



Spiritual Caring of Nurse's at Patient Departemen in the Pandemi Covid 19 of RSI Sultan Agung Semarang

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Abstract. Background: Caring is a caring attitude of nurses in providing nursing care to patients by treating patients with sincerity, sincerity, affection, both through communication, providing support, and direct action. Nurses must have a caring attitude in fulfilling patient needs, because for 24 h nurses are beside patients. Spiritual Caring is an action performed by nurses to meet the patient's spiritual needs. Factors that can influence nurses' spiritual care that encourage nurses to provide caring behavior are lack of spiritual knowledge, inability of nurses to communicate, worry about mistakes, ambiguity and management.

Purpose: of this research is to find out the description of the spiritual caring of nurses during the COVID-19 pandemic at RSI Sultan Agung Semarang.

Method: The research design used quantitative methods with this type of observational research, namely descriptive with a survey approach of 60 nurses, all of whom were taken as samples or with saturated sampling techniques.

Result: Based on the research results, it can be seen that nurses' spiritual caring during the Covid-19 pandemic in the Inpatient Room of RSI Sultan Agung Semarang on the indicator of maintaining belief was good, namely 43 respondents (71.6%), the knowing indicator was good with 40 respondents (66.6%), being with well, namely 38 respondents (63.3%), doing for well, namely 37 respondents (61.6%), and enabling indicators are good, namely 38 respondents (63.3%).

Conclusion: the results of this study, in general, the spiritual caring of nurses was good, namely as many as 196 or 65.3%, but there were still 104 or 34.7% whose spiritual caring was not good.

Suggestion: Considering that the results of this study are very useful in increasing nurses' spiritual caring, the researchers suggest that agencies can use the results of this study as a consideration or basis for consideration to improve nurses' spiritual caring.

Keywords: Spiritual caring · Nurse's · pandemic covid 19

1 Introduction

Caring is a caring attitude of nurses in providing nursing care to patients by treating patients with sincerity, sincerity, affection, both through communication, providing support, and direct action [5]. Nursing services are different from health services provided

by doctors or other health care professionals. As a nurse, you must have awareness of maintaining health or achieving a patient's peaceful death. The important aspects that form the basis of the nurse's obligation to care for other people are: contractual aspects, ethical aspects, and spiritual aspects [5]. Headings should always be followed by text.

Humans consist of physical, emotional, intellectual, social and spiritual dimensions where each dimension must be fulfilled. The problem that often arises in patients is when experiencing a condition with a certain physical illness which can lead to psychosocial and spiritual problems. When patients experience illness, loss and stress, spiritual power can help the individual towards healing and fulfilling goals with or through fulfilling spiritual needs [14]. Spiritual needs are included in the basic needs needed by every human being. As health workers, nurses must have a major role in meeting the spiritual needs of patients. Nurses are required to be able to provide more fulfillment when patients are about to be operated on, critical patients, or are dying. The spiritual aspect can help increase the patient's enthusiasm in the healing process. Factors that can affect the patient's spirituality when they are sick or are undergoing treatment in a hospital will experience feelings of isolation, foreignness, and discomfort that separates a person from spiritual ties can be at risk of changes in spiritual function [10]. Providing spiritual services is an important thing that needs to be done by nurses. Nurses must strive to help meet the patient's spiritual needs as part of the patient's overall needs. Providing supportive and meaningful spiritual services, it is important for nurses to understand the concepts of spirituality, spiritual well-being, belief, religion and hope. Each concept offers clues in understanding the views that individuals have about life and their values [6]. The results showed that 58.2% of nurses' caring behavior was in the good category. Recommendations from researchers also say that the nursing profession should further increase knowledge about caring behavior because it really helps accelerate the recovery process of patients being treated so that it will improve the quality of nursing services and also the quality of hospital services (Hafriska & Kamil, 2017). Research on the implementation of spiritual nursing care shows unfavorable results, which include spiritual nursing care that is not good, namely spiritual nursing diagnosis, spiritual nursing planning, spiritual nursing evaluation are the same, while spiritual nursing assessment and spiritual nursing implementation are good (Aesthetics & Jannah, 2016). Based on the results of this study indicate that the implementation of nursing care on the spiritual aspect is still not optimal. Other research shows that more than half of the ED nurses believe that spiritual needs and meeting the spiritual needs of patients are very important. IGD nurses perceive every aspect that is very important, namely attributes in fulfilling spiritual needs, perspective of spiritual needs, description of fulfilling spiritual needs, attitudes in fulfilling spiritual needs, and values in fulfilling spiritual needs (Asih & Setyawan, 2020). According to the results of this study, the aspects that need to be improved are values in meeting spiritual needs. The value of spirituality is defined as a very important part of holistic nursing.

