




## Caring Behavior of Nurses in Providing Nursing Care Patients During The Covid-19 Pandemic

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### ABSTRACT

During the Covid-19 pandemic, a lot of nursing care was missed due to the increasing demands for patient care, the high risk of infection, physical and mental fatigue, things that make health workers experience this, one of which is because the high workload causes fatigue in implementing nurses and the cessation of caring behavior. This study aims to identify the caring behavior of implementing nurses in providing nursing care to patients in the Inpatient Room at the Universitas of North Sumatra Hospital during the Covid 19 Pandemic Period. The design used descriptive with a quantitative approach. Sampling used a non-probability sampling technique with a purposive sampling. Samples that met the inclusion criteria were 40 nurses and 40 patients. Data was collected using a questionnaire caring behaviors inventory (CBI). Of all the statement items, the highest score was on the assurance of human presence subscale, providing timely care and treatment of patients with an average score of 5.33 with a median value of 5.00. Meanwhile, according to the patient's perception of the caring behavior of the implementing nurse, the highest score is on the assurance of human presence subscale, talking to patients with an average value of 5.20 with a median value of 5.00. It can be concluded that the perception of the implementing nurse as the provider of nursing care and the patient as the recipient of nursing care have different perceptions about caring behavior. This research is expected to be input for nursing services to improve caring behavior.

**Keyword:** Caring Behavior. Implementing Nurse, Patient, Covid-19

## 1. Introduction

Coronavirus disease 2019 Covid-19 is an infectious disease caused by a newly identified coronavirus called SARS-CoV-2 (Id et al., 2021). Coronavirus disease 2019 Covid-19 is spreading rapidly worldwide, with 169,006 deaths; 82,798 confirmed cases and 4,632 deaths have been reported in mainland China. The rapidly expanding epidemic has put the entire Chinese healthcare system under strain, especially in Wuhan, Hubei Province (Liu et al., 2020). In Indonesia, the first confirmed case of Kovida-19 occurred on Monday, 02 March 2020, which was officially announced by President Joko Widodo (Indonesian Ministry of Health, 2021). On Wednesday, 05 January 2022, the positive Covid-19 patients in Indonesia reached 4,264,136. In North Sumatra on Thursday, 06 January 2022, Covid-19 positive patients reach 106,128 (Kemenkes RI, 2022). The initial peak in Covid-19 incidence occurred rapidly and exceeded preparedness measures, including the nurses' response (Schroeder et al., 2020). Despite having a professional obligation to care for patients during the pandemic, many nurses are concerned about their jobs and the impact on nurses' caring behavior when providing nursing care (Fernandez et al., 2020). During the Covid-19 pandemic, a lot of nursing care was missed due to the increased demands of patient care, high risk of infection, physical and mental fatigue (Chaboyer et al., 2021). According to (Demur et al., 2019) One of the things that makes health workers experience this is because the high workload causes fatigue in nurses and the cessation of caring behavior. Nurses as health workers who most often interact directly with patients, nurses must be able to serve patients

wholeheartedly and treat patients as individuals who need attention, intellectual, technical and interpersonal skills that play a role in caring behavior. Nurses spend more time in patients' inpatient rooms than any other group of healthcare providers and therefore have a significant impact on patients' perceptions of their hospital experience of the services provided by nursing staff (Upton, 2018). Research (Id et al., 2021) found that nurses experienced physical and psychological stress when caring for patients during the pandemic which had an impact on nurses' caring behavior when providing nursing care. In a qualitative study by (Crowe et al., 2021) nurses stated that they were unable to provide patient- and family-centered nursing care due to changes in patient care management methods during the Covid-19 pandemic. Research objectives. General Objective, identify the caring behavior of implementing nurses in providing nursing care to patients in the Hospitalization Room at the Universitas of North Sumatra Hospital during the Covid-19 Pandemic. Special Objectives a. Identify the characteristics of implementing nurses and patients in the Hospitalization Room at the Universitas Sumatera Utara Hospital b. Identify the Characteristics of Length of Work. Age of implementing nurses and Characteristics of Length of Hospitalization, Age of Patients in the Inpatient Room at the Universitas Sumatera Utara Hospital c. Identifying the caring behavior of implementing nurses based on the caring subscale (CBI-24) and patient perceptions of the implementing nurses' caring behavior d. Identifying the caring behavior of implementing nurses based on the indicators of caring behavior. Identifying the caring behavior of implementing nurses based on the indicators of caring behavior (CBI-24) and patients' perceptions of the caring behavior of implementing nurses.

