepted: 2022-04-12

Published: 2022-04-30

ABSTRACT

Introduction: There are not many studies that investigate Islamic caring behavior and the factors that influence it. The purpose of this study was to analyze the factors that influence Islamic caring behavior.

Methods: This study was an observational analytic research design that used nurses' perceptions of Islamic caring behavior and the factors that influence it, including organizational characteristics, job characteristics, and individual characteristics. This survey involved 100 respondents that filled out a questionnaire via a google form. Data analysis using Chi-Square and multiple logistic regression test, with a significance level of <0.05 .

Results: This study shows that 51% respondents have good Islamic caring behavior. The factors that influence Islamic caring behavior from organizational characteristics are; 1) vision and mission ($p = 0.001$), 2) reward system ($p = 0.001$), 3) selection ($p = 0.002$), 4) organizational structure and culture ($p = 0.003$), from job characteristics are 1) performance objective ($p = 0.000$), 2) work schedule ($p = 0.001$), 3) job design ($p = 0.041$), 4) correction ($p = 0.002$), and 5) feedback ($p = 0.002$), from the individual characteristics of nurses is attitude ($p = 0.028$). There are three multivariate test results that have an effect, namely objective performance ($p = 0.002$; $B = 3.19$), understanding of vision and mission ($p = 0.005$; $B = 1.401$), selection ($p = 0.017$; $B = 1.521$), and all three show that there is an interaction.

Conclusion: The most dominant factor influencing Islamic caring behavior is Objective performance.

Keywords: Islamic Caring, organizational characteristics, job characteristics, individual characteristics.

Cite This Article: Kartini, Y., Nursalam., Ahsan., Khamida., Faizah, I., Yunitasari, R. 2022. Factors that influence on Islamic caring behavior. *Bali Medical Journal* 11(1): 397-404. DOI: 10.15562/bmj.v11i1.3107

INTRODUCTION

Research on caring is growing, considering that the marketing wave of health services has now changed from service excellence to the care with character era. These changes emphasize caring behavior as the main principle in determining the quality of nursing and health services in general. Caring Islami will color in providing nursing services in Islamic-based hospitals. According to Leininger, although caring has a universal meaning, its expression varies across cultures.¹ However, the implementation of Islamic caring in Islamic-affiliated hospitals and the factors that influence is not been widely studied.

Several previous studies have analyzed several factors that influence caring. For example, prior study examined the relationship between individual factors and organizational factors, using logistic regression, the study found that the factors related to caring were

organizational factors, namely the reward system.² In addition, another previous study examined factors related to caring behavior including individual factors, psychological factors and organizational factors using the chi Square test, the study found there was a significant relationship between individual factors, psychological factors and organizational factors with six dimensions of caring behavior.³ Other earlier study also examined the factors related to caring including rewards, length of work, and motivation, by using chi-square, the study found that there was a relationship between appreciation and length of work with caring behavior and there was no significant relationship between motivation and caring behavior of nurses.⁴ Other researchers examined the relationship between knowledge and attitudes with caring behavior using Chi Square, found there was a relationship between knowledge and attitudes with caring behavior.⁵ A study by Kartini,

examined the individual factors of nurses related to caring by using the CGI Square test, the study found that the individual factors associated with caring were emotional intelligence.⁶

Although there are many studies on caring and its related factors, there is not much research on Islamic caring and related factors. Islamic Caring is important to apply to Islamic-based health care institutions, where the majority of patients who come and are treated in hospitals are Muslim. For Muslim patients, it has its own procedures in the worship system and it must also be fulfilled by nurses, so that the patient's physical, psychological, social and spiritual needs are met. The application of Islamic Caring is likely to increase patient satisfaction, such as the findings of earlier study which in turn can lead to patient loyalty to the hospital.⁷

Although there are many studies on caring and its related factors, there is not much research on Islamic caring and

related factors. Islamic Caring is important to apply to Islamic-based health care institutions, where the majority of patients who come and are treated in hospitals are Muslim. Therefore, the purpose of this study is to identify Islamic caring in an Islamic hospital that is carried out in Surabaya, and to analyze the influencing factors including organizational factors, occupational factors and individual factors of nurses. The results of this study will be useful to provide input for hospital management to improve nurse performance

METHODS

Study Design

This research is an observational analytic study, with a cross sectional approach. Respondents in this study were nurses who served in the medical surgery room at two Islamic hospitals in Surabaya, namely the Islamic Hospital of Surabaya A. Yani and the Islamic Hospital of Jemursari Surabaya.

Data Collection

The number of respondents is 100 people, each hospital is 50 people. Respondents were taken by cluster random sampling.⁸ Inclusion criteria are nurses who have worked for more than 1 year and are willing to be respondents.

