

## How to Cite

Ayuningsih, N. N., Suda, I. K., & Subrata, I. W. (2021). Sewaka dharma hindu nurse toward patients in sanglah general hospital denpasar. *International Journal of Health & Medical Sciences*, 4(1), 80-87. <https://doi.org/10.31295/ijhms.v4n1.1275>

# Sewaka Dharma Hindu Nurse toward Patients in Sanglah General Hospital Denpasar

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**Abstract**---This research was conducted to reveal Hindu nurse services at Sanglah Hospital Denpasar. As the largest hospital in Bali, RSUP Sanglah Denpasar has sufficient, safe, reliable, sophisticated facilities with the support of qualified and experienced human resources and has received various awards both national and international should be able to provide services to patients by upholding human dignity in services, education, and research. This phenomenon is a problem that requires an applicable solution and a formula for hospital services regarding nursing care for patients at the Sanglah Central General Hospital, Denpasar, Bali. Research on Hindu nurse services at Sanglah Hospital Denpasar was completed by qualitative methods. All primary data were collected directly at Sanglah General Hospital using participatory observation techniques and in-depth interview techniques. Obtaining data is complemented by the results of literature studies on scientific papers and books on nursing. All data were analyzed qualitatively using social practice theory, service management theory, and reception theory. The results showed that the Hindu nurse service at Sanglah Hospital was not optimal due to the habitus factor, the dominance factor of the structure, and the doxa factor in providing services to Sanglah Hospital patients.

**Keywords**---hindu nurse, sanglah hospital, service quality.

## Introduction

Quality service (*sewaka dharma*) is the target of optimal health service performance to build patient satisfaction (Pohan, 2007). In this context, Azwar (2004) argued that in hospitals there are various services such as medical services, nutritionists, pharmacists, and nurses for the recovery of patient's conditions through integrated medical care. Thus it is enforced in building service quality and patient safety at Sanglah Hospital Denpasar. As a well-known hospital, RSUP Sanglah Denpasar has adequate, safe, reliable state-of-the-art facilities with the support of qualified and experienced medical personnel who are willing to uphold human dignity in the fields of service, education, and research services at the Sanglah General Hospital Denpasar Bali (Sudana, 2018).

The quality of services at the Sanglah Central General Hospital has been demonstrated through its awards. The Indonesian Ministry of Health awarded the best role model in 2014 because it has succeeded in implementing JKN. They received the gold champion of Indonesia wow service excellence award from Markplus in 2016 because it was considered to have the most advanced health care facilities in patient care in 2016. Based on the standard of infrastructure, facilities, and procedures for patient services. Based on the standard of infrastructure, facilities, and service procedures for patients, it was awarded the Satker No. 024.04.4.15661 years 2017-2018 based on the best financial performance in upholding effective and efficient service quality related to compliance in the sustainable use

of APBN. In 2016-2018, they won the Tri Hita Karana Praja Nugraha (emerald) award from the Tri Hita Karana Bali Foundation consecutively. The achievement award shows that the Sanglah Central General Hospital is considered capable of implementing elements of the Tri Hita Karana philosophy on an ongoing basis in the management system of the Sanglah Central General Hospital. Also, other awards that have been achieved include: 1) the best role model from the Ministry of Health of the Republic of Indonesia in 2014, 2) gold champion of Indonesia wow service excellence award from Markplus 2016, 3) internationally accredited from JCI (Join Commission International 2016-2019), 4) accreditation certificate for full-star level KARS Hospital 5, 2016, 5) Tri Hita Karana Praja Nugraha (emerald) 2016-2017, 2017-2018 from the Tri Hita Karana Bali foundation, 6) Sanglah Central General Hospital No. 024.04.4.15661 as the best performing work unit in the category of public service bodies in 2017 and 2018 by KPPN Denpasar, 7) award of WBK Kep. Minister of Health RI No. KP.04.04./MENKES/628/2018 by the Indonesian Ministry of Health.

