

## HUBUNGAN TINGKAT PENGETAHUAN KEBERAGAMAN, KESETARAAN, DAN INKLUSI (DEI) DENGAN PERILAKU PERAWATAN DI RSI NASHRUL UMMAH LAMONGAN

### *The Relationship Between The Level Of Knowledge of Diversity, Equity, and Inclusion (DEI) and Caring Behavior at RSI Nashrul Ummah Lamongan*

Febri Ukhila Purnama Dewi, Suratmi, Masunatul Ubudiyah

Prodi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Lamongan

#### Riwayat artikel

Diajukan: 18 September 2024

Diterima: 30 Oktober 2024

#### Penulis Korespondensi:

- Masunatul Ubudiyah
- Prodi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Lamongan

email:  
masunatul.ubudiyah@umla.ac.id

#### Kata Kunci:

Nurse, DEI Knowledge, Caring Behavior.

#### Abstrak

**Pendahuluan:** Perilaku caring merupakan salah satu komponen penting dalam pelayanan kesehatan, namun masih banyak permasalahan yang dihadapi. Implementasinya dalam hal ini terkait dengan kurangnya pengetahuan tentang diversity, equity, dan inclusion (DEI) saat perawatan yang berdampak pada buruknya kualitas pelayanan kepada pasien. **Tujuan:** Penelitian ini bertujuan untuk menganalisis hubungan tingkat pengetahuan diversity, equity, dan inclusion (DEI) dengan perilaku caring di RSI Nashrul Ummah Lamongan. **Metode:** Penelitian ini menggunakan desain cross sectional dengan pendekatan kuantitatif. Sampel dalam penelitian ini diambil dengan menggunakan Cluster Random Sampling sebanyak 82 perawat di RSI Nashrul Ummah Lamongan. Alat penelitian menggunakan kuesioner pengetahuan DEI oleh BMG dan dimodifikasi kembali oleh peneliti yang telah diuji validitasnya dengan nilai ( $r > 0,4438$ ,  $p > 0,50$ ) dan untuk perilaku caring menggunakan kuesioner perilaku caring oleh Swason dengan nilai validitas rhitung ( $r > 0,4132$ ,  $p > 0,50$ ) yang dianalisis secara bivariat menggunakan Uji Rank Spearmen. **Hasil:** Analisis menunjukkan korelasi negatif lemah antara tingkat pengetahuan DEI dengan perilaku caring ( $r = [-0,256]$ ,  $p < [0,05]$ ). Terdapat hubungan antara pengetahuan DEI dengan perilaku caring. **Kesimpulan:** Peningkatan pengetahuan DEI pada perawat tidak memberikan dampak signifikan terhadap penerapan perilaku caring. Diharapkan pihak rumah sakit dapat meningkatkan pengetahuan DEI melalui pelatihan DEI untuk meningkatkan perilaku caring pada pasien.

#### Abstract

**Background:** Caring behavior is an important component of health care, but there are still many problems. Implementation in this case is associated with a lack of diversity, equity, and inclusion (DEI) knowledge during care which has an impact on the poor quality of service to patients. **Objective:** This study aims to analyze the relationship between the level of knowledge of diversity, equity, and inclusion (DEI) with caring behavior at RSI Nashrul Ummah Lamongan. **Method:** This study used a cross sectional design with a quantitative approach. The sample in this study was taken using Cluster Random Sampling as many as 82 nurses at RSI Nashrul Ummah Lamongan. The research tool used the DEI knowledge questionnaire by BMG and was modified again by the researcher which had been tested for validity with a value of ( $r > 0.4438$ ,  $p > 0.50$ ) and for caring behavior using the caring behavior questionnaire by Swason with a validity value of rcount ( $r > 0.4132$ ,  $p > 0.50$ ) which was analyzed bivariately using the Spearmen Rank Test. **Results:** The analysis showed a weak negative correlation between the level of DEI knowledge and caring behavior ( $r = [-0.256]$ ,  $p < [0.05]$ ). There is an association between DEI knowledge and caring behavior. **Conclusion:** Increasing DEI knowledge in nurses does not have a significant impact on the implementation of caring behavior. It is expected that the hospital will improve DEI knowledge through DEI training to improve caring behavior for patients.

