
RESEARCH ARTICLE

Individual Duties of EBP Influencing Factors Caring Behavior of Nurses in the ICU: Systematic Review

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ABSTRACT

Caring behavior is a form of concern in providing support in the form of providing education, attitudes, and care for individuals, groups or communities who are sick or suffering to be able to improve their living conditions. Therefore, the author is interested in reviewing more about the factors that influence the caring behavior of nurses in the ICU in the form of a systematic review. The objective of this research is to analyze the factors that influence the caring behavior of nurses in the ICU based on evidence based research. This research is a literature study with a PRISMA approach—A systematic review using PICO. The search databases used are Pubmed, ScienceDirect, Wiley Online Library, ProQuest, DOAJ, Springer, Taylor and Francis with the keywords caring behavior AND nursing AND intensive care, critical appraisal using the Joanna bigg Institute. These research results are of the 10 research articles reviewed; the quality of the articles obtained was that opportunity had good caring behavior was 2.22 (Odds Ratios: 2.22, 95%CI: 1.20 - 4.10) times higher in nurses who worked in a good work environment compared to those who worked in a bad work environment. Nurses who are satisfied with their work have a 2.79 chance (Odds Ratios: 2.79, 95% CI: 1.54 - 5.08) times higher to behave well than nurses who are dissatisfied with their work. Similarly, nurses who had a lower workload had a probability of 3.01 (Score Odds Ratios: 3.01, 95% CI: 1.70 - 5.33) times higher to have good caring behavior from nurses compared to nurses who reported having a high workload. The factors that influence caring behavior in the ICU are work environment, stressors, job satisfaction and workload.

KEYWORDS

Caring Behavior, Nurse, Work Environment, Stressor, Job Satisfaction, Workload, Determinant Factors, Intensive Care

ARTICLE INFORMATION

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1. Introduction

Caring behavior is a form of concern in providing support in the form of providing education, attitudes, and care for individuals, groups or communities who are sick or suffering to be able to improve their living conditions (Sukesi, 2013). Caring behavior is a feeling to provide security, change behavior, and work according to standards (Kusmiran, 2015). In nursing practice, caring behavior can be influenced by many factors, and this may include the patient's diagnosis, type of institution, age and experience of the nurse, self-esteem, beliefs and workplace circumstances (Salimi & Azimpour, 2013). Another study conducted by King & Crips (2005) showed that there are cultural differences in caring behavior. Research also conducted by Enns & Gregory (2007); (and Modic et al., 2016) have reported that methods used in nurse assignments, lack of time and lack of care support can significantly affect nurses' caring behavior.

Caring behaviour focuses primarily on Watson's caring-factor approach, which has been developed from a 'humanistic' perspective that is defined as the person in charge between the nurse and the patient. Based on this, it is possible to have an interpersonal relationship between nurse-patient and nurse-family that can meet the needs of the patient so that it can provide a

sense of satisfaction, security and comfort (Harniah, 2017). Caring behavior is very necessary for service providers because the relationship between healthcare providers is a factor that affects the process of patient satisfaction and recovery (Akansel et al., 2021).

Nurses may be faced with obstacles in their ability to express concern in critical care settings. Such barriers can result in limited treatment time for patients and limited expression of caring behaviors, resulting in difficulties in finding meaning or value in nurses' work and then decreased job satisfaction (Amendolair, 2012). Critical care units are typically considered a particularly stressful environment for patients, their families, and healthcare providers. Pressures in critical care settings are exacerbated by routine activities such as difficult decisions related to end-of-life care, strict standards for patient care quality, inadequate opportunities for communication with relatives and high ICU nurse turnover rates. The use of advanced technology also greatly limits nurses' opportunities with patients because it is to improve communication and caring for the better, with caring involvement and the provision of caring in a good, safe and time-saving way (M, n.d.).

Low nurse caring behavior can be judged from 10 carative factors of Watson's basic theory. Based on the theory in the field, it is still found that patients are dissatisfied with the questions asked of nurses, lack of care/sensitivity to patient complaints and sometimes there are still nurse's snapped / unfriendly. Thus, this kind of impression can also indirectly cause a bad perception from patients about the nursing services provided (Rinna, 2016).

Caring behavior in the critical care unit is still low where caring behavior is not carried out optimally because if you apply caring behavior, the time needed will be long in carrying out nursing actions, both routine and non-routine, for example, not doing pre-interaction completely, for The process of orientation with the patient is still less like not introducing himself and explaining the actions to be performed on the patient, reminding for the patient's spiritual needs such as prayer, performing treatment on patients with unconscious conditions and must always be reminded.