## 2. Method

The design used in this study is descriptive with a quantitative approach. The population of this study was all nurses working in the ward of Universitas Sumatera Utara Hospital and all patients treated in the ward of Universitas Sumatera Utara Hospital during the Covid-19 pandemic. The research sample consisted of 40 nurses and 40 patients, calculated using Slovin's formula. The research sample consisted of 40 nurses and 40 patients, calculated using Slovin's formula. The sample in this study used a non-probability sampling technique with a purposive sampling model. The study was conducted at the inpatient ward of Universitas Sumatera Utara 3. Results and discussion. It begins with a description of the results of the study. This is followed by an explanation of the analysis of the data obtained. The analysis of the data is based on the research problem presented in the introduction. The descriptions in this section can explain whether the hypothesis presented in the introduction can be tested or not. The study was conducted at Sumatera Utara Hospital between September 2021 and July 2022, and data collection took place between April 27 and May 26, 2022. The research tool used was the Caring Behaviors Inventory (CBI-24) questionnaire developed by (Wolf, 1988), which contains 24 statements. The results of the validity test performed on the Caring Behaviors Inventory questionnaire (CBI-24) achieved a CVI value = 1. The results of the instrument validity test indicated that the instrument used in this study was valid. The reliability test was performed on 30 patients from Universitas Hospital Sumatera Utara. The results of the reliability test of the Caring Behaviors Inventory (CBI-24) questionnaire achieved a reliability value of 0.963, which means that the research instrument is reliable and can be used as a research instrument. Data analysis using univariate analysis.

## 3. Result and Discussion

Table 1 shows that most of the implementing nurse in the Hospitalization Room at the Universitas Sumatera Utara Hospital are female, namely 30 implementing nurses (75.0%). A total of 34 implementing nurses (85.0%) are Muslim. Implementing nurse who come from the Batak tribe show the highest percentage, namely 22 nurses (55.0%). The majority of the last education level of nurse graduated from S-1 as many as 32 implementing nurse (80.0%). Table 5.1 shows that the majority of patients in the Hospitalization Room at the Universitas Sumatera Utara Hospital female, namely 21 patient (52.5%). The majority of patients are Muslim, namely 26 patient (65.0%). The majority of patients of Javanese were 18 patients (45.0%). The last level of education of patients was high school graduates as many as 26 patients (65.5%).

Table 1. Distribution of Frequency and Percentage of Characteristics of implementing nurse and Patients in the Hospitalization Room at the Universitas Sumatera Utara Hospital (n=80)

Characteristics	Implementing Nurse		Patient	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
<b>Sex</b>				
Male	10	25.0	19	47.5
Famale	30	75.0	21	52.5

Characteristics	Implementing Nurse		Patient	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
<b>Religion</b>				
Islamic	34	85.0	26	65.0
Cristian	6	15.0	14	35.0
<b>Ethnic Group</b>				
Malay	1	2.5		
Javanese	11	27.5	18	45.0
Batak	22	55.0	12	30.0
Minang	1	2.5	4	10.0
Aceh	2	5.0	5	12.5
Karo	1	2.5	1	2.5
mandailing	2	5.0	0	0
<b>Level of Education</b>				
Elementary School	0	0	3	7.5
Junior High School	0	0	2	5.0
Senior High School	0	0	26	65.5
Diploma	7	17.5	1	2.5
Bachelor Degree	32	80.0	8	20.0
Master Degree	1	2.5	0	0
<b>Totally</b>	40	100	40	100

Based on the length of work in table 2, the average length of work of implementing nurse is 5 years, with a minimum value of 3 years and a maximum of 7 years, and a median value of 9.50 with a standard deviation of 1.494. The average length of work of implementing nurse is between (95% CI = 5.17-6.13) years. The average age of implementing nurse was 33 years with a standard deviation of 5,390. The youngest age is 25 years and the oldest is 48 years and the median value is 32.00 with the results (95% CI = 31.50-34.49) it can be concluded that the average age of implementing nurse is between 31 to 34 years.