#### INTRODUCTION

Nurses are health workers who play a very important role in hospital functions. As health workers, nurses are required to be able to carry out

their duties responsibly and professionally, considering that nurses are the largest proportion in hospital services (Efsantin et al., 2023). A quality nursing care will be achieved if it is supported by knowledge, being able to think critically in each

process, having a sense of care and caring behavior (Hidayah & Sumarni, 2023).

Nurses carry out nursing care nurses often do not carry out caring as they should, such as for example nurses care less about patients when patients need help at night, patients say nurses do not respond quickly to patient complaints, which causes many patients to complain due to inappropriate behavior (Hidayah & Sumarni, 2023).

Aiken's research (2014) shows that the percentage of nurses who have poor caring service quality is 11% in Ireland, and 47% in Greece (Galuh, 2021). Research conducted by Warsito 2019 in Semarang, the results of 60% of nurses caring behavior. Similar research conducted by Fikri (2017) at RSAU DR. M. Salamun Bandung showed the results of 77% lack of affective behavior and there was still poor caring behavior (Antara, 2018). The results of research at GMIM Pancaran Kasih General Hospital Manado showed the results (58.9%) of nurses had a lack of caring behavior (Antara, 2018)

Low caring behavior is caused by several factors. Caring behavior is divided by several influencing factors, namely individual factors, psychological factors, and organizational factors (Rahayu, 2018). Individual factors consist of abilities and demographic characteristics. Abilities consist of emotional intelligence, background, and skills and characteristics consist of age, gender, education and knowledge. Psychological factors consist of attitudes, personality.

Learning and motivation. In addition to psychological factors, there are organizational factors consisting of resources, training and development, rewards or rewards, decision makers, risk taking and cooperation. Knowledge is one of the individual factors that influence nurses in caring behavior. Knowledge is very important for nurses to build caring behavior (Rahayu, 2018).

Knowledge is what underlies nurses in applying caring behavior. This includes knowledge about diversity, equity, and inclusion (DEI). DEI stands for diversity, equity, and inclusion. Providing DEI health services can ensure that every patient has the same rights without considering the diversity of each patient, respecting the differences between patients, and can improve the overall quality of service to patients (Jolley & Peck, 2022). When nurses provide health services without identifying the diversity of patients, this can lead to conflicts between patients and nurses. Such as the decision to provide health services that make health services to patients less effective (Immanuel Sri Mei Wulandari, 2021).

The results of an initial survey conducted by researchers on December 15-16, 2023, in the Inpatient Room of RSI Nashrul Ummah Lamongan from 6 nurses found 4 nurses (66.7%) with good caring behavior with a good level of DEI knowledge, 2 nurses (33.3%) with caring behavior with a sufficient level of knowledge. The results of observations made by researchers regarding the caring behavior of nurses show that it is still not optimal, namely the behavior of nurses who still focus on healing patients without knowing the diversity of DEI knowledge that patients have.

## **METHODS**

### **2.1 Design**

This research design uses a correlation with a cross sectional approach to identify the relationship between diversity, equity, and inclusion (DEI) knowledge and nurses' caring behavior by developing a relationship between the independent and dependent variables.

### **2.2 Population, Sample, and Sampling**

The population in this study were nurses at RSI Nashrul Ummah Lamongan within one month (April 2024). The sampling technique in this study was Cluster Random Sampling. The sample in the study was divided into Inpatient units namely Ranap Melati, Ranap Anggrek, Ranap Sedap malam, Poly Unit, Emergency Unit seta HD Unit which amounted to 82 nurses at RSI Nashrul Ummah Lamongan. However, the inclusive criteria are nurses who are prepared to become respondents and sign informed consent, nurses who are still active, executive nurses and exclusion criteria are nurses who are on leave, are sick and who have filled in for validity and reliability tests.