Religious and spiritual involvement can improve health conditions much better such as the ability to survive and health-related quality of life, as well as manifest anxiety, depression and suicide. Patients really need the satisfaction of spiritual fulfillment in the rehabilitation process (Sujana, 2017).

Sultan Agung Islamic Hospital Semarang has a total of 42 patients infected with COVID-19 with 2 patients in the isolation room and in the non-isolation inpatient room there are 22 people infected with COVID-19. This can have an impact on other patients, while the nurse's responsibilities are increasing and the need for spiritual care is increasingly prioritized. This is shown by the results of interviews with nurses at RSI Sultan Agung Semarang, namely that on average they know about spiritual caring.

Preliminary studies conducted by researchers in the Baitussalam 2 Room and Baitul Izzah 2 RSI Sultan Agung Semarang on 10 nurses through a questionnaire. Spiritual-based caring nurses at RSI Sultan Agung Semarang 8 (80%) nurses stated that the role of nurses in fulfilling spiritual needs with spiritual care for patients was very good, 10 (100%) nurses said that they had implemented spiritual caring for patients, and 7 (70%) the nurse said she did not determine the diagnosis in the nursing process related to the patient's spirituality. The application of the nurse's spiritual care for patients is expected to fulfill the patient's spiritual needs.

2 Method

The research design used in this study was a quantitative method with this type of observational research, namely descriptive with a survey approach, while the population in this study were all nurses at the Sultan Agung Islamic Hospital, Semarang City in 2 Inpatient Rooms. The sampling technique used was total sampling. as many as 60 Respondents.

3 Results and Discussion

Characteristics of respondents with the most respondents in early adulthood (26–35 years) as many as 36 respondents (60%), the most sex in women as many as 56 respondents (90%), most of the last education at the D3 level were 48 respondents (80%), and the average length of work of the respondents is 8 years.

An overview of nurses' spiritual caring during the Covid-19 pandemic in 2 Inpatient Rooms of RSI Sultan Agung Semarang based on each indicator of spiritual caring is shown in Tables 1 and 2.

Based on Table 2, it can be seen that the majority of respondents to the spiritual caring of nurses during the Covid-19 pandemic in 2 Inp Inp RSI Sultan Agung Semarang on the good knowing indicator were 40 respondents (66.6%).

Table 1. Frequency distribution of nurses' spiritual caring based on indicators of maintaining belief in 2 Inpatient departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	43	71,6
Not good	17	29,4
Total	60	100

Table 2. Frequency distribution of nurses' spiritual caring based on indicators of Knowing in 2 Inpatient Departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	40	66,6
Not good	20	33,4
Total	60	100

Table 3. Frequency distribution of nurses' spiritual caring based on indicators of *being with* in 2 Inpatient Departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	38	63,3
Not good	22	36,7
Total	60	100

Table 4. Frequency distribution of nurses' spiritual caring based on indicators of doing for in 2 Inpatient Departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	37	61,6
Not good	23	38,4
Total	60	100

Table 5. Frequency distribution of nurses' spiritual caring based on indicators of Enabling in 2 Inpatient Departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	39	65
Not good	21	35
Total	60	100

Based on Table 3 it can be seen that the majority of respondents to the spiritual caring of nurses during the Covid-19 pandemic in 2 Ianp Inpatient Departement RSI Sultan Agung Semarang on the indicator of being well, namely 38 respondents (63.3%).

Based on Table 4 it can be seen that the majority of respondents to the spiritual caring of nurses during the Covid-19 pandemic in 2 Ianp Inpatient Departement RSI Sultan Agung Semarang on the indicator of doing for, namely 37 respondents (61.6%).

