



Implementation of WB-BL Learning in Improving Caring Ability

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Abstract. Caring is one of the abilities that must be achieved by Bachelor of Nursing students. This ability will be widely used in the application of nursing services through the nursing process. Caring is a skill that is needed in the provision of nursing care, where the maximum implementation of caring will provide a feeling of comfort and calm so that the patient will be open and cooperative in providing nursing care. Until now, the ability of caring in its application in the field of nursing has not yet achieved maximum results. This study aims to analyze the increase in caring ability with WBBL learning.

The design in this study was Quasi Experimental using the pre-experimental design approach. Static Group Comparison, in this case the researcher measured the caring ability of the respondent first, then was given the WBBL learning action and after that, the caring ability was measured again. The population in this study were 80 Bachelor of Nursing students. The sample used was part of Bachelor of Nursing students. The sampling technique used was simple random sampling with a sample of forty people. The data collection was carried out using observation sheets. After that the data were processed and analyzed using the Spearman Rho statistical test with $\rho \leq 0.01$. If the results are less than $\alpha 0.05$, the research results are said to be significant.

Based on the Spearman Rho statistical test, it was found that $\rho = 0.000$. This shows that WBBL learning can improve caring abilities in students. Based on the data, the caring ability of students was obtained with an average value of 82.63. Thus, WBBL learning can be used to improve caring abilities.

Keywords: Caring · Students · Learning · WBL-BL

1 Introduction

Nursing education is nurse education that continues to develop, where nursing education is a level of nurse education that emphasizes the growth and development as well as the ability of students in the learning process so that they can become professional academics. One of the conceptual frameworks in nursing education is based on the growth and development and abilities of students which includes the philosophy of nursing as a nursing profession, which is a form of professional service which will greatly influence the content of the curriculum and also how the approach is in the learning process. The development of the conceptual framework in the core curriculum is carried out by

conforming to the National Curriculum Qualifications Framework (KKNI) and has also been adapted to the 2014 National Higher Education Standards. This curriculum has been used in the 2010 Nurses curriculum. In order to ensure the quality of nursing services that are safe and comfortable for the community then international service quality standards must be met.

Along with the development of increasingly sophisticated science and technology and health problems that are also increasingly complex, currently health services are also required to be able to provide higher health services. Nurses are also required to be more competent, so that education is required to be able to produce competent nurses who will be able to compete both nationally and globally. Nurses who perform professionally in providing comprehensive nursing care in meeting basic human needs be it bio, psycho, social and spiritual, and are able to work together with various related parties are the demands of nurses today. Quality health services are health services that are guaranteed, not at risk, can also provide patient satisfaction, including nursing services [1].

In providing nursing services professionally, among the competencies that must be mastered is caring ability [2]. Caring is an organized and clear process and is used in mental activity. The activities referred to here are activities such as solving problems, making decisions, analyzing assumptions and scientific discoveries [3]. Nurses are responsible for making appropriate and accurate clinical decisions. Nurses are required to make clinical decisions based on critical thinking because each patient has different problems based on meeting biological, psychological, social and spiritual needs. If nurses are careless in making clinical decisions, it will harm the patients they treat [4].

Caring ability is still not all nurses can apply it to the fullest. Research conducted by Adriana [5] shows that almost half of the nurses are caring. The results of Panjaitan's research [6] that 51% of nurses are still caring and 49% are still not caring. In addition, Suprihatin's research [7] also found that nurses who were less caring were 58.1%, while nurses who cared were 41.9%.

Various efforts can be made to improve the quality of these graduates, one way is how to choose a learning model that is suitable for application and can later achieve predetermined competencies [8]. The model chosen in conducting this learning is said to be important because it will be one of the means in realizing the competency achievements of the study program. One of the learning models that can be used in developing a caring attitude is Work Based Learning-Blended Learning (WB-BL). Through this (WB-BL) will be able to form caring abilities. The design in this study is a Static Group Comparison Pre-experimental design.

2 Method

The sample of this research was Semester IV Nursing bachelor's degree students with the Simple Random Sampling technique. The independent variable in this study is WBL-BL learning. While the dependent variable is caring. The data collection was carried out using observation sheets. After that the data were processed and analyzed using the Spearman Rho statistical test with $\rho \leq 0.01$. If the results are less than $\alpha 0.05$, the research results are said to be significant.

Table 1. Caring Ability Before learning WBL-BL

No	Caring ability	Frequency	Percentage (%)
1	Very good	16	40
2	Good	18	45
3	Enough	5	12,5
4	Less	1	2,5

Table 2. Caring Ability Before learning WBL-BL

No	Caring ability	Frequency	Percentage (%)
1	Very good	30	75
2	Good	10	25
3	Enough	0	0
4	Less	0	0

3 Data Analysis

3.1 Caring Ability Prior to WBL-BL Learning

Based on the data in the table it can be seen that most of the respondents' caring abilities were in the particularly good criteria of 16 people (40%). Meanwhile, a small number of respondents in the less criteria were 1 person (2.5%) (Table 1).