### **2.3 Variable**

The independent variable in this study is knowledge of diversity, equity, and inclusion (DEI) with good, moderate, and lack of knowledge levels. The dependent variable in this research is caring behavior, with good, moderate, less behavioral levels.

### **2.4 Instruments**

The research instrument regarding diversity, equity, and inclusion (DEI) knowledge consists of a DEI knowledge questionnaire containing 20 questions. These questions are categorized into good, moderate, deficient categories. There are 20 questions in total, consisting of 8 favorable questions about diversity (numbers 1,2,3,4,5,6,7,8), 8 favorable questions about equity (numbers

9,10,11,12,13,14,15,16), (numbers 17,18,19,20). Furthermore, for caring behavior using a caring behavior questionnaire consisting of 23 questions consisting of 4 favorable questions about maintaining belief (numbers 1,2,3,4), 5 favorable questions about knowing (numbers 5,6,7,8,9), 6 favorable questions about being with (numbers 10,11,12,13,14,15), 4 favorable questions about doing for (numbers 16,17,18,19), and 4 favorable questions about enabling (numbers 20,21,22,23). Test the validity and reliability of the DEI questionnaire with a value of ( $r>0.4438$ ,  $p>0.50$ ) and test the validity of caring behavior with a value of ( $r>0.4132$ ,  $p>0.50$ ).

## 2.5 Procedure

The researcher obtained a research permit, before starting the research, it was ensured to explain in advance the purpose and objectives of the research to be carried out on nurses, then the researcher began to distribute demographic data sheets, DEI knowledge questionnaire sheets and caring behavior questionnaire sheets to nurses. After the data was collected, the researcher processed it to be presented in the research results.

## 2.6 Data Analysis

The DEI knowledge instrument and caring behavior instrument were analyzed using the spearman rho test through computer software with a significance level of 0.05.

## 2.7 Ethical License

This study has not been subjected to ethical clearance.

## RESULTS

Table .1 Demographic data at RSI Nashrul Ummah Lamongan

Characteristics	Frequency	Percentage (%)
<b>Age (Years)</b>		
20-30 Years	31	37,8
31-40 Years	43	52,4
41-50 Years	8	9,8
>50 Years		
<b>Gender</b>		
Male	34	41,5
Female	48	58,5
<b>Education</b>		
S1 Nursing	56	68,3
D3 Nursing	26	31,7
<b>Working Status</b>		

Permanent	73	89
Contract	9	11
On Job Training	0	0
<b>Length of Service</b>		
<1 Years	8	9,8
1-5 Years	35	42,7
5-10 Years	30	36,6
>10 Years	9	11
<b>Room</b>		
RA Anggrek	16	19,5
RA Melati	16	19,5
RA Sedap Malam	15	18,3
IGD	16	19,5
POLI	16	19,5
HD	3	3,7
<b>Total</b>	82	100

Table. 2 Characteristics of DEI Knowledge and Caring Behavior at RSI Nashrul Ummah Lamongan (N=82)

No.	DEI Knowledge	Frequency	Percentage %
1	Good	67	80,7
2	Fair	15	18,35
3	Poor	-	-
<b>Total</b>		82	100

Table. 4 Relationship between DEI Knowledge and Caring Behavior of nurses at RSI Nashrul Ummah Lamongan

No.	DEI Knowledge	Perilaku Caring							
		Good		Fair		Poor		Amount	
		N	%	N	%	N	%	N	%
1	Good	49	59,8 %	22	26,8 %	-	-	71	86,6 %
2	Fair	10	12,2 %	1	1,2 %	-	-	11	13,4 %