Table 6. Frequency distribution of nurses' spiritual caring overall in 2 Inpatient Departement of RSI Sultan Agung Semarang in 2021 (n = 60)

Category	Frequency (f)	Percentage (%)
Good	40	66,6
Not good	20	33,4
Total	60	100

Based on Table 5 it can be seen that the majority of respondents to the spiritual caring of nurses during the Covid-19 pandemic in 2 Ianp Inpatient Departement RSI Sultan Agung Semarang on the indicator of Enabling, namely 39 respondents (65%).

Based on Table 6 it can be seen that the majority of respondents to the spiritual caring of nurses during the Covid-19 pandemic in 2 Ianp Inpatient Departement RSI Sultan Agung Semarang on the overall, namely 38 respondents (66.6%).

4 Discussion

The characteristics of implementing nurses obtained from the results of this study were based on age, the majority of nurses were in the early adult category (26–35 years), namely 36 respondents (60%). This is supported by research conducted (Asmuji, 2017) with the title factors related to work capacity on nurse caring behavior. It was found that the age variable is related to nurse caring behavior but in a very low category, which means that between young and old older ones tend to make no difference. As a person's age increases, the individual will motivate himself to have a better socioeconomic status, namely by working (Anggoro et al., 2019) Researchers argue that the older the nurse is, the more responsible and experienced she will be in doing a job.

Characteristics of the implementing nurses in the Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang Departement based on gender, the majority of implementing nurses were women as many as 54 respondents (90%), while men only amounted to 6 respondents (10%). According to the nature of women, logically there should be differences between them in providing nursing care services because women have a mother instinct that should be better at caring and have better work capacity. Gender characteristics are in line with research (Asmuji, 2017).

The results of the study with the title factors related to work capacity on nurse caring behavior show that the gender of the nurse is not related to the caring behavior of nurses in the Class III Inpatient Room at Balung Hospital. This fact shows that female and male nurses are no different in being caring while providing nursing care services. Researchers argue that as a professional nurse in caring behavior towards patients is the same between women and men.

The characteristics of the implementing nurses according to the education level of the nurses proved that the majority of nurses had a D3 degree in Nursing, namely 48 respondents (80%). Another study by (Kristiawan & Purwantara, 2020) found that there was a significant relationship meaning that the higher the level of education, the better

the caring behavior of nurses would be. The higher the education of a nurse, the easier it will be to receive and improve knowledge and technology, which can ultimately improve performance/productivity (Asmuji, 2017). Researchers argue that the level of education certainly has a meaningful or significant relationship with the caring behavior of nurses.

The characteristics of implementing nurses based on length of work are the shortest term of 1 year and the longest term of service is 14 years. This is supported by research conducted by (Asmuji, 2017) with the title factors related to work capacity on nurse caring behavior. It was found that tenure was related to nurse caring behavior in the Class III Inpatient Room at Balung Hospital in the moderate category. The longer a person works, the more skills and experience they develop (Anggoro et al., 2019). Researchers argue that the longer the work, the performance of the person will also increase.

The spiritual caring behavior of nurses in the Baitussalam 2 and Baitul Izzah 2 Departement based on the Maintening Belief aspect, the majority of respondents said the nurse's spiritual caring behavior was in the good category. The aspect of maintaining belief has an average total score of 14, the lowest score is 12, and the highest score is 16 with a standard deviation of 1.137. Maintening belief obtained a sig value: $0.835 > 0.05$ which means that there is no difference between male and female spiritual caring for nurses with the aspect of maintaining belief. Spiritual caring for nurses based on aspects of maintaining belief by women is higher than that of men with a very thin difference ($14.48 > 14.33$). Based on the 95% confidence interval value, it can be predicted that the spiritual caring of nurses with aspects of maintaining belief in the population of nurses in Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang is in the range of -1.589 to 1.293.

The maintaining beliefs that have been carried out by the implementing nurses in this study are introducing themselves when meeting patients, offering assistance to meet spiritual needs, showing an attitude of optimism towards patients, and asking patients again to ensure that the patient's spiritual needs have been met. The nurse's spiritual caring behavior is best based on the aspect of maintaining belief, namely the nurse always introduces herself when she first meets the patient, while the nurse's spiritual caring behavior that is not good is the nurse offering assistance to meet the patient's spiritual needs such as helping with ablution, preparing worship tools, etc.