Research related to the factors that influence caring behavior has been widely carried out, and until now, there has been no review literature that analyzes this matter. Thus this literate review aims to analyze the factors influencing the caring behavior of ICU nurses. Therefore, the author is interested in reviewing more deeply and evaluating more about the factors that influence the caring behavior of nurses in the ICU. The purpose of this literature review is to analyze the factors that influence the caring behavior of nurses in the ICU based on evidence based research.

2. Methods

2.1 Article Search Strategy

The article design used is a systematic review with reference to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The disintegrated data are factors that influence the caring behavior of nurses in the ICU in the form of cross-sectional.

2.1.1 Frameworks used

The search process begins with formulating a PICO that is used to direct the author in the clinical search for articles. PICO is an acronym for P (patient, population, problem), I (intervention, prognostic factor, exposure), C (comparison, control), and O (outcome). The PICO formulation in this systematic review is P= Nurse icu; I= Factors – influencing factors; C= -; O= Caring behavior of nurses.

2.1.2 Keywords used

Search for articles to get articles that are specific to the theme using keywords. Keywords make it easy for every reader of the article to be able to quickly find out the essence of the article. The keywords used by the author in the article search include: caring behavior AND nursing AND intensive care, behavior AND caring AND factors AND icu, caring behavior AND nurse AND factors AND icu, caring behavior AND nursing, caring behavior AND nurse and icu.

2.1.3 Database or search engine used

The database search in this systematic review was carried out in October 2022 and used secondary data obtained not from direct observation but obtained from the results of research that had been carried out by previous researchers. The secondary data sources obtained are in the form of journals relevant to the topic searched using databases used, including Pubmed, ScienceDirect, Wiley Online Library, Proquest, DOAJ, Springer, Taylor and Francis.

2.1.4 Inclusion Criteria and Exclusion Criteria

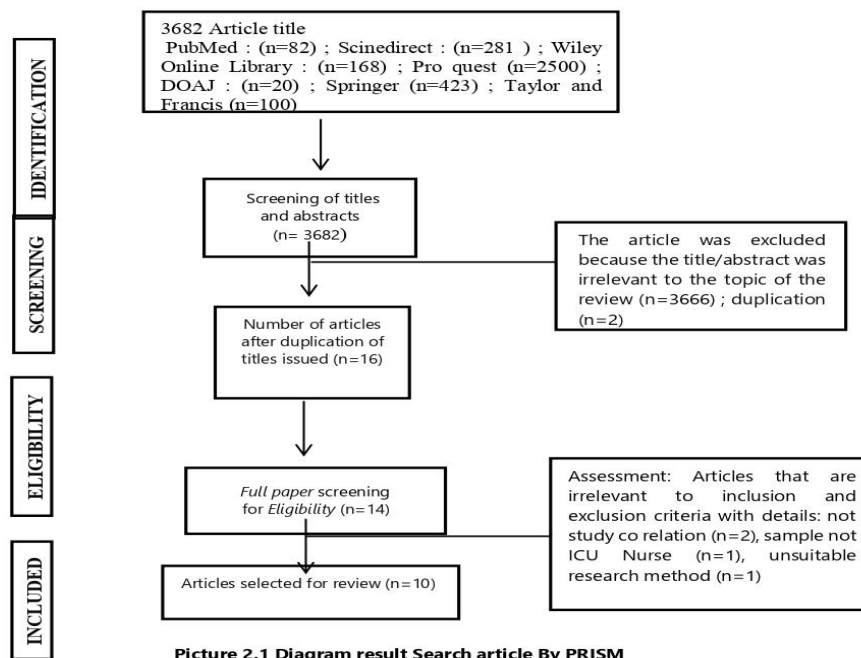
The process of selecting articles is carried out according to the criteria of inclusion and exclusion. The inclusion criteria in this systematic review are English articles, articles published or published from 2012-2022, open access journals and full text original research.

2.2 Study Selection and Quality Assessment

2.2.1 Search results and article study selection

From the search results of the article obtained, pubmed 82 articles, scine direct 281 articles, wiley online library of 168 articles, a proquest 2500 articles, DOAJ 20 articles, springer 423 articles, Taylor and Francis 100 articles.

Flow Search articles can be viewed in the diagram picture 2.1



Picture 2.1 Diagram result Search article By PRISM

2.2.2 Article Quality Assessment

The selected articles are critically assessed, which assesses the methodology of a research methodology. The instrument used