The data were taken from April to November 2020. The data collection method used a questionnaire in the form of a rating scale with a range of 1-4. The questionnaire on Islamic caring was designed by the researcher referring to Swanson's caring theory by making modifications, including Islamic values.^{9,10} Questionnaires in the form of statements are prepared based on the behavior of nurses in providing nursing care to patients. Answer options include, always, often, rarely, and never. Questionnaire for influencing factors in the form of approval of the statement with the answer choices strongly agree, agree, disagree, and strongly disagree. Questionnaires were distributed using google forms, which were distributed via WhatsApp to respondents. In the google form there is an explanation of the research and a willingness to participate as a respondent. Briefly, the data collection is as follows:

After selecting the respondents according to the inclusion criteria, the researcher sent a questionnaire via WhatsApp. For nurses who receive the google form and send it back to the researcher by answering/filling in the google form, it indicates that the respondent is willing.

Data from the google form that has been designed for answer choices by scoring from the answer choice items if the respondent answers always or strongly agrees a score of 4, often or agrees is given a score of 3, rarely or disagrees is given a score of 2 and never or strongly disagrees is given score 1. Each research variable will be calculated total score, then categorized into two categories or three categories. If made into two categories, the cut of point is based on the median. Meanwhile, for the three categories, the distribution is as follows: scores > 75% are given a high or good category, 56-75% are given a sufficient category and < 55 % are given a poor category.

Data Analysis

The data will be analyzed univariately using percentages, then will be tested bivariately using the Chi Square test, followed by multivariate testing using multiple logistic regression tests. Bivariate and multivariate tests using a significance level of < 0.05.

RESULTS

Characteristics of respondents are as follows: 78% of respondents aged 25-34 years, 75% of respondents are female, 53% education D3 nursing, 70% are married, 56% permanent employment status. This can be seen in **Table 1**.

Furthermore, successively insignificant variables were removed from the multivariate model sequentially starting from the largest p Wald first. Sequentially excluded from the model are as follows: 1) development, 2) knowledge, 3) rewards, 4) feedback, 5) organizational structure and culture, 6) job design, 7) work schedule,

Table 1. General Characteristics of Respondents

Variable	Frequency	Percentage (%)
Age (years)		
≤ 24	8	8
25-34	78	78
35-44	13	13
45-54	1	1
Total	100	100
Sex		
Male	25	25
Female	75	75
Total	100	100
Level Education		
D3 Nursing	53	53
Ners profession program	47	47
Total	100	100
Marital status		
Single	30	30
Married	70	70
Total	100	100
Employment status		
Contract	44	44
Permanent	56	56
Total	123	100

Table 2. The characteristic of Islamic Caring Behavior

Variable	Frequency	Percentage (%)
Islamic Caring Behavior		
Poor	49	49
Good	51	51
Total	123	100.0

Table 3. Cross-tabulation of individual characteristics on Islamic caring behavior

Variabel	Islamic caring behavior						p	OR
	Poor		Good		Total			
	F	%	f	%	F	%		
Level of Knowledge								
Not enough	0	0	4	100	4	100	0,126	-
Enough	42	51,9	39	48,1	81	100		
Good	7	48,7	8	51,3	15	100		
Total	49		51		100	100		
Motivation								
Low	20	58,8	14	41,2	34	100	0,320	1,823
High	29	43,9	37	56,1	66	100		
Total	49	49	51	51	100	100		
Attitude								
Negative	28	62,2	17	37,8	45	100	0,028	2,667
Positif	21	38,2	34	61,8	55	100		
Total	49	49	51	51	100	100		

Table 4. Cross tabulation of organizational characteristics on Islamic caring behavior

Variabel	Islamic caring behavior						p	OR
	Poor		Good		Total			
	F	%	f	%	F	%		
Vision & Mision								
Lack of understanding	31	67,4	15	32,6	46	100	0,001	4,133
Good understanding	18	33,3	36	66,7	54	100		
Total	49	49	51	51	100	100		
Reward System								
Not enough	6	100	0	0	6	100	0,001	-
Enough	36	54,5	30	45,5	66	100		
Well	7	25	21	75	28	100		
Total	49	49	51	51	40	100		
Selection								
Loose	44	58,7	31	41,3	75	100	0,002	5,677
Strict	5	20	20	80	25	100		
Total	49	49	51	51	100	100		
Organizational Structure & Culture								
Weak	30	66,7	15	33,5	45	100	0,003	3,789
Strong	19	34,5	36	65,5	55	100		
Total	49	49	51	51	100	100		
Training & Development								
Not enough	9	60	6	40	15	100	0,198	
Enough	39	49,4	40	50,6	79	100		
Well	1	16,7	5	83,3	6	100		-
Total	49	49	51	51	100	100		
Leadership								
Instructions	16	44,4	20	55,6	36	100	0,437	-
Consultation	9	39,1	14	60,9	23	100		
Participation	12	57,1	9	42,9	21	100		
Delegation	12	60	8	40	20	100		
Total	49	49	51	51	100	100		

8) correction, 9) attitude. The final result after being tested together there are three (3) variables that affect caring, namely objective performance, vision-mission, and selection. The results of the interaction test showed that the three variables interacted with each other in influencing Islamic caring behavior ($p = 0.000$). The results of the last multivariate model test can be seen in [Table 6](#).