All patients should be satisfied with the service system of the Sanglah Central General Hospital. However, there are still many patients complaining, because they are not satisfied with the nurse's service. This can be proven by the many complaints from patients regarding the services provided by nurses, including Hindu nurses, such as slow, inconsistent service, reasons for the unreasonable postponement of service, less responsiveness in responding to requests from the patient's family, and seem unfriendly. in carrying out nursing duties. According to Hindu teachings, this is called not applying Subuddhi. Subuddhi in Sewaka Dharma teaches to prioritize customer satisfaction in service (Yasa, 2011; 2019). Where ideally, quality nursing services as part of the service system prioritize quality reliability, responsiveness, assurance of ability, and empathy, but the nursing service does not appear to be this, which proves that nursing services have been not optimal. The main problems in the research on Hindu Nursing Services at Sanglah Hospital can be formulated. 1) Why the nurses who are Hindus not yet optimally practiced the *sewaka dharma* following the care of the professional nurses for each patient? 2) How the practice given by Hindu nurses to patients? 3) What the implications of the Hindu nurses for patient and family satisfaction?

In general, research on the *sewaka dharma* of Hindu Nurses aims to find a formula for the problem of Hindu nurse services which has the potential to be developed into a nursing theory, public service theory, health theory, or religious theory. Specifically, Hindu nurse services carried out in the context of, 1) identifying the various obstacles for Hindu nurses who have not been able to provide *sewaka dharma* following the standards of professional nurse care to each patient, 2) analyzing the process of Hindu nurse's *sewaka dharma* towards patients, 3) to analyze the implications of the Hindu nurses in providing services to patients on the satisfaction of patients and their families.

## Research Methods

Hindu nurse services at Sanglah Hospital Denpasar were researched using qualitative methods. The qualitative method is a method for finding, developing, and testing the truth of knowledge scientifically (Banerjee et al., 2016; Breitbart et al., 2002; Moeleong, 1991). The type of data used in this study is qualitative data. Qualitative data are presented in the form of not numbers (Muhadjir, 1996; Andersson et al., 2016; Puntillo et al., 2003). The determination of informants in this study was carried out using the purposive sampling technique. Sugiyono (2011) stated that the determination of informants in research using the purposive sampling technique can be done by considering their knowledge of the problem being studied. All primary data were collected directly at Sanglah General Hospital using participatory observation techniques and in-depth interview techniques. Participatory observation is a process of participating in the observation of the part of the life of the person being observed (Riyanto, 2010). While in-depth interviews are a process of searching for data openly, freely, focused on the research center (Moeleong, 2005). Data collection is complemented by the results of literature studies on scientific papers and books on nursing, as Moeleong (1991) stated that to ensure credibility of the various documents used, the documents used as references are selected by considering their current aspects, the compatibility between them. documents with the problems studied and the quality of the library documents used. All data were analyzed qualitatively using social practice theory, service management theory, and reception theory.

## Theoretical Framework

The theoretical basis is a set of propositions for finding and explaining phenomena systematically (Sugiyono, 2008). To explain Hindu nurse services social practice theory, service management theory, and reception theory are used. Theory of social practice Bourdieu (Goodman, 2009; Mustika et al., 2017; Astiti & Surya, 2021) argued that practice can be formulated into (habitus x modal) + domain. Habitus is viewed by Nice (1990) as built from the capital, lifestyle, tastes, and social processes. Bourdieu (1990) stated that lifestyle, capital, tastes can change along with

changing reality. In the context of service, nurses in the hospital, sometimes in providing services to their patients, are always based on the theory of practice according to Bourdieu. Nursing services to patients in hospitals through capital exchanges, namely cultural capital, social capital, and economic capital. This process can affect aspects of reasonableness, performance, and practice decisions of nurses in the patient handling process.

Service management theory by Jannsens (2009) emphasized that excellent service is a process that at least meets the minimum standards of organizational implementation. Organizing is a stage that needs to be done in nursing service management in addition to carrying out planning, control, and evaluation of the nursing process. Planning includes setting goals and finding ways how efforts can be taken to achieve these goals so that planning is the main function of management to run well. Organizing is a process to ensure human and resource needs to carry out plans. Actuating is the implementation of work and controlling is controlling work. Service management theory is very relevant to be used to analyze the quality of patient care which is not spared from the role of nurses in the service system for patients.