This is reinforced by the results of research conducted by (Hafriksa & Kamil, 2017) stating that the aspect of maintaining belief is in the good category with a description of the behavior of nurses who provide services to patients every day such as giving medicines, infusions, and other activities according to procedures. This research is in line with the results of a study (Batubara, 2020) stating that maintaining belief, which means maintaining trust, is the basis for recognizing the meaning of an event for patients. Spiritual caring has implications for nursing practice so that nurses who behave caringly will speak in a friendly and polite manner, are considerate, full of interest in helping clients, and foster relationships in every action they take.

The nurse's spiritual caring behavior based on the Knowing aspect shows that the nurse in this aspect is in the good category. The knowing aspect has an average total score of 14, the lowest score is 11, and the highest score is 16 with a standard deviation of 1.388. Knowing obtained a sig value of: $0.607 > 0.05$ which means that there is no difference between the spiritual caring of the nurse and the knowing aspect between men

and women. Spiritual caring for nurses based on the aspect of knowing by women is lower than that of men with a difference ($13.89 < 14.33$). Based on the 95% confidence interval value, it can be predicted that spiritual caring with the knowing aspect in the population of nurses in Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang is in the range of -1.308 to 2.197.

Knowing what the implementing nurses have done in this study is presenting someone who is meaningful to the patient when the patient needs it, the nurse does a spiritual assessment of the patient, the nurse motivates the patient to express what he feels, and has a consistent approach to the patient. The nurse's spiritual caring behavior is best based on the knowing aspect, that is, the nurse always presents someone meaningful to the patient when they need him, such as family or friends, while the nurse's spiritual caring behavior that is not good is the nurse doing a spiritual assessment of the patient's condition as a whole.

This is reinforced by the results of research conducted by (Hafriska & Kamil, 2017) stating that the knowing aspect is in the good category with a description of the behavior of a nurse's understanding of patients as a reference for carrying out subsequent interventions, as a result between nurses and patients there is a good interaction and mutual understanding.

The assessment of nurses' spiritual caring behavior based on the Being with aspect showed that the majority of respondents rated nurses' spiritual caring behavior in the good category. The aspect of being with has an average total score of 14, the lowest score is 11, and the highest score is 16 with a standard deviation of 1.208. Being with obtained a sig value of: $0.298 > 0.05$ which means that there is no difference in the spiritual caring of the nurse in the aspect of being with between men and women. Spiritual caring for nurses based on the aspect of being with by women is lower than that of men with a difference ($14.22 < 15$). Based on the 95% confidence interval value, it can be predicted that spiritual caring with the aspect of being with in the population of nurses in Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang is in the range of -0.725 to 2.28.

Being with what nurses have done in this study is that nurses always accompany patients when patients need them, nurses carry out spiritual nursing care processes, nurses listen to complaints and input from patients, and nurses demonstrate therapeutic communication to patients. The nurse's spiritual caring behavior is best based on the aspect of being with, namely the nurse always listens to complaints, feelings, and input from the patient, while the nurse's spiritual caring behavior that is not good is the nurse carrying out the process of spiritual nursing care for patients with competent abilities.

This research is in line with the results of a study (Batubara, 2020) which states that being with can be meaningful for patients because it can present emotions when they are with patients. The aspect of being with is in the good category by showing the attitude of nurses who have practiced caring in providing nursing care. Nurses are required to be friendly and welcoming, have a sense of sensitivity to patients, be able to communicate effectively and be able to provide professional services and most importantly can foster spiritual caring behavior for the satisfaction of the patients they serve.

In this study, the aspect of Doing for is the spiritual caring behavior of nurses in the good category. The doing for aspect has an average total score of 14, the lowest score is 11, and the highest score is 16 with a standard deviation of 1.402. Doing for obtained

a sig value of: $0.214 > 0.05$ which means that the nurse's spiritual caring in the aspect of doing for is no different between men and women. Spiritual caring for nurses based on the aspect of doing for women is lower than that of men with a difference ($14.26 < 15.33$). Based on the 95% confidence interval value, it can be predicted that spiritual caring with the aspect of doing for the population of nurses in the Baitul Izzah 2 and Baitul Izzah 2 Departement of RSI Sultan Agung Semarang is in the range of -0.655 to 2.803 .

