

ANALYSIS OF FACTORS AFFECTING NURSE-PATIENT INTERACTION BASED ON THE HUMAN INTERACTION MODEL IN PREGNANT WOMEN WITH THE RISK OF PREECLAMPSIA

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ABSTRACT

Preeclampsia is one of the most common medical problems during pregnancy and the leading cause of maternal death in the world, especially in developing countries including Indonesia. Early diagnosis by recognizing the signs and symptoms of preeclampsia can prevent complications of preeclampsia. This study was conducted in Surabaya with the consideration that the prevalence of preeclampsia is increasing in this city. This study aimed to analyze the factors affecting nurse-patient interaction based on the human interaction model in Surabaya. This study used a quantitative approach with observational research and was classified as cross-sectional. The sample in this study was pregnant women, with a total of 108 respondents. The independent variables used in this study were age, gravidity, education, knowledge, disease history, access to health facilities and husband's support. Meanwhile, the dependent variable was the nurse-patient interaction. The results of the study were obtained through a questionnaire. This study used a logistic regression test which aimed to see the factors affecting the independent variables on the dependent variable. The results showed that the factors affecting the nurse-patient interaction were education (Sig=0.015, B=3.482), knowledge (Sig=0.000, B=4.255), and health facilities (Sig=0.049, B=2.802). Age, gravidity, education, knowledge and medical history (anamnesis) factors are internal factors that come from the pregnant woman herself, whereas health facilities and husband's support are external factors. Based on the results of this study, it can be concluded that nurse-patient interaction has an important role in the provision of nursing care to patients. Therefore, it is very important for pregnant women to have education, knowledge and good health facilities so that nurse-patient interactions can run optimally.



1. INTRODUCTION

Preeclampsia is a leading cause of prematurity and maternal death worldwide. Preeclampsia is also a problem that often occurs during pregnancy—and is the main cause of maternal death in the world, especially in developing countries including Indonesia [2]. So, early diagnosis by recognizing the signs and symptoms of preeclampsia can prevent complications of preeclampsia [24]. Pregnant women really need to be able to take care of themselves and maintain health so that they can recognize the danger signs of pregnancy, take precautions, and control the occurrence of preeclampsia. Unfortunately, there are pregnant women who have less knowledge and ability in self-care to prevent the occurrence of preeclampsia. Therefore, a good nurse-patient interaction is needed as an effort to increase the knowledge and skills of pregnant women in preventing preeclampsia. Nurse-patient interaction is a process of delivering information from one person to another—directly or indirectly.

The Maternal Mortality Report (LKI) of Regency/City KGM Section of Health Office in East Java in 2017 shows that the three highest causes of maternal death include other causes, with 29.11% or 154 people, Preeclampsia/ eclampsia with 28.92% or 153 people, bleeding with 26.28% or 139 people, and infection with 3.59% or 19 people. In 2018, the three highest causes of maternal death include other causes with 32.57% or 170 people, Preeclampsia/ eclampsia with 31.32% or 163 people, bleeding with 22.8% or 119 people, and infection with 3.64% or 19 people. Meanwhile, in 2019, it is shown that the three highest causes of maternal death include Preeclampsia/eclampsia with 31.15% or 162 people, bleeding with 24.23%, and other causes with 23.1% or 120 people (Health Profile of East Java Province in 2019)

Mothers have a major role in the success of the exclusive breastfeeding program. There has been a lot of support from external parties, including health workers, community/breastfeeding support groups, and families. Many studies have proven the role of external parties in exclusive breastfeeding. However, until now the achievement of exclusive breastfeeding both in the world and in Indonesia has not met the target. Therefore, a mother must have strong independence in motivating and leading herself (self-leadership) in giving exclusive breastfeeding. Any obstacles that occur will be easily overcome if the mother has a high commitment to the importance of exclusive breastfeeding and its enormous benefits for her, her baby, and the environment.

The maternal mortality rate in Indonesia is closely related to the awareness of pregnant women to carry out pregnancy and health checks to make sure that the mother and baby are in a healthy condition [19]. Pregnancy check-up aims to detect irregularities and possible complications during pregnancy. Through professional ANC services, increasing knowledge and behavior in pregnancy care is expected to be able to prevent the occurrence of preeclampsia. Health education in disease prevention management has been widely carried out, but it has not been able to reduce the prevalence of preeclampsia. Communication and interaction of nurse-patient can increase knowledge, influence behavior, and empower pregnant women to be able to carry out self-care during pregnancy so as to prevent preeclampsia. This study was conducted in Surabaya with the consideration of the researchers that the prevalence of preeclampsia is increasing in this city. The results of this study are expected to be information on the problem of nurse-patient interaction so it can be a reference in carrying out nursing care for pregnant women.