DISCUSSION

[Table 2](#) shows that most (51%) nurses show good Islamic Caring behavior. This shows that nurses in providing nursing services have implemented behavior with compassion, concern, gentleness, based on devotion to the most merciful God. Nurses who have shown Islamic caring behavior well means that they have carried out their duties as programmed by the leadership of an Islamic hospital that in providing services, nurses and all officers must provide services in a friendly, polite, courteous, fast, safe for patients, trustworthy, and friendly manner. accompanied by the accompaniment of prayers in every action. The program launched in Islamic hospitals is in accordance with earlier study stated Islamic literature that caring includes 4 dimensions, namely caring for God, caring for oneself, caring for others and caring for the environment.¹¹ This study also supports previous research conducted at the Jemursari Islamic Hospital Surabaya that most (55%) had good caring behavior and from other hospitals, that the caring behavior of nurses is mostly (82.5%) in the good category.^{6,7}

Nurses in Islamic hospitals still need to improve their caring behavior, because based on research results there are still 49% of 100 respondents who have poor caring behavior. Based on the results of the questionnaire, caring behavior is still not carried out by nurses, namely, nurses have not explored the patient's perception of his illness. Exploring the patient's perception of his illness is important because the nurse knows the patient's perception of his illness can be used by the nurse to approach and determine a good alternative for the patient. As taught by Swanson, the first step in the approach taken by nurses when treating patients is that nurses need to know and understand

Table 5. Cross tabulation of job characteristics on Islamic caring behavior

Variabel	Islamic Caring Behavior						p	OR
	Poor		Good		Total			
	F	%	f	%	F	%		
Objective Performance								
Weak	18	94,7	1	5,3	19	100	0,000	29,032
Strong	31	38,3	50	61,7	81	100		
Total	49	49	51	51	100	100		
Work schedule								
Loose	23	76,7	7	33,3	30	100	0,001	5,560
Strict	26	37,1	44	62,9	70	100		
Total	49	49	51	51	100	100		
Job Design								
Low	33	58,9	23	41,1	56	100	0,041	2,511
High	16	36,4	28	63,6	44	100		
Total	49	49	51	51	100	100		
Correct								
Low	23	74,2	8	25,8	31	100	0,002	7,755
High	26	37,7	43	62,3	69	100		
Total	49	49	51	51	100	100		
Feedback								
Low	20	76,9	6	23,1	26	100	0,002	5,172
High	29	39,2	45	60,8	74	100		
Total	49	49	51	51	100	100		

Table 6. Multivariate test results The first model with 12 variables that can be entered in the model

Variable	B	P Wald	OR	95 & CI	
				Lower	Upper
Vision-Mision	0,914	0,123	2,495	0,781	7,975
Reward System	-38,848	0,998	0,000	0,000	
	- 0,549	0,444	0,578	0,141	2,359
Selection	1,623	0,045	5,069	1,035	24,817
Organizational structure	0,076	0,908	1,079	0,296	3,933
Development	-18,295	0,999	0,000	0,000	
	-18,627	0,999	0,000	0,000	
Objective performance	2,597	0,048	13,419	1,019	176,739
Work schedule	0,626	0,409	1,871	0,423	8,273
Job Design	-0,183	0,792	0,833	0,213	3,250
Correct	0,762	0,370	2,143	0,404	11,351
Feedback	-0,432	0,626	0,649	0,114	3,698
Knowledge	20,092	0,999	531878360.258	0,000	0,999
	-0,190	0,810	0,827	0,175	3,900
Attitude	0,465	0,432	1,591	0,500	5,065
Constant	8,708	0,999	6051.249	6051.249	

2 log likelihood: 84876 G= 53,713 p value= 0,000

Table 7. The last model of Multivariate test results with the Interaction model

Variabel	B	P Wald	OR	95% CI	
				Lower	Upper
Objective performance	3,519	0,002	33,747	3,743	304,255
Vision and mission	1,401	0,005	4,058	1,529	10,771
Selection	1,521	0,017	4,575	1,316	15,905
Constant	-10,572	0,000	0,000		