Based on the length of stay in table 5.2 the average length of stay of patients is 5 days, with a minimum value of 3 days and a maximum of 14 days, the median result is 5.00 with a standard deviation of 2.143 and the result (95% CI = 4.46-5.84) the average length of stay of patients is between 4 to 5 days. From the data, it is known that the average age of patients is in the range of 38 years, with a standard deviation of 16.597. The youngest age is 17 years old and the oldest age is 73 years old, the median result is 33.00 with the result (95% CI = 33.59-44.21) it can be concluded that the average age of patients is between 33 to 44 years old.

Table 2. Characteristics of Length of Service, Age of Implementing Nurse and Characteristics of Length of Hospitalization, Age of Patients in the Hospitalization Room at the Universitas Sumatera Utara Hospital (n=80)

Characteristics	n	Minimum-Maximum	Mean	Median	SD	95% Confidence Interval of the difference Lower-Upper
<b>Implementing Nurse</b>						
length of working (Year)	40	3-7	5.65	9.50	1.494	5.17-6.13
Age	40	25-48	33.23	32.00	5.390	31.50-34.95
<b>Patient</b>						
long time treated (Day)	40	3-14	5.15	5.00	2.143	4.46-5.84
Age	40	17-73	38.90	33.00	16.597	33.59-44.21

Table 3 shows that the highest average value is in the knowledge and skills indicator with an average value of 5.33, the minimum value obtained in this indicator is 3 the maximum value is 6, and the middle is 5.00. Followed by an indicator of assurance of human presence (recognizing human presence) with an average value of 5.24, the minimum value is 4 and the maximum value is 6 with a median value of 5.00, on the indicator of respectful deference (responding with respect) the average value is 5.12 with a minimum value of 3 and a maximum of 6 with a middle value of 5.00. The lowest average value is in the positive connectedness indicator (creating positive relationships) with an average of 5.11 with a minimum value on this indicator of 3 and a maximum of 6 with a median value of 5.00. Table 5.3 assessing the caring behavior of implementing nurses according to patient perceptions based on caring behavior indicators shows the highest average value is in the assurance of human presence indicator with an average value of 5.09, the minimum value obtained in this indicator is 3 and the maximum value is 6 and the middle value result is 5.00. Followed by indicators of respectful deference (responding with respect) and positive connectedness (creating positive relationships) have the same average value and middle value, namely an average value of 5.02 with a middle value of 5.00 with a minimum and maximum number having the same value, namely a minimum of 3 and a maximum of 6. In the Knowledge and skills indicator, the lowest average value is 5.01 with a median value of 5.00 and the minimum value on this indicator is 3 and a maximum of 6.

Table 3. Average Distribution of Caring Behavior of Implementing Nurse Based on Caring Subscales (CBI-24) and Patient Perceptions of Caring Behavior of Implementing Nurse (n=80)

No	Caring Behavior Sub Scale	Implementing Nurse				Patient			
		Mean	Median	Min-Max	SD	Mean	Median	Min-Max	SD
1.	<i>Respectful deference</i>	5.12	5.00	3-6	0.764	5.02	5.00	3-6	0.795
2.	<i>Assurance of human presence</i>	5.24	5.00	4-6	0.734	5.09	5.00	3-6	0.727
3.	<i>Knowledge and skill</i>	5.32	5.00	3-6	0.743	5.01	5.00	3-6	0.750
4.	<i>Positive connectedness</i>	5.11	5.00	3-6	0.788	5.02	5.00	3-6	0.808

Based on Table 4 on the respectful deference subscale (responding with respect) according to the perception of nurse executors, the highest statement item assessed is item number 13 with an average value of 5.18 SD 0.781, a median value of 5.00, a minimum value of 4 and a maximum of 6, as well as item number 19 with an average value of 5.18 SD 0.747, a median value of 5.00, a minimum value of 3 and a maximum of 6. On the assurance of human presence subscale (recognizing human presence) the highest statement item assessed is item number 23 with an average value of 5.33 SD 0.694, a median value of 5.00, a minimum value of 4 and a maximum of 6. In the knowlede and skilill subscale (knowledge and skills) the highest rated statement item is item number 11 with a mean value of 5.25 SD 0.776, a median value of 5.00, a minimum value of 4 and a maximum of 6. In the positive connectedness subscale (creating positive relationships) the highest rated statement item is item number 2 with a mean value of 5.23 SD 0.832, a median value of 5.00, a minimum value of 3 and a maximum of 6.