Reception theory by Endraswara (2008) stated that reception means receiving or enjoying literary works by readers. Ratna (2008) asserted that literary reception comes from the word *recipere* (Latin), *reception* (English) which means acceptance or reception of readers. Couto (2011) argued that reception theory is relevant for discussing the actual form of response and the final form of change from the response of a person or group of people to the text after going through the evaluation process. The reception theory is very relevant to be used in uncovering and analyzing the implications of Hindu nurse services for patients.

## Discussion

### *Factors Causing Unoptimal Hindu Nurse Services*

The lack of optimal Hindu nurse service at Sanglah General Hospital Denpasar was caused by the Habitus factor, the Domination of Structure Factors on Agents, and Doxa Factors in Providing Services to Patients. The practice of RSUP Sanglah Denpasar in implementing SPO 5 S is in line with Bourdieu's ideas in Ritzer & Goodman (2009). It can be emphasized that each actor is armed with a series of schemes that are internalized and have a strong effect on understanding, perception, appreciation, and evaluation as well as aspects of assessment about the environment.

In general, Hindu nurses have carried out social interactions as expected by the SPO. In connection with the Habitus factor, the unwanted attitude of Sanglah Hospital patients can be an uncontrolled overflow of nurse habitus that is not even realized because of the strong pressure of external demands and the limitations of the personal capabilities of the perpetrator. This occurs due to the poor condition of the Hindu nurse, which can lead to careless handling and unwanted attitudes by the patient.

There are still some nurses who often neglect provisions because of their *prejudice* attitude that appears without realizing it when handling complaints from Sanglah Hospital patients. Some of them are still constrained by bureaucratic elitist attitudes, *priyayi* attitudes and love to be served as part of their lifestyle, the habit of working without referring to existing standards, and the habit of making capital exchanges are the causes of less optimal nursing services. The action structure of the nurses in treating patients is built on cultural domination, power domination, and economic domination. Culturally, Balinese Hindu nuances are very strong, considering that the majority of patients and nurses at Sanglah Hospital are Hindu. This makes it easier for Hindu nurses to make friends with Sanglah Hospital patients, which is a demand for excellent service as a nurse. However, the facts show that there are still Hindu nurses who have not been able to treat all Sanglah Hospital patients equally. They are still trapped in the social status, class, and position of patients in the society which results in differences in the technical implementation of nursing and the complaints of patients. This is indeed difficult to avoid because according to Bourdieu (1990) that cultural capital and social capital are the embryos of practice.

Every Hindu nurse at Sanglah Hospital has the authority to practice patient care. Putranto (2020) mentioned nursing as a permanent staff following the Decree of the Minister of Health No. 3/2020/Article 11 concerning resources in public hospitals. In this regard, authoritative power is dominant, especially concerning the production of regulations, supervision of medical bureaucratic practices, and evaluation of institutional bureaucracy. As the supervision of the nurses is indeed a determining process related to establishing rules and mechanisms for continuous and quality nursing practice. The specific purpose of monitoring to the evaluation of nursing practice is to pressure a small number of Hindu nurses who are creative but often ignore and violate the code of ethics and SPO in the practice of handling patients. This action is a step that is legally taken in reducing the increase in not optimizing nursing practice.

There is no economic qualification specifically intended for Hindu nurses who handle patient complaints in each type of room. However, the economic capital of the patient and the patient's family who is willing to risk the patient's recovery can affect the level of comfort and effectiveness of the patient's treatment process. Each type of inpatient room is differentiated based on room rate, room name, and available room facilities. Each well-known room type reflects the class of facilities and the amount of the rate. The more spacious the room is accompanied by the more complete medical and health support facilities available, the more expensive the room rate for patient care. In this regard, award with spacious rooms and medical facilities accompanied by complete health support will side with the patient's family who dares to pay a high price for the patient's illness treatment. Thus, access to spacious rooms with complete medical and health support facilities is difficult to obtain when the patient's family only dares to pay a low price for the treatment.

The practice of Hindu nurses was also influenced by the prayer of Hindu nurses in providing services to patients. When Hindu nurses appear hesitant in providing quality health services, appear afraid in dealing with clinical situations related to the patient's condition, and appear favoritism in inpatient care that patients complain about based on an understanding of professional nursing leads to unoptimal practice performance. The not optimal practice of Hindu nurses is related to *doxa* that is outside the cognitive process, such as the treatment of patients by some Hindu nurses who are less educative, less able to accompany, less scientific, and less reference to medical documents about patient history.