-2 log likelihood: 98,391 G= 40,198 p value= 0,000

the patient's physical, psychological, social, and spiritual conditions. Knowing is a link from nursing beliefs to the realities of life.¹²

In Islamic nursing, caring is based on promoting well-being and healing and concentrating on all domains of nursing care and the relationships between different human dimensions (bio-psycho-social-spiritual dimensions). It is expected that nurses can provide optimal care.¹¹ Caring actions in Islam are focused on helping the patient's belief in God (Loving, 2008 in Ismail et al., 2015), including respecting and respecting the beliefs of the patient, helping to purify, praying according to the patient's ability, dhikr such as reading Bismillah, Alhamdulillah, Astaghfirulloh and other readings that are believed to help relieve pain, reading the Qur'an, reading healing prayers, reading sholawat, service providers are nurses of the same gender.^{3,10} Islam explained that as humans, we have an obligation to do good to fellow human beings as well as directives in relationships in society, based on the word of Allah SWT in QS. Ali 'Imran Verse 159. Akhlaq of a nurse according to the Islamic view, a nurse is always used as a role model by every patient, therefore a nurse must have the attitude: Sincere, friendly and respectful. Guidance, compassion, patience and not easily angered, being calm, keeping secrets, pleasing appearance, always appearing clean and tidy, devotion to the profession and God.¹³ Watson stated that caring cannot be passed down from one generation to the next through genetics but through the culture of the profession. Professional culture can be achieved by fostering a caring spirit among nurses through a continuous process of socialization, management, cooperation, symbols, and rituals or habits.^{14,15}

Attitude will determine a person's direction to behave. Someone who has a good attitude will behave well and those who have a negative attitude will have an effect on bad behavior as well. It can also be seen from the odds ratio value, which obtained a value of 2.667 which means that nurses who have a negative attitude have 2.667 times the opportunity to behave less well than those who have a positive attitude. This is the same as research conducted that attitudes affect caring behavior.^{3,5}

The results of the research in **Table 3** show that the level of knowledge has no effect on Islamic caring behavior ($p = 0.126$). From the results of the study, it was found that nurses who had less knowledge, actually had good caring behavior, and there were 81 respondents who had sufficient knowledge, mostly (51.9%), Islamic caring behavior was not good. The results of the study are also different from the research earlier study and this is contrary to the theory put forward by Soekidjo that knowledge will affect attitudes and behavior.^{5,16}

Table 3 also shows that motivation has no effect on caring behavior. The results showed that there were 34 nurses who had low motivation, more than half (51.9%) had poor Islamic caring behavior, and almost half (48.1%) showed good Islamic caring. There were 66 nurses who had good motivation, more than half (51.3%) showed good Islamic caring behavior, but almost half (48.7%) showed poor Islamic caring behavior. This is the same as research Wahyudi that motivation is not related to caring behavior.⁴ However, it is different from research by Syahridha, that motivation affects caring behavior.³ Motivation is a process that explains the intensity, direction, and persistence of an individual to achieve his goals,¹⁷ but it turns out that not all nurses who have high motivation show good Islamic caring behavior, and it turns out that there are still good caring behaviors, even though their motivation is low. Motivation is closely related to a strong drive to do every job with good results. This is also in accordance with the opinion of McClelland in the previous study, which informs that motivation is closely related to the concept of learning.¹⁸ People are motivated by three basic needs: achievement, affiliation, and power. The need for achievement is the driving force that motivates nurses to behave and work with enthusiasm, because the need for achievement will encourage nurses to develop creativity and move all their abilities to achieve maximum performance, as well as in the application of caring behavior. Nurses who have high achievement motivation will work and behave in caring better than before to achieve better performance. Nurses with a high need for affiliation,

strive for friendship, prefer cooperative situations over competitive situations, and desire relationships that involve a high degree of mutual understanding and a friendly and intimate interpersonal relationship. Nurses who have high power motivation will try to influence others and change situations that have an impact on the organization.

Understanding of the vision and mission has an effect on Islamic caring behavior ($p = 0.001$). Of the 54 nurses who have a good understanding of the vision and mission, most (66.7%) have good Islamic caring behavior, and conversely, there are 46 nurses who have a poor understanding of the vision and mission, most (66.4) have caring behavior. less Islamic. Nurses who have less understanding of the vision and mission have 4 times the opportunity to behave in Islamic caring less than nurses who have a good understanding of the vision and mission. Vision is a statement about the organization's goals that are expressed in the products and services offered, the needs that can be addressed, the community groups served, the values obtained as well as the aspirations and aspirations of the future.¹⁷ Nursing staff as an extension of the hospital need to translate the vision and mission, and implement the organization's vision and mission in providing nursing services.