Based on Table 4, according to patient perceptions, the caring behavior of implementing nurses on the respectful deference subscale (responding with respect) the highest rated statement item is item number 3 with an average value of 5.05 SD 0.815, a median value of 5.00, a minimum value of 4 and a maximum of 6, as well as item number 6 with an average value of 5.05 SD 0.904, a median value of 5.00, a minimum value of 3 and a maximum of 6. In the assurance of human presence subscale (recognizing human presence) the highest rated statement item is item 17, with an average value of 5.20 SD 0.687 median value of 5.00 minimum value of 4, and a maximum value of 6. On the knowledge and skill subscale (knowledge and skills) the highest rated statement item is item number 10 with a mean value of 5.10 SD 0.672, median value of 5.00, minimum value of 4 maximum value of 6. On the positive connectedness subscale (creating positive relationships), the highest rated statement item is item number 2 with a mean value of 5.13 SD 0.757, a median value of 5.00, a minimum value of 4, and a maximum value of 6.

Table 4. Average Distribution of Caring Behavior of Implementing Nurse Based on Caring Behavior Indicators (CBI-24) and Patient Perceptions of Caring Behavior of Implementing Nurse (n=80)

<i>Caring Behavior Inventory (CBI)</i>		<b>Implementing Nurse</b>			<b>Patient</b>		
		Mean± SD	Median	Min- Max	Mean± SD	Median	Min- Max
<i>Respectful deference</i>	1) The nurse listens attentively to the patient's complaints	5.05±0.8 15	5.00	3-6	5.08±0.7 64	5.00	4-6
	3) Treat the patient as an individual who needs to be treated	5.15±0.7 36	5.00	4-6	5.05±0.8 15	5.00	4-6
	5) Provide positive support to the patient for his/her recovery process	5.15±0.7 70	5.00	4-6	5.03±0.8 00	5.00	4-6
	6) Empathize with the patient's problems	5.03±0.7 68	5.00	4-6	5.05±0.9 04	5.00	3-6
	13) Allowing the patient to express feelings about the disease and treatment	5.18±0.7 81	5.00	3-6	4.97±0.7 68	5.00	4-6
	19) Meet the basic needs of patients both verbally and non-verbally expressed	5.18±0.7 47	5.00	4-6	4.95±0.7 49	5.00	3-6
	<i>Assurance of human presence</i>	16) Monitor the patient's condition in a voluntary manner	5.25±0.7 76	5.00	4-6	5.03±0.7 68	5.00
17) Talking with the patient.		5.18±7.8 1	5.00	4-6	5.20±0.6 87	5.00	4-6
18) Encouraging the patient to call the nurse if there is a problem		5.15±0.8 02	5.00	4-6	5.10±0.7 44	5.00	4-6
20) Responds quickly to patient calls		5.28±0.7 51	5.00	4-6	4.93±0.8 29	5.00	3-6
21) Helps reduce the patient's pain		5.10±0.6 72	5.00	4-6	5.10±0.6 23	5.00	4-6
22) Showing concern for the patient		5.33±0.6 94	5.00	4-6	5.13 ±0.686	5.00	4-6
23) Providing timely patient care and treatment		5.38±0.7 05	5.50	4-6	5.18±0.7 47	5.00	4-6
<i>Knowlede and skllil</i>	24) Relieves or reduces the patient's health problems	5.55±0.6 77	6.00	4-6	4.85±0.8 02	5.00	4-6
	9) Know how to give injections, IVs, etc.	5.18±0.7 81	5.00	3-6	5.10 ±0.672	5.00	4-6
	10) Calling the patient by the desired name	5.25±0.7 76	5.00	4-6	5.00±0.6 79	5.00	4-6
	11) Showing oneself as an expert and professional nurse in terms of knowledge and skills	5.25±0.7 42	5.00	4-6	5.03±0.7 33	5.00	4-6
<i>Positive connected ness</i>	12) Using the necessary tools appropriately when performing actions	5.43±0.7 12	6.00	4-6	5.08±0.8 58	5.00	3-6
	15) Maintaining the confidentiality of patient information properly	5.23±0.8 32	5.00	3-6	5.13±0.7 57	5.00	4-6