2. Materials and Methods

This study used a quantitative approach with an analytical observational type because the researchers did not

give any treatment to the respondents. The research design is classified as cross-sectional. The population in this study was all pregnant women at the Ahmad Yani Islamic Hospital in Surabaya. Sampling was done by simple random sampling with a sample size of 108 respondents. The independent variables used in this study were age, gravidity, education, knowledge, disease history, access to health facilities and husband's support. Meanwhile, the dependent variable was the nurse-patient interaction. Data collection was done using a questionnaire. Data processing techniques included the process of editing, coding, entry, and analysis. The study was analyzed using SPSS 22 software, with a multivariate logistic regression test method. The variable is said to be influential if the significance value is <0.05 .

3. Results and Discussion

Based on the data collection that has been carried out, a descriptive analysis will be presented through the frequency distribution of respondents' responses to the research variables, which is presented in the following table:

Table 1 Frequency distribution of respondents' responses to the research variables

Variable	Category	Frequency	Percentage (%)
Age	No risk: 20-35 years old	81	75%
	At risk : >35 years old	27	25%
Gravidity	Primiparaous	46	42.6%
	Multiparaous	62	57.4%
Education	Primary (Elementary/Junior High School)	50	46.3%
	Secondary (Senior High School/ Vocational High School)	45	41.7%
	Tertiary (College/ University)	13	12%
Knowledge	Poor	13	12%
	Fairly Good	47	43.5%
	Good	48	44.4%
Illness History (Medical History/ Anamnesis)	Yes	55	50.9%
	No	53	49.1%
Medical facility	Poor	46	42.6%
	Good	62	57.4%
Family support	Inadequate	9	8.3%
	Adequate	83	76.9%
	Good	16	14.8%
Nurse-Client Interaction	Poor	72	66.7%
	Good	36	33.3%

Table 2 Logistic regression analysis of variables affecting nurse-patient interactions

Variable	B	SE	P-Value	Hosmer and Lemeshow test
Education	4.255	0.786	0.015	0.881
Knowledge	3,482	1.426	0.000	
Medical facility	2.802	1,443	0.049	

B: Slope of a line; SE: Std. Error of the Estimate

Based on table 1, it was found that of the 108 respondents, most (75%) were included in the age category of no risk, namely 20-35 years old, most (57.4%) were multiparous, almost half (46.3%) had primary education, almost half (44.4%) had good knowledge, most (50.9%) had an illness history, most (57.4%) had good health facilities, and almost all (76.9%) had adequate family support. Furthermore, for the nurse-patient interaction variables, most (66.7%) were not good.

Knowledge or cognitive is a very important domain for the formation of a person's actions or activities. This is related to theory that the level of knowledge is a predisposing factor in positive behavior, because with knowledge a person will begin to recognize and try or perform an action, including in this case interacting. According to the Ministry of Health of the Republic of Indonesia (2011), the factors causing poor nurse-patient interactions can come from education and knowledge. These factors include the lack of education and knowledge of the patient so that it will affect the ability to communicate or interact which is less than optimal.

[16] proposed an opinion that a professional nurse must have knowledge that is developed through increased education, research and training—so, in providing nursing services, nurses use intellectual skills, interpersonal and technical skills which are reflected through logical and critical thinking processes.

According to, the role of nurses is to provide nursing care and advocate for clients as well as become educators, coordinators, collaborators, communicators, and reformers. In performing their roles, nurses—in the communication process—are influenced by several factors, namely knowledge, education, cultural background, and environment. Furthermore, according to [23], the interaction of nurses with patients is a very important factor in providing nursing care and one of the barometers of the success or failure of the nursing process. Nurses are required to be able to foster and establish good interactions with patients, closest people and other health workers. Therefore, anyone who becomes a nurse is required to be able to communicate or interact.

In addition, another supporting factor is health facilities which are factors that affect nurse-patient interactions. Studies related to poor health facilities and adequate family support—have proven that these two variables affect the interaction process between nurses and patients. Poor health facilities will cause discomfort in interacting so that the interaction process between nurses and patients is disrupted or not optimal.

Based on table 2 above, the results of the logistic regression analysis show that the variables significantly affecting the nurse-patient interaction are education, knowledge and health facilities, where the three variables are significant with a p-value <0.05. The most affecting variable on nurse-patient interaction is the pregnant women's knowledge.

Nurse-patient interaction is an interpersonal process in setting and achieving goals consisting of actions, reactions and interactions which are processes of perception, communication and transactions. Good nurse-patient interactions will increase positive perceptions which will have an impact on the pregnant women's ability to care for their health so as to improve their health status.

4. Conclusion

Nurse-patient interaction has an important role in the provision of nursing care to patients. Therefore, it is very important for pregnant women to have education, knowledge and good health facilities so that nurse-patient interactions can run optimally.

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