The reward system also has an effect on Islamic caring behavior ($p=0.001$). Nurses who stated that the reward system was good there were 28 respondents, most of them (75%) had good Islamic caring behavior. There were 66 nurses who stated that the reward system was sufficient, most (54.5%) of Islamic caring behavior was lacking, and there were 6 nurses who stated that the reward system was lacking, all (100%) of their Islamic caring behavior was also lacking. This finding is in accordance with prior research that reward is related to caring.^{2,19} However, it is different from the results of research which states that reward has no effect on caring behavior.²⁰

The reward system referred to in this study is not only salary and incentives but also in the form of compensation in other forms, including the opportunity to take responsibility and decision making, recognition of achievements

that have been achieved by employees, the opportunity to get promotions. Giving rewards in hospitals is important considering that most of the workforce in hospitals are professionals. Furthermore, there are three reasons why rewards are still an important factor in personnel management. First, salary can motivate employees to develop skills and abilities to improve their performance. Second, compensation is also a medium to convey the message that performance and ability are important and the third reward is openness and balance to employees based on employee performance, abilities, and contributions to the organization.^{2,21,22}

Table 4 also finds that selection has an effect on Islamic caring behavior ($p=0.002$). Selection has the meaning of how organizational leaders recruit and place nurses in the workplace, whether in accordance with the expected expertise or not. The results showed that there were 25 nurses who stated that the selection was tight, almost all (80%) they showed good Islamic caring behavior. And there were 75 nurses who stated that the selection was loose, indicating that most (58.7%) Islamic caring behavior was not good. Based on the odds ratio value, it can be explained that employees who stated that the selection system was loose had the opportunity to behave in Islamic caring less well 5.677 times compared to nurses who stated the selection was tight. To produce a workforce that is in accordance with the expectations of the hospital leadership (organization), the selection of personnel must be based on the principles of the right man, on the right place and on the right team.¹⁷

The fourth factor of organizational variables that influence caring behavior is organizational structure and culture ($p=0.003$). This is the same as the prior research that organizational structure is related to caring behavior.^{2,19} The organizational structure shows the way a group is formed, the lines of communication, and the relationship of authority, and decision making. This organizational structure shows the lines of authority and span of control of an organization that will determine the activities and relationships as well as the scope of responsibilities and roles of each individual. Organizational culture is a

unique system of symbols and interactions for an organization that reflects a way of thinking, behaving, and having beliefs that are shared by members of the organization.¹⁸

The training and development factors have no effect on Islamic caring behavior, although based on the results of the study there is a tendency for nurses who get better training and development to have good caring behavior tendencies. Nurses who stated that they received less training and development, most (60%) they had poor caring behavior. Nurses who stated that the training and development were sufficient, more than half (50.6%) had good behavior. Nurses who stated that they received good training and development, almost all (83.3%) had good caring behavior. Although training and development has no direct relationship with caring behavior, training and development will affect the quality of service.^{23,24}

The leadership variable has no effect on Islamic caring behavior ($p=0.437$) which same as prior research.¹⁹ The findings showed that nurses who stated that the head of the room showed a tendency of consulting and instructional styles had better caring behavior than nurses who stated that the head of the room showed a leadership style of participation and delegation. The biggest percentage who have good caring behavior are nurses who have a head of the room with a tendency to consultative style, meaning that the relationship between the two parties is high in task and high in relationship, which means that communication occurs in two directions, decision making is in the hands of the leader but members are still given the opportunity to provide input and suggestions. They also still have room to submit complaints.⁸ Implementing nurses who have poor caring behavior with the highest percentage are nurses who state that the head of the room has a tendency of delegation leadership style (60%). Delegation leadership is a low task and low relationship leadership style. This is possible because of the lack of direction from the leader, considering that most of the implementing nurses are aged between 25-34 years, who fall into the category of young adults, who still need direction,

motivation, instructions in working so that they become mature in making decisions and responsibilities. A head of the room who is the first line manager functions as a leader who will influence his staff to behave at work. Every head of the room must have knowledge, attitude, and behave as a leader by knowing the principles of leadership. The results of the study above are different from the prior results which states that leadership is related to caring behavior³ and a leader must be able to show an attitude of justice, have a vision, have a consistent assessment and accept any criticism openly by exploring the feelings of the staff in order to be able to express feelings of negative reactions.²⁵ Organizational variables according to Gibson have an indirect effect on individual behavior and performance.²⁶

Objective performance has an effect on Islamic caring behavior ($p = 0.000$), it can be seen from the results of the study that of the 19 respondents whose objective performance was weak, almost all (94.7%) had poor Islamic caring behavior. And of the 81 respondents whose objective performance was strong, most (61.7%) had good Islamic caring behavior. Based on the OR value, it can be explained that respondents who have weak objective performance have 29 times the opportunity to have less Islamic caring behavior than respondents who have strong objective performance. Performance objectives are very important in determining and unifying the direction between organizational performance, part performance and individual nurse performance. Objective performance will improve organizational capability and encourage employees (nurses) to work in accordance with procedures, with enthusiasm, and productivity so that work results are optimal.¹⁷ This objective performance is also related to task significance, where task significance based on the findings made by Othman and Nasurdin is related to work engagement.²⁷ If employees already have a high work engagement in the organization, then they will produce high productivity.