		%						%	
3	Poor	-	-	-	-	-	-	-	-
Total		59	72,0	23	28%			82	100,0%

Based on Table. 1 can be seen the characteristics of respondents in this study for age in this study mostly aged 31-40 years as many as 48 nurses (58.5%), for gender in this study mostly female as many as 51 nurses (62.2%), for education education nurses mostly S1 Nursing as many as 56 nurses (68.3%), for permanent employee status in this study most of the 73 nurses (89%), for the length of work in this study most of them with a period of 1-5 years as many as 35 nurses (42.7%), and for the room / unit mostly in the inpatient room with a total of three rooms as many as 47 nurses (57.3%), and a small portion in the HD room as many as 3 nurses (3.7%).

Based on Table. 2 explains that most nurses have good DEI knowledge as many as 67 nurses (80.7%), and a small proportion have almost partial knowledge as many as 15 nurses (18.3%). Most nurses have good caring behavior as many as 72 (87.8%), and a small proportion have almost partial enough caring behavior as many as 10 nurses (12.2%).

Based on Table. 3 tabulation of the relationship between DEI Knowledge and caring behavior in Nurses at RSI Nashrul Ummah Lamongan obtained data from 82 nurses above. The results showed that out of 82 nurses at RSI Nashrul Ummah Lamongan, most nurses had good DEI knowledge (87.85%) and had good caring behavior (81.8%). Based on the test results using the spearmen rho test and using the SPSS 26.0 program with a significant level value of  $p = 0.000$  (rs) = 0.209, H1 is accepted, meaning that there is a relationship between DEI knowledge and caring behavior with a very weak correlation level.

## DISCUSSION

According to Jones (2023), the purpose of DEI knowledge in the context of healthcare is to ensure that every patient, regardless of their cultural, social, or economic values, receives fair, dignified, and quality care. This includes avoiding differences of opinion, respecting and understanding patients' needs and beliefs, and providing equal access to healthcare (Watson & Hoogbruin, 2019). Nurses who are less able to provide adequate and clear information to patients are caused by language and cultural differences between nurses and patients (Anjarwati, 2018). In language and cultural differences, nurses will have

difficulty in providing adequate information in the decision-making process related to patient care. This can hinder and worsen the treatment process for patients.

Nurses who are able to ask about complaints needed by patients in caring behavior are able to empathize and understand patients holistically (Irsan, 2022). This caring behavior includes the ability to listen actively to patient complaints and concerns, and to be able to ask appropriately about more in-depth information related to the patient's condition (Kusbianto, 2019). Nurses need to improve caring behavior by prioritizing meeting needs and complaints that are tailored based on patient needs because, by actively listening and responding appropriately to patient complaints and requests, nurses not only build a more empathic and personalized relationship but also increase adherence to planned care.

The results of this study are in accordance with Wang's (2023) DEI theory, which explains that DEI knowledge is important in healthcare, especially for patients with diverse cultures. DEI knowledge ensures that each patient receives care that is medically, but culturally, appropriate to the patient's values (Intani et al., 2023). By understanding DEI knowledge, nurses can reduce differences in cultural values and improve the quality of patient care (Versavel et al., 2023).

Knowledge of DEI is very important in the caring behavior of nurses in health services. Understanding equality allows nurses to provide fair and respectful care to every patient, regardless of the patient's cultural, or economic values (Pepito et al., 2021). With this understanding, nurses can build trusting relationships with patients and design more appropriate and effective health interventions, improving the quality of patient care (Rosenkranz et al., 2021). To increase the understanding of DEI in caring behavior, nurses need to attend training that focuses on diversity, equality, and inclusion in health practice. This training is important so that nurses can understand and respect the needs of diverse patients regardless of their cultural values. Health institutions need to provide up-to-date practice guidelines and support interdisciplinary collaboration and DEI knowledge training programs. With these measures, nurses can be more responsive to the needs of each patient and improve the quality of care.

## CONCLUSIONS

The picture of nurses with good DEI knowledge is 67 nurses (80.7%) and nurses have good caring behavior, namely 72 nurses (87.8%).