*Doxa* as a determining factor for Hindu nurses at Sanglah Hospital in treating patients who are not optimal is related to the social classification practice that develops environment. Normatively, the standard of medical services emphasizes the equal treatment of nurses to all patients. The facts show that there is a social class classification in the Hindu nurse service process. Patients from the dominant dominant group who have economic capital, symbolic capital tend to get excellent service, while patients who do not have such capital tend to be marginalized. Access to additional facilities such as TV entertainment, refrigerator, living room, and air conditioning is easier for patients who are relatively well off than less fortunate patients. This means that in practice, there are differences in the right to receive complete treatment between patients with capital and underprivileged patients. This fact is following the view of Bourdieu (1990) that privileges are only owned by individuals who have economic, social, and cultural capital. Such is the complaint from patients who are less capable in the inpatient process, including that it has contributed to the not optimal practice of Hindu nurses. In general, the less optimal nursing services are not only caused by nursing services because nursing services are indeed not independent entities but are interrelated with the services of doctors, nutritionists, pharmacists, administrative staff, and others which constitute an inseparable unit.

#### *Hindu Nurse Service Process for Patients*

Hindu nurse services for Sanglah Hospital patients have paid attention to the needs of service management for patients, the standard of nursing care, and the needs of excellent service at Sanglah Hospital. However, if it is examined more comprehensively, it turns out that there are still several services provided by Hindu nurses which are still not as expected. This is because nursing services are not independent, but also related to other service aspects, such as services provided by doctors, nutritionists, pharmacists, administration, including services by management. However, in this study, researchers focused more on the services provided by nurses, especially Hindu nurses, to patients. The process of meeting the needs of patients requires the role of nurses and the medical team to achieve recovery. To be able to provide excellent service to hospital patients, good cooperation is needed between hospital elements, such as doctors, nutritionists, pharmacists, hospital management, administration, and the role of the nurse itself. Therefore, management functions as described in management theory must be carried out. The series of nursing processes are known as medical practices that support the health management mechanisms of health services in hospitals. Calman (2006) stated that management mechanisms can run smoothly when planning, organizing, actuating, and controlling are synergized. Wirjana (2007) stated that management causes people to be willing to complete joint tasks and take responsibility in group unity. The process of planning, coordinating, and evaluating patient management performed by Hindu nurses seems to support the needs of the Sanglah Hospital health service management process. Thus the nursing management activities of Sanglah Hospital and the outpouring of Hindu nurses in cognitive, affective, and psychomotor roles in the planning process of patient service delivery, patient service organization processes, patient service coordination processes, and patient service evaluation processes to achieve effective and sustainable treatment can be stated not in vain.

The implementation of nursing at Sanglah General Hospital has been regulated based on the SPO. Operational Implementation Standards are needed so that the nursing services provided are following the standards of nursing care (Depkes RI, 2001). Nursing care is a reference for nurses, including Hindu nurses in handling patient

complaints and maintaining the quality of services. By reviewing the standards of nursing care, it can be understood that the quality of nursing services is not fully formed by Hindu nurses but is also the responsibility of nursing facilitators and nursing leaders. In general, Hindu nurses have paid attention to the nursing care standards of conducting assessments, diagnosing, planning, implementing nursing planning, and evaluation. Therefore, the inadequate achievement of Hindu nurse services can be understood due to the implementation of hospital nursing based on the nursing competence of Hindu nurses which is not following the expectations of patients.

For patient care needs, Hindu nurses have tried to pay attention to the quality of care and patient safety, pay attention to the comfort of patients and their families, pay attention to patient complaints, provide fast service to patients, provide appropriate services, provide friendly and empathetic services, treat patients as partners, appreciate the patient's development for optimal achievement of Sanglah Hospital patient satisfaction. However, the facts about patient anxiety and dissatisfaction show that performance is not optimal, seen in the aspects of service accuracy, speed of service, and hospitality of Hindu nurses. This shows that nurses have not fully carried out nursing care with an attitude of high dedication or with a sincere attitude, have not internalized the philosophy of the concept of *sewaka dharma*, namely that serving is an obligation.