<i>Caring Behavior Inventory (CBI)</i>	<b>Implementing Nurse</b>			<b>Patient</b>		
	Mean± SD	Median	Min- Max	Mean± SD	Median	Min- Max
2) Nurses give instructions or guide patients in performing actions	5.00±0.7 51	5.00	4-6	4.90±0.9 00	5.00	3-6
4) Spending time with the patient	5.15 ±7.36	5.00	4-6	5.00±0.9 06	5.00	3-6
7) Helping patients to improve health by evaluating every action that has been given	5.18±0.7 81	5.00	4-6	4.90±0.8 10	5.00	4-6
8) Patient or tireless in serving patients	5.00±0.8 47	5.00	3-6	5.03±0.7 68	5.00	3-6

Characteristics of the nursing staff in the hospital ward of Universitas Sumatera Utara Hospital. The nurses who participated in this study were mostly female, amounting to 30 (75.0%), while there were 10 (25.0%) male respondents. This imbalance occurred because women dominate the majority of nurses, so the chance of obtaining female responses is greater than male responses. These results are consistent with research (Id et al., 2021) conducted during the COVID-19 pandemic with nurse respondents, the majority of whom were female (92.9%). Consistent with the research (Ghafouri et al., 2021), the majority of nurses interviewed were female (50.1%). Here it can be seen that the majority of nurses in Indonesia are dominated by women, in line with the study (Inocian et al., 2021a), in which the majority of respondents were female nurses (84.8%). The religious category of practicing nurses is predominantly Muslim, with 34 respondents (85.0%). Consistent with research (Inocian et al., 2021b), the majority of practicing nurses surveyed were Christian (80.4%). The highest percentage of practicing nurses belongs to the Batak ethnic group, with 22 respondents (55.0%). The final education level of the practicing nurses who participated in this study was mostly S-1, with a total of 32 respondents (80.0%), while the rest had a diploma. In line with the research (Anggoro et al., 2018), most of the respondents held a diploma (51.5%). In line with research (Aty et al., 2020), the majority of respondents among nurse performers are high school graduates (72.7%).

The duration of work of the nurse responsible for the implementation of the study in the inpatient room of Universitas Sumatera Hospital Utara has a mean value of 5 years (SD = 1.494). The nurse responsible for the implementation of this study has a mean age of 33 years with a value (SD = 5.390). According to the research (Anggoro et al., 2018), the average working duration of nurses is 4 years. Contrary to the research (Aty et al., 2020), the majority of nurses have a working duration >10 years 57.8%) The results of the statistical analysis with Pearson's Chi-Square test show that the outcomes that influence the care giving behavior are seniority (p-value = 0.028) and professional status (p-value = 0.000). The mean age of the nurses implementing this study was 33 years, the minimum age was 25 years and the maximum age was 48 years. According to the research (Aty et al., 2020), the majority are between 26 and 35 years old, with the majority being between 26 and 35 years old (63.4%). In contrast to the research (Karaca & Akin, 2022) that used the CBI-24 questionnaire, which involved nurses with an average age of 25 years, high caring behaviors were found in the age group of 31-40 years, and the lowest in the age over 40 years.

In this study, the majority of patients were female, amounting to 21 respondents (52.5%). In line with research (Abdullah et al., 2017), the majority of respondents were male, 57 (62%). In line with research (Dawood et al., 2020), the dominant gender was male (53.9%). In the religion category, the majority of patients were Muslim, with 26 respondents (65.5%). Patients of Javanese ethnicity represent the highest percentage with 18 respondents (45.0%). In the final category of educational level, most patients had a high school education, accounting for 26 respondents (65.5 percent). One research study (Dawood et al., 2020) found that as many as 49 respondents (32.7%) were literate, indicating that there were no differences in the evaluation of the performing nurse's care behavior toward the patient.