(Dewi, 2024)

Nurses with good DEI knowledge and caring behavior are able to provide fair and empathetic care to all patients. This improves the quality of health services and supports the patient's healing process effectively.

It is expected that the hospital to improve DEI knowledge through DEI training to improve caring behavior in patients. It can also serve to develop training and education programs that emphasize the importance of DEI and caring behavior in nursing practice.

## REFERENCE

- Anjarwati, M. (2018). *Efektifitas Pemberian Informasi Tentang Caring Terhadap Pengetahuan Caring Perawat DI Ruang Rawat Inap Dahlia Dan Menur RSUD, dr. R. Goeteng Taroenadibrata Purbalingga*. 2, 3.
- Antara, M. (2018). *Keragaman Budaya Indonesia Sumber Inspirasi Inovasi Industr*. Fakultas Pertanian Universitas Udayana.
- Ardakani et al. dalam Maisyura, A. N. (2021). DEVERSITY MANAGEMENT DALAM ORGANISASI/PERUSAHAAN Maisyura,. *Ilmu, Jurnal Bisnis, Administrasi Studi, Program Bisnis, Administrasi Ilmu, Fakultas Politik, Ilmu Malikussaleh, Universitas Studi, Program Bisnis, Administrasi Ilmu, Fakultas Politik, Ilmu Malikussaleh, Universitas*, 04(01), 1–10.
- Belladona, V., Istichomah, I., & Monika, R. (2020). Hubungan Perilaku Caring Perawat Dengan Kepuasan Pasien. *Jurnal Kesehatan Samodra Ilmu*, 11(1), 57–66.  
<https://doi.org/10.55426/jksi.v11i1.15>
- Budiutomo, N. (2016). 19 Keragaman Budaya Indonesia Beserta Gambar, Keterangannya. *Bukubiruku.Com*.  
<https://bukubiruku.com/keragaman-budaya-indonesia/>
- Efsantin, E., Maria, L., & Hariyanti, B. B. (2023). Hubungan Kecerdasan Spiritual Dengan Perilaku Caring Perawat Di Ruang Rawat Inap Bedah. *Jurnal Ilmiah Kesehatan Media Husada*, 12(1), 57–67.  
<https://ojs.widyagamahusada.ac.id>
- Galuh, J. K. (2021). *Hubungan Caring Perawat Dengan Kepuasan Pasien Di Ruang Rawat Inap Kelas III RSUD Kabupaten Ciamis Program Studi Keperawatan Fakultas Ilmu Kesehatan Universitas Galuh , Indonesia*. 3(2).
- Harriell. (2021). *Diversity in Healthcare and the Importance of Representation*.
- Hidayah, R. R., & Sumarni, T. (2023). the Hubungan Kepuasan Kerja dengan Perilaku Caring Perawat Ruang Rawat Inap. *Jurnal Penelitian Perawat Profesional*, 5(3), 1015–1022.  
<https://doi.org/10.37287/jppp.v5i3.1680>
- Imanuel Sri Mei Wulandari, N. V. M. (2021). *Perilaku Caring Perawat Dan Dukungan Keluarga Terhadap Kecemasan Pre Operasi*. Vol. 6, No.
- Intani, S., Wahyuningsih, I. S., & Amal, A. I. (2023). Hubungan Perilaku Caring Perawat Dengan Tingkat Kecemasan Keluarga Pasien Di Ruang Intensive Care Unite Rsi Sultan Agung Semarang. *Jurnal Ilmiah Sultan Agung*, 70, 1065–1075.
- Irsan. (2022). *Gambaran Perilaku Caring Berdasarkan Perseptif Pasien Di RS Universitas Hasanuddin Makassar*.  
[https://r.search.yahoo.com/\\_ylt=Awr1TTx.ra9lcVYRa6\\_LQwx.;\\_ylu=Y29sbwNzZzMtEcG9zA zIEdnRpZAMEc2VjA3Ny/RV=2/RE=1706040830/RO=10/RU=http%3A%2F%2Frepository.unhas.ac.id%2Fid%2Fepprint%2F18587%2F/RK=2/RS=SiEWqlowPcG7kLUMoXo5a3De9KY](https://r.search.yahoo.com/_ylt=Awr1TTx.ra9lcVYRa6_LQwx.;_ylu=Y29sbwNzZzMtEcG9zA zIEdnRpZAMEc2VjA3Ny/RV=2/RE=1706040830/RO=10/RU=http%3A%2F%2Frepository.unhas.ac.id%2Fid%2Fepprint%2F18587%2F/RK=2/RS=SiEWqlowPcG7kLUMoXo5a3De9KY)
- Jones, B. L., Carter, M. C., Davis, C. M., & Wang, J. (2023). Diversity, Equity, and Inclusion: A Decade of Progress? *Journal of Allergy and Clinical Immunology: In Practice*, 11(1), 116–125.  
<https://doi.org/10.1016/j.jaip.2022.10.007>
- Kaunang, N. R. O., Heri Susanti, I., & Sumarni, T. (2023). Hubungan Beban Kerja Dan Bournout Dengan Perilaku Caring Pada Perawat Di Ruang Inap Rumah Sakit Palang Biru Gombong. *Jurnal Keperawatan Suaka Insan (Jksi)*, 8(1), 46–51.  
<https://doi.org/10.51143/jksi.v8i1.404>
- Kusbiyanto. (2019). *Perilaku Caring Perawat*