The doing for that has been done by respondents in this study is that nurses provide comfort for spiritual needs, advise patients to call a nurse if they experience difficulties / encounter problems, collaborate with spiritual guidance officers, and pay attention to safety in carrying out nursing care actions. The nurse's spiritual caring behavior is best based on the doing for aspect, namely the nurse pays attention to the principle of safety in carrying out nursing care actions while the nurse's spiritual caring behavior that is not good is the nurse collaborating with spiritual guidance officers.

This is in line with the results of research conducted by (Hafriska & Kamil, 2017) stating that the aspect of doing for is in the good category where nurses provide nursing actions to patients such as taking care of themselves if that is possible, providing comfortable, protective, and anticipatory care. And carry out their duties skillfully and competently while maintaining patient dignity. This is reinforced by the results of research conducted by [11] which states that doing for is very important in improving the relationship between nurses and patients and knowing what patients feel and then continuing the process of doing for to provide therapeutic actions and spiritual interventions to patients.

In this study, nurses' spiritual caring behavior based on the Enabling aspect gave an assessment of spiritual caring in the good category. The enabling aspect has an average total score of 15, the lowest score is 11, and the highest score is 16 with a standard deviation of 1.343. Enabling obtained a sig value of: $0.627 > 0.05$ which means that there is no difference between male and female nurses in the enabling aspect of the nurse's spiritual caring. Spiritual caring for nurses based on the enabling aspect by women is higher than that of men with a very thin difference ($14.74 > 14.33$). Based on the 95% confidence interval value, it can be predicted that spiritual caring with enabling aspects in the population of nurses in Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang is in the range of -2.104 to 1.289 .

Enabling that has been carried out by the implementing nurse in this study is that the nurse teaches how to meet the patient's spiritual needs independently according to the patient's level of independence, motivates the patient to think positively about his illness, always puts the patient's interests first, and teaches the patient to pray. The nurse's spiritual caring behavior is best based on the enabling aspect, namely the nurse motivates the patient to think positively about the condition of the illness, while the nurse's spiritual caring behavior that is not good is that the nurse always puts the patient's interests first.

According to (5) enabling is an emperwomen factor, in which nurses facilitate life changes that are felt by patients, for example providing information, trying ways of solving problems, providing support, being able to provide feedback to patients when communicating. This research is in line with the results of the study [13] stating that enabling must be done by nurses to help patients and facilitate patients so they can take care of themselves. This is reinforced by the results that the enabling aspect is

in the good category where nurses facilitate patients to go through transitional periods and go through events in life that have never been experienced by giving information, explaining, supporting, focus on relevant issues, think through problems, and generate alternatives so as to enhance the patient's personal healing, growth, and self-care [14].

The overall description of nurses' spiritual caring behavior with Swanson's theory in this study have an average total score of 72, the lowest score is 61, and the highest score is 16 with ais included in the good category. Aspects of spiritual caring according to Swanson's theory standard deviation of 4.599. Nurses' spiritual caring as a whole obtained a sig value: $0.543 > 0.05$ which means there is no difference between men and women's spiritual caring for nurses. Spiritual caring for nurses by women is lower than that of men with a difference ($71.59 < 73.33$). Based on the 95% confidence interval value, it can be predicted that the spiritual caring of nurses in the population of nurses in Baitul Izzah 2 and Baitul Izzah 2 RSI Sultan Agung Semarang is in the range of -4.055 to 7.536. Spiritual caring for nurses as a whole can be concluded that the nurses in this study carried out an act of nursing with a sense of respect between the client and the nurse so as to produce nursing care that is valuable, creates a sense of belonging, and is full of responsibility. This is in line with research that the caring behavior of nurses is in the good category, where nurses show caring through attention and provide interventions to maintain client health.

5 Conclusion

Based on the results of the research and discussion, it can be concluded that the spiritual caring of nurses during the Covid-19 pandemic at RSI Sultan Agung Semarang, the spiritual caring behavior of nurses based on aspects of Maintaining Belief, Knowing, Being with, Doing for, Enabling Most are included in the category of good spiritual caring because Nurses can foster trust and confidence in patients.

Considering that the results of this study are very useful for increasing nurses' spiritual caring, the researchers suggest that agencies can make the results of this study a consideration or basis for consideration to improve nurses' spiritual caring.

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