Length of stay in the inpatient ward of Universitas Sumatera Utara Hospital, with a mean of 5 days (SD = 2.143). 73 years. According to a study (Dawood et al., 2020), the average age of the patient is 60-70 years (70.0%), indicating that older patients have a higher perception of the nursing behaviour of the nurse. In contrast to the study (Claro, 2022), where the average age of patient respondents is 33-45 years, there is a difference in the nurses' assessment of nursing behaviour, with patients aged 65 years and older rating nurses'

nursing behaviour more satisfactorily than respondents aged less than 65 years. Distribution of nurses' nursing behaviour by care subscale. The analysis of nurses' perceived nursing behaviour showed that nurses working in the inpatient ward of Universitas Sumatera Utara Hospital have an overall high level of nursing behaviour.

The results showed that the nurses' perceptions of caring behavior on the caring behavior subscale, namely the knowledge and skills (knowledge and skills) of the highest caring component with an average of 5.32 and a median value of 5.00, this dimension is a combination of Watson's carative factors, namely the use of a solution method system. problems for decision making and the improvement of interpersonal learning and teaching. Nurses' perceptions of caring behavior on the caring behavior subscale, namely assurance of human presence, this dimension is a combination of Watson's three carative factors, namely the formation of an altruistic-humanistic value system, instilling beliefs and growing sensitivity to oneself and others. . Nurses must respect clients as human beings and respect their existence without discriminating against client status. Caring activities in this dimension include helping clients, talking to clients, respecting clients as human beings and responding quickly to client calls, it is found that high caring behavior is ranked second with an average value of 5.24 and a median value of 5.00. The nurse's perception on the caring respectful deference subscale (responding with respect) obtained an average value of 5.12 with a median value of 5.00. This subscale combines Watson's carative factors, namely developing a trusting relationship, increasing and accepting the expression of positive and client negative feelings. The nurse's perception of caring behavior on the positive connectedness subscale (creating a positive relationship) obtained an average of 5.11 with a median value of 5.00. This subscale is related to Watson's characteristic factor, namely creating a supportive physical, mental, sociocultural, and spiritual environment. Here it can be seen that the assessment of caring behavior according to the implementing nurse is high because the median value is smaller than the average value. In line with research (Abdullah et al., 2017) comparing perceptions of caring behavior according to nurses and patient satisfaction at Ganga Ram Hospital, Lahore, Pakistan, a sample of 36 nurses and a patient sample of 92 respondents found that the patient's perception of the caring behavior of implementing nurses and satisfaction patients to the nursing care provided significantly affect satisfaction. Contrary to research (Dawood et al., 2020) the respondents studied were geriatric patients using the caring behaviors inventory for elders (CBI-E) questionnaire and the patient satisfaction with nursing care quality questionnaire (PSNCQQ) questionnaire. showed caring behavior to patients while in the inpatient room, none of the patients felt a high level of caring behavior, besides that more than half of the patients had a low level of satisfaction with the quality of nursing care. The highest average value for nurse caring behavior felt by geriatric patients studied was helping patients to fulfill their religious/spiritual needs as the most frequently reported caring behavior by geriatric patients ( $2.74 \pm 0.51$ ). Followed by caring ( $2.31 \pm 0.86$ ), recognizing the feelings of geriatric patients ( $2.27 \pm 0.65$ ), knowing how to give syringes and others ( $2.13 \pm 0.85$ ), and providing treatment to patients on time ( $2.05 \pm 0.85$ ). The lowest mean score for the caring behavior of nurses as perceived by the geriatric patients studied revealed by this study was the patient's appreciation as a unique person ( $1.29 \pm 0.59$ ). This was followed by doing one's best to reduce disease ( $1.39 \pm 0.49$ ), speaking to the patient in a clear and friendly voice ( $1.42 \pm 0.65$ ). In addition, respecting geriatric patients as unique individuals ranks first in caring behavior that affects patient satisfaction.