- Profesional. <https://repository.unair.ac.id>
- Nelson, G. C. (2023). Nurse Leaders Continuing the Work and Conversations on Diversity, Equity, Inclusion, and Abilities. *Nurse Leader*, 21(1), 47–50. <https://doi.org/10.1016/j.mnl.2022.10.007>
- Rahayu, S. (2018). Hubungan Pengetahuan dan Sikap dengan Perilaku Caring Perawat di Rumah Sakit. *Faletehan Health Journal*, 5(2), 77–83. <https://doi.org/10.33746/fhj.v5i2.12>
- Sangkala, F., Irwan, A. M., & Tahir, T. (2018). Uji Validitas Dan Reabilitas Caring Behaviors Inventory (CBI) Di Beberapa Negara : Literature Review. *Jurnal Keperawatan Muhammadiyah*, 3(2). <https://doi.org/10.30651/jkm.v3i2.1816>
- Valdez, A., Fontenot, J., Millan, A., & McMurray, P. (2023). Knowledge, skills, and attitudes about diversity, equity, and inclusion among nurse educators. *Teaching and Learning in Nursing*, 18(2), 308–316. <https://doi.org/10.1016/j.teln.2022.11.011>
- Versavel, S., Subasinghe, A., Johnson, K., Golonski, N., Muhlhausen, J., Perry, P., & Sanchez, R. (2023). Diversity, equity, and inclusion in clinical trials: A practical guide from the perspective of a trial sponsor. *Contemporary Clinical Trials*, 126(September 2022), 107092. <https://doi.org/10.1016/j.cct.2023.107092>
- Watson, R., & Hoogbruin, A. (2019). Caring Dimensions Inventory. *Assessing and Measuring Caring in Nursing and Health Sciences*, 3(1), 42–47. <https://doi.org/10.1891/9780826195425.0016>
- Widjaja, G. (2023). Pelayanan Kesehatan Bagi Pasien Menurut UU No . 17 Tahun 2023 Tentang Kesehatan. *Journal Of Social Science Research*, 3(17), 2490–2498. <https://j-innovative.org/plugins/generic/pdfJsViewer/pdf.js/web/viewer.html?file=https%3A%2F%2Fj-innovative.org%2Findex.php%2FInnovative%2Farticle%2Fdownload%2F6066%2F4583%2F10192>