3.2 Caring Ability After WBL-BL Learning

Based on the data in the table it can be seen that most of the respondents' caring abilities were in the incredibly good criteria of 30 people (75%). While a small number of respondents in good criteria were ten people (25%) (Table 2).

3.3 Analysis of Increasing Caring Ability Before and After WB-BL Learning

Based on the statistical test results above, it was found that WB-BL learning was effective in increasing caring abilities with a value of $\rho = 0.000$. Based on the data, it was found that there was a change in caring ability (Table 3).

4 Result

4.1 Caring Ability Prior to WBL-BL Learning

Based on the data in the table it can be seen that most of the respondents' caring abilities were in the incredibly good criteria of sixteen people (40%). Meanwhile, a small number of respondents in the less criteria were 1 person (2.5%).

Table 3. Caring Ability Before WB-BL learning

No	Caring Ability	Caring Ability Before Learning		Caring Ability After Learning	
		Total	Percentage (%)	Total	Percentage (%)
1	Very good	16	40	30	75
2	Good	18	45	10	25
3	Enough	5	12,5	0	0
4	Less	1	2,5	0	0

Spearman's Rho statistical test results obtained $\rho = 0.000$

The data found during the study showed that the caring ability of students who were still lacking was seen from empathy, clear patient questions, counseling related to the patient's illness, assuring the patient about his willingness to explain the problem [9]. Meanwhile, seen from the attitude that has been good is treating patients politely and politely, reassuring patients, immediately approaching the ethics needed by patients and listening when patients have problems.

The results of the above research support the theory that Caring can be seen from Humanity/belief-expectation sensitivity, Fostering/helping trust, accepting expressions of positive and negative client feelings, Interpersonal learning/teaching, creating a supportive and protective environment, helping to meet basic needs as well as phenomenological dimensions / existence [4, 10].

4.2 Caring Ability After WBL-BL Learning

Based on the data in the table it can be seen that most of the respondents' caring abilities were in the very good criteria of 30 people (75%). While a small number of respondents in good criteria were 10 people (25%).

In the implementation of WB-BL learning, respondents felt they could apply it directly [11, 12]. In its application they can feel more, apply how to interact with patients, behave and understand each other. This learning is felt to be more usable in applying behavior and remembering it well [13]–[15]. Respondents felt that higher trust was formed in behavior, such as giving praise, deciding actions, introducing themselves directly, paying attention, listening, appreciating, expressing what they felt, happy to help, discussing their illness, answering and explaining, paying attention and creating a conducive environment, meet the needs and feel comfortable, motivate and respect the privacy of respondents [16]–[18].

According to Perry & Potter [4] Caring can be seen from Humanity/belief-sensitive expectations, Fostering/helping trust, accepting expressions of positive and negative client feelings, Interpersonal learning/teaching, Creating a supportive and protective environment, Helping to meet basic needs and dimensions phenomenological/existential.

4.3 Analysis of Increasing Caring Ability Before and After WB-bL Learning

Based on the statistical test results above, it was found that WB-BL learning was effective in increasing caring abilities with a value of $\rho = 0.000$. Based on the data, it was found that there was an increase in caring ability.

The research results obtained for caring abilities were seen from two assessments, namely the assessment carried out before the implementation of WB-BL learning and the second was after WB-BL learning. The value of caring ability obtained before WB-BL learning was mostly 46.3% in good criteria, while the value of caring ability after WBL-BL learning was mostly very good (76%). Based on the data found, Caring ability with very good criteria was from 40% to 75%, good ability from 45% to 25%. While sufficient ability, which was originally 12.5%, became 0%, and ability less than 2.5% became 0% as well.

This supports previous research which states that Work Based Learning and Blended Learning can be used to improve Caring skills.

5 Conclusion

1. Caring ability of the respondents before treatment was mostly in the very good category (40%).
2. Caring ability of the respondents after treatment was mostly in the very good category (75%).
3. Caring ability can be improved by WBL-BL learning with the results of the Spearman's Rho statistical test $\rho = 0.000$.

6 Suggestion

1. For educators, WBL-BL learning can be used as a learning model to improve critical thinking skills.
2. For further researchers, it can be used as input and in the development of further research.
3. For students learning WBL-BL can be used as a method to improve critical thinking skills in their learning.
4. For institutions, the results of this research should be used as input in determining the learning model used by teaching lecturers in achieving the desired competency.

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