Assessment of care behaviour according to the patient's perception of the care behaviour subscale. Based on the analysis of patient-perceived caring behaviour, it was found that the caring behaviour of the implementing nurses who served as an inpatient at Universitas Sumatera Utara Hospital was high. The results showed that the subscale of ensuring human presence was the highest subscale of caring behavior with a mean of 5.09 and a median of 5.00. Patients' perceptions on the subscales of respectful deference and positive contact had similar mean and median values, with a mean of 5.02 and a median of 5.00. Patients' perceptions of the nursing behavior of the lowest performing nurse were on the knowledge and skills subscale, with a mean of 5.01 and a median of 5.00. In line with the findings of a descriptive study conducted on 150 inpatients at Shahid Beheshti Yasuj Hospital (Zabolypour et al., 2016), the results of this study indicate that the nursing behaviour of the implementing nurses is generally at a moderate level from the patient's perspective.

Thus, it can be concluded that there is a significant difference between nurses' and patients' perceptions of caring behavior, with nurses rating caring behavior higher than patients' perceptions of caring behavior. It can be concluded that the mean score of the caring subscale shows that nurses' scores are higher than patients' scores.

Assessment of caring behaviors as perceived by the administering nurse and the patient's perception of caring behaviors based on indicators of caring behaviors. Based on the analysis of the caring behaviors

perceived by the implementing nurses, it was found that the caring behaviors of the implementing nurses who served in the inpatient unit of Universitas Sumatera Utara Hospital had high caring behaviors. Among all the items of the statements, the highest score was obtained in the subscale "Providing human presence", namely statement no. 23) providing timely care and treatment to patients with a mean score of 5.33 and a median value of 5.00. Meanwhile, according to the patient's perception of the caring behavior of the nurse administering it, the highest score was on the sub-scale of providing human presence, namely statement No. 17) talking to patients with a mean of 5.20 and a median of 5.00. It can be concluded that the perception of the administering nurse as a provider of nursing care and the patient as a recipient of nursing care have different perceptions of caring behaviors.

#### 4. Conclusions

Characteristics of nurses based on gender, the majority are female (75.5%) as well as patients, the majority are female (52.5%) with an average age of nurse and patient 33 and 38 years. The average length of work for nurses is 5 years and the average length of stay for patients is 5 days. Most of the implementing nurses are of productive age and are resources that can be optimized to provide nursing care, especially in improving the caring behavior of the implementing nurses. There are differences in the assessment of caring behavior according to nurses and patients. Implementing nurses rated caring behavior higher than patients. The average value of caring assessment according to the nurse implementing respectful deference (responding with respect) is 5.12, assurance of human presence (recognizing human presence) 5.24, knowledge and skill (knowledge and skills) 5.33, and positive connectedness (create a positive relationship) 5.11 with a median value of 5.00. While the assessment of caring behavior according to patient respectful deference (responding with respect) 5.02, assurance of human presence (recognizing human presence) 5.09, knowledge and skills (knowledge and skills) 5.01 and positive connectedness (creating positive relationships) 5.02 with a median value of 5.00.

Nursing managers and leaders of the Universitas Sumatera Utara Hospital, to make caring behavior one of the nursing philosophies. In addition, the role of the head of the room and team leader as role models in the application of caring behavior can be maximized. Caring behavior can also be used as a work evaluation of implementing nurses and orientation of new nursing staff. Certain rewards or awards to implementing nurses need to be given for their efforts to carry out caring behavior, so that implementing nurses are more motivated to carry out caring behavior in every nursing care provided.

Implementing nurses at the Universitas Sumatera Utara Hospital, implementing nurses are expected to improve the caring behavior that has been applied, caring behavior is not only talking to patients, caring is related to being sincerely present, touching, affectionate, listening attentively to patient complaints, helping patients improve change positive on the physical, psychological, spiritual and social aspects. Implement caring behavior properly, especially improvement in meeting the basic and spiritual needs of clients so as to provide satisfaction for clients as recipients of health services and maintain the integrity of caring behavior of implementing nurses both to clients and colleagues and other health teams.

Future researchers are expected to be able to develop research using samples of nurses and patients not only in one room. Further research is also expected to conduct research with observation and self-assessment assessment to assess caring behavior.

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#### Conflict of Interest

There is no conflict of interest in this research.

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