Work schedule also affects Islamic caring behavior. Most of the nurses stated that their work schedule was tight. In fact, those who stated that their work schedule

was tight, had good caring behavior, and on the other hand, those who stated that their workload was loose were almost entirely poor caring behavior. Respondents who have a loose work schedule have 5.56 times the opportunity to behave less well than those who have a tight work schedule. A strict work schedule means that nurses work according to a schedule that has been prepared/programmed by the head of the room, there is very little change in the work schedule made by the implementing nurse, outside the schedule that has been programmed. This shows the obedience of the implementing nurse to the work plan that has been programmed by the head of the room. Obedience to leadership in Islam is also caring for others, apart from patients.¹¹ Setting a good work schedule and run by members on a regular basis will get results in accordance with the expected goals.²⁸

Job design also influences Islamic caring behavior. Nurses who stated that the job design was low, most (58%) had poor Islamic caring behavior. And respondents who stated that their job design was high, most (63.6) had good Islamic caring behavior. This is in accordance with research that the design of workers in Islamic hospitals, at the beginning of the activity, begins with praying first. and in standard operating procedures before performing nursing actions it always begins with reading basmalah, as a form of prayer that is said to God to ask for guidance and protection in taking action.²⁵ Nurses who carry out the rules and guidelines that have been set in their daily activities by complying with procedures will show good Islamic caring. The results showed that the OR value was 2.511, which means that respondents who have a low job design have 2.511 times the chance of having less good caring behavior than respondents who have a high job design. This finding also supports the earlier findings which states that many nurses lack caring behavior, due to the lack of autonomy, lack of authority, lack of guidance to nurses, and seniority factors become obstacles for nurses in caring behavior.²⁵

There is a correction effect on Islamic caring behavior ($p=0.0002$) that the correction is related to caring behavior.

Respondents who received less correction had 7,755 times the opportunity to behave less well than those who received high correction. Of the 31 nurses who stated that the correction was lacking, most (74.2%) had poor caring behavior, and of the 69 nurses who stated that they had high correction, most (62.3%) had good caring behavior. This is in accordance with research, that correction has a relationship with nurse caring.³ Thus it will be very important for the supervision process to provide assessment and guidance to nursing staff in order to obtain better work results, with supervision if the head of the room will have a description of the performance of the implementing nurse including caring behavior given to patients and fellow health workers, and can be followed up for improvement.²⁹

Feedback also affects Islamic caring behavior ($p=0.0002$). Nurses who get good feedback will display good Islamic caring behavior too, nurses who get feedback are less likely to have 5, 172 times caring behavior less than respondents who get adequate feedback. This feedback relates to the results of corrections through supervision. The results of the correction through supervision will then be submitted to the supervised nurse to provide feedback on the results of the assessment. If it is good then it should be improved, and if there is still something that needs to be improved, it is also conveyed what needs to be improved, and given the correct information so that the implementing nurse can then display even better performance through guidance, coaching, and training etc.^{3,29} These results also support the findings by Othman and Nasurdin, that feedback is related to work engagement. Nurses who have good work engagements will comply with programs that have been launched by the organization, among others, by showing good caring as well.²⁷

From the results of the multiple logistic regression test using the Enter model, it was found that of the 12 factors that were predicted to have an effect on Islamic caring, there were 3 that were dominantly influencing, namely successively according to the strength of their influence, namely: 1). Objective performance, 2) vision and mission, 3) selection. These three variables

interact with each other to influence Islamic caring. Two of the three variables are from organizational characteristics sub-variables and one is from job characteristics, and none of the elements of the individual nurse variable. The results of the study indicate that of the 3 dominant factors, the most influential is objective performance ($p=0.002$) with $OR=33,747$ meaning that objective performance will affect 33,747 times on Islamic caring after being controlled by an understanding of the vision and mission. and selection, with a 95% confidence level we believe that objective performance affects Islamic caring behavior between 3,743 to 304,255. If the nurse is able to unify the goals of the organization, the purpose of the room and her goals, she will display behavior that is in accordance with expectations, namely Islamic caring behavior. Surabaya Islamic Hospital instills in its employees that work is worship to achieve the pleasure of Allah, and this has also become a culture for employees to become self-image.