#### *Implications of Hindu Nurse Services on Patient Satisfaction and Patient Families*

Maddy (2003) stated that the excellent service quality that the service management strives for requires the achievement of client satisfaction to build the best image institutionally and a professional reputation. The Hindu religious nurse service has resulted in the satisfaction of the patient and the patient's family as well as the behavior of the patient and the patient's family. The satisfaction of the patient and the patient's family is achieved, among others, in line with the role of the Hindu nurse in an independent manner, good responsiveness, and the accuracy of handling the patient feels. On the other hand, some Hindu nurses appear to have not been optimal in nursing services, among others, because they are less responsive and constrained by power and prayer in complying with operational implementation standards and carrying out the role of nurses independently.

Hindu nurses are required to be able to understand the sick behavior of their patients. The personal decision of the Hindu nurse is related to the medical, social, and symptomatic fields along with a naturalistic history of illness that has made the patient uncomfortable and sick. So far, the Sanglah hospital nurses who are Hindus seem to apply the concept in the Health Belief Model (HBM) to support the achievement of nursing implementation goals. By knowing the patient's belief in healthy behavior according to the mandate of the Health Belief Model, nursing intervention actions against pain complaints can be conformist for the patient's family, especially concerning demands for changes in the patient's health behavior.

### **Research Findings**

#### *Factual Findings*

*First*, in the service aspect, it was found that the services provided by nurses, including Hindus at Sanglah General Hospital, were built based on the practice of the health belief model. Practicing the health belief model emphasizes the personalistic treatment process that some patients need. In practice, some of the health belief models that are carried out play a role in increasing the benefits of medical treatment received by patients, such as preventing the bad implications of naturalistic medical treatment and others. The practice of the health belief model from Hindu nurses has contributed to the effectiveness of treatment for patients who have a personalistic disease genealogy. However, in reality, the services provided by the hospital, both to patients and their families, are not yet fully optimal. This can be proven by the complaints submitted by patients or their families for the services they receive at the hospital.

*Second*, Hindu nurse services still provide room for medical professionals to apply the local wisdom values of the Balinese people, for example using traditional medical systems, such as *melukat*, *mebayuh*, and other alternative treatments, following Sad Kerthi Loka Bali's policies so far. The treatment system does not endanger the patient's health. Thus, it can be stated that nursing services by utilizing the values of local wisdom of the Balinese Hindu community can be said to be ethically and legally conformist environment. Third, nursing services including those who are Hindus, also adopt the values of Balinese social wisdom, such as family attitudes based on social wisdom values, such as the values of *sagalak sagilik saguluk*, *salung-lung*, *sabayantaka*, *paras paros sarpenaya*. The relationship that is built between the nurse and the patient always refers to compassion and mutual respect for one another by referring to the philosophy of *tatwam asi* and based on the concept of *sewaka dharma*. However, in its implementation, it must be admitted that there are still some nurses who have not been able to apply these social

wisdom values in building relationships with patients or with the patient's own family. Another finding is that it must also be admitted that the services provided by nurses are not always negative, but some have contributed to the achievement of the quality of service as expected, both by the Indonesian National Nurses Association and by the Sanglah Hospital management manager.

### *Theoretical Findings*

*First*, a theoretical practice can be understood as a form of capital accumulation in synergy with habitus in a sector of human life. [Abdulah et al. \(2014\)](#) in terminology, capital has three forms, namely *first*, economic capital which can be linked to money or ownership of objects, goods, and the like which can be viewed and used for investment purposes; *second*, institutionalized cultural capital in the form of educational qualifications and third, social capital which consists of social obligations and among them institutionalized in the form of honor and nobility. In this context, nurses in providing health services can bet and exchange their capital with the capital they need. This can reinforce the inner proposition of Bourdieu's theory of social practice which states that economic institutions have been structured to benefit those who already have economic capital, likewise educational institutions have been structured to benefit those who already have cultural capital in the form of the dominant cultural fraction habitus. However, in practice, what Bourdieu's statement is not entirely applicable in nursing practice at Sanglah General Hospital, Denpasar. Because in reality, there are some nurses who from the educational side (in the form of cultural capital) have been upgraded through training and increased levels of formal education, but have not been able to provide optimal service to their patients.