Nurses who enter the hospital go through a rigorous selection, meaning that through a selective selection with qualifications according to the needs of the organization and supported by the nurse having clear work goals and in line with organizational goals and supported by an understanding of the hospital's vision and mission that will guide the nurse's direction to work. working in accordance with the ideals of the organization (hospital) will result in better Islamic caring behavior. The selection of personnel based on the principles of the right man, on the right place and on the right team will be obtained according to the expectations of the organization. Vision is a statement of organizational goals, future ideals of an organization that must be understood and expressed in the form of service and caring behavior. Objective performance will provide direction and guidance for nurses to determine their own goals to achieve group goals and organizational goals.¹⁷ If these three variables are owned by nurses optimally, it will produce good caring behavior, which in turn will affect the quality of health services. Mosadeghrad presented that the quality of health services can be improved with supportive visionary leadership, proper

planning, education and training, that the availability of resources, effective management of resources, employees and processes, as well as collaboration and cooperation in between providers.²³

CONCLUSION

The study which aims to analyze the factors that influence Islamic caring behavior proves that the factors that influence Islamic caring are Objective Performance, understanding of the vision and mission, and selection. There is an interaction of these three factors, to influence Islamic caring. The most dominant factor influencing Islamic caring behavior is objective performance. This finding is useful for human resource managers in managing employees, starting from the selection process. The results of this study recommend the importance of human resource management starting from planning, namely accuracy in employee selection, instilling the vision-mission and goals of the organization in each starting with indoctrination since the appointment of new employees. Future studies with better study design are required to obtain further explanation and minimize the study limitations about the topics.

DISCLOSURE

Author Contribution

All authors have contributed to this research process, including conception and design, analysis and interpretation of the data, drafting of the article, critical revision of the article for important intellectual content, final approval of the article, collection and assembly of data.

Funding

The authors are responsible for all of the study funding without a grant or any external funding source.

Conflict of Interest

There is no conflict of interest for this manuscript.

Ethical Consideration

This research was approved by the Research Ethics Committee of Rumah Sakit Islam Jemursari Surabaya. Letter of exemption ref: Certificate No.0174//

KEPK-RSI JS/IV/2020) and was certified ethically eligible.

ACKNOWLEDMENT

We would like to thank the nurses of the Surabaya Islamic Hospital for being willing to be respondents in this study. Thanks also to the University of Nahdlatul Ulama for providing funds for research activities.

REFERENCES

- Dobrowolska B, Palese A. The caring concept, its behaviours and obstacles: perceptions from a qualitative study of undergraduate nursing students. *Nurs Inq*. 2016;23(4):305–14. Available from: <https://doi.org/10.1111/nin.12143>
- Prihandhani IGAAS, Nopiyan NMS, Duarsa DP, Prihandhani IGAAS, Nopiyan NMS, Duarsa DP. Hubungan Faktor Individu dan Budaya Organisasi dengan Perilaku Caring Perawat Pelaksana di Ruang Rawat Inap Rumah Sakit Umum Ganesha Gianyar. *Public Heal Prev Med Arch*. 2015;3(1):54–9. Available from: <https://doi.org/10.15562/phpma.v3i1.86>
- Syahridha, Sjattar EL, Hadju V. Factors Related of Nursing Caring Behavior in Dealing Patients of Tuberculosis in Jeneponto. *Int J Basic Appl Sci*. 2015;24:20–32.
- Wahyudi, Sutria E, Ashar MU, Syisnawati. Faktor-Faktor Yang Berhubungan Dengan Perilaku Caring Perawat Di Ruang Perawatan Interna. *J Islam Nurs*. 2017;2(2):82–92. Available from: <https://doi.org/10.24252/join.v2i2.3977>
- Rahayu S, Sulistiawati. Hubungan Pengetahuan dan Sikap dengan Perilaku Caring Perawat di Rumah Sakit. *Faletehan Heal J*. 2018;5(2):77–83. Available from: <https://doi.org/10.33746/fhj.v5i2.12>
- Kartini Y, Alfa A, Putri L. Factors Affecting the Nurse ' s Caring Behaviors in Surabaya Jemursari Islamic Hospital. *Indian J Public Heal Res Dev*. 2019;10(8):2631–6.
- Ilkafah and Harniah. Perilaku Caring Perawat dengan Kepuasan Pasien di Ruang Rawat Inap Private Care Centre RSUP Dr Wahidin Sudirohusodo Makassar. *J Keperawatan*. 2017;8(2):138–46. Available from: <https://doi.org/10.22219/jk.v8i2.Juli.4034>
- Nursalam. *Motodologi Penelitian Ilmu Keperawatan*. edisi 4. Jakarta: Salemba Medika; 2015.
- Swanson KM. Nursing as Informed Caring for the Well-Being of Others. *Image J Nurs Scholarsh*. 1993;25(4):352–7. Available from: <https://doi.org/10.1111/j.1547-5069.1993.tb00271.x>
- Ismail S, Hatthakit U, Chinawong T. Caring Science within Islamic Contexts : A Literature Review. *Nurse Media J Nurs*. 2015;5(1):34–47.
- Ismail S, Hatthakit U, Chinnawong T. Islamic Based Caring in Nursing Science : A Literature Review. *3rd AASIC Sustain Dev Asian Community*. 2018;100–6.
- Jansson C, Adolfssson A. Application of “ Swanson ’ s Middle Range Caring Theory ” in Sweden after Miscarriage. *Int J Clin Med*. 2011;2(2):102–9. Available from: <https://doi.org/10.4236/ijcm.2011.22021>
- Bayhakkhi, Hatthakit U, Thaniwatthananon P. Self-caring in Islamic culture of Muslim persons with ESRD and hemodialysis: An ethnographic study. *Enferm Clin*. 2019;29(1):38–41. Available from: <https://doi.org/10.1016/j.enfcli.2018.11.015>
- Perry PAP, Anne G. *Fundamental Keperawatan*. 7th ed. Jakarta: Salemba Medika; 2010.
- Alligood M., Tomey A. *Nursing Theorist and Their Work*. 6th ed. S.T Louis: Mosby: Elsevier, Inc; 2010.
- Notoatmodjo Soekidjo. *Promosi Kesehatan Dan Perilaku Kesehatan*. Jakarta: Rineka Cipta; 2012.
- Nursalam. *Manajemen Keperawatan Aplikasi dan Praktik keperawatan Profesional*. 5th ed. Jakarta: Salemba Medika; 2015.
- Marquis BL, Huston CJ. *Kepemimpinan dan Manajemen Keperawatan Teori & Aplikasi*. 4th ed. Yudha EK, Tampubolon AO, editors. Jakarta: EGC; 2013.
- Ariyanti, S., Hadi, M., Arofiati F. Hubungan Karakteristik Perawat dan Karakteristik Organisasi dengan Perilaku Caring Perawat Pelaksana di Ruang Rawat Inap Rumah Sakit Kartika Husada Pontianak. *J Keperawatan Soedirman*. 2017;12(3):163–72.
- Sumarni T, Naili YT. Hubungan Reward Dengan Perilaku Caring. *Viva Med J Kesehatan, Kebidanan Dan Keperawatan*. 2017;10(1):64–71. Available from: <https://doi.org/10.35960/vm.v10i1.142>
- Simamora R. *Manajemen sumber daya manusia*. Yogyakarta: STIE YKPN; 2010.
- Nursalam N, Saputri BY, Kartini Y, Sukartini T. Analysis of factors on reward system in the hospital. *Indian J Public Heal Res Dev*. 2019;10(1):490–4.
- Mosadeghrad AM. Original Article Factors influencing healthcare service quality. *Int J Helath Policy Manag*. 2014;3(2):77–89. Available from: <https://dx.doi.org/10.15171/ijhpm.2014.65>
- Jarrar M, Rahman HA, Shamsudin AS. Nurse Level of Education, Quality of Care and Patient Safety in the Medical and Surgical Wards in Malaysian Private Hospitals: A Cross-sectional Study. *Glob J Health Sci*. 2015;7(6):321–7. Available from: <https://doi.org/10.5539/gjhs.v7n6p331>
- Supriatin E. Perilaku Caring Perawat Berdasarkan Faktor Individu dan Organisasi. *J Keperawatan Indones*. 2015;18(3):192–8. Available from: <http://dx.doi.org/10.7454/jki.v18i3.425>
- Gibson J, Evancevich JM, Donnelly, J R. *Perilaku Organisasi, Struktur, Proses*. Jakarta: Bina Rupa Aksara; 2003.
- Othman N, Nasurdin AM. Job characteristics and staying engaged in work of nurses: Empirical evidence from Malaysia. *Int J Nurs Sci*. 2019;6(4):432–8. Available from: <https://doi.org/10.1016/j.ijnss.2019.09.010>
- Nursalam. *Manajemen Keperawatan Aplikasi dalam Praktik Keperawatan Profesional*. 4th ed. Jakarta: Salemba Medika; 2014.
- Arwani, Supriyatno H. *Manajemen Bangsa Keperawatan*. Jakarta: EGC; 2006.



This work is licensed under a Creative Commons Attribution