*Second*, the practice of *tattwam asi* among Hindu nurses clarifies the implementation of management theory which is theoretically required in the stages of service management, including health services. Theoretically, service management requires a planning process that is realized in organizing, followed by actuating, as well as being saved and further regulated through control measures. The implementation of *tattwam asi* teachings among Hindu nurses emphasizes the planning, organizing, actuating, and controlling stages of the service management process for patients. So, these findings can affirm service management theory, in the sense of strengthening the argument in service management theory which emphasizes that in the management process four important things need to be considered, namely planning, organizing, actuating, and controlling. However, in practice, there are still some Hindu nurses who have not been able to implement management functions optimally, such as making good planning, coordinating with related parties, doing actuation, and controlling the actions of their servants properly, resulting in the emergence of various patient complaints. for the services it provides

*Third*, the reception which theoretically consists of text and responses that can be built from a total, partial or oppositional study of the text. Thus, the meaning of *tattwam asi* in Hinduism has been perceived to be very contributive in upholding the quality of patient care services, so Sanglah General Hospital has officially established *tattwam asi* as part of the basic belief for the ideal quality of care services for nurses. This can affirm the reception theory, but not completely, it is proven that there are still many complaints from the community, especially the patient's family as a response to the services provided by the hospital, especially the services provided by nurses.

### **Conclusion**

Based on the results of the discussion on Hindu Nurse Services for Patients at Sanglah Hospital, it can be concluded:

1) The services of some Hindu Nurses for Patients are not optimal due to the habitus factor, the domination factor of the agent and the *doxa* factor in providing services to patients. Specifically, the factors that cause Hindu nurse services are not optimal can be further categorized into several parts, among others, the habits and lifestyle of nurses, the habits of nurses working without referring to predetermined standards, the habit of exchanging capital, cultural domination. in service delivery, the domination of power in service delivery, economic dominance, *doxa* as an accepted understanding, prayer as a factor that is outside the cognitive process, and *doxa* as a determining factor for nurses in their actions. If it is related to the concept of Hinduism, service is not optimal. Hindu nurses because the pillars of *sewaka dharma* services have not been implemented and internalized as a concept in implementing nursing care; 2) The process of service to Sanglah Hospital patients is carried out by Hindu nurses through stages ranging from reviewing nursing care standards, the process of service management to patients, to implementing excellent nursing service practices, has been carried out through service management principles, according to the basic premise. management theory. But in practice, not all nurses can provide optimal services according to the principles of management theory to inpatients, there are still some Hindu nurses who have not been able to implement management functions optimally. such as making good planning, coordinating with related parties, doing actuation,

and controlling the actions of the servants properly, not being able to fully position oneself as the *sewaka dharma*, namely as a true dharma servant which is a combination of the principles of life, competence, and behavior in practice. service. This is evidenced by the various complaints submitted, both by the patient her/him-self and by his family for the services he received during their treatment; 3) Hindu nurse services which are not yet optimal, have implications for the achievement of patient and family satisfaction. Some of the families of patients and patients have indeed felt satisfied with the services provided by Hindu nurses. However, on the other hand, there are still some of them who complain about Hindu nurse services which can have implications for decreasing public confidence in seeking treatment again and their satisfaction achievement in the treatment process at Sanglah General Hospital.

### Suggestion

Referring to the conclusions and research findings, some suggestions can be made as follows.

- 1) Nurses, especially those who are Hindus at Sanglah General Hospital, are advised to always increase the speed of service delivery, be more responsive in responding to patient concerns, be friendly, empathetic, and sympathetic to all patients regardless of which class they come from.
- 2) The leadership of nurses is advised to immediately deal with the problem of performance of nurse services so that excellent service as stated by the hospital can be realized immediately.
- 3) To other researchers who are interested in researching similar problems, it is suggested to develop similar research, namely regarding nursing services from various perspectives. Related to this, this research can be used as a scientific reference in developing studies related to hospital health services so that it can enrich the repertoire of nursing services from the perspective of social and cultural theory.
- 4) The hospital management should always encourage the nurses, including other medical teams to always provide space and appreciate the traditional medical treatment system so that the complementary medicine system can be realized in an atmosphere of harmony.
- 5) The government, in this case, the Ministry of Health, are advised to pay attention to the welfare of nurses, so that they can increase their professionalism in providing services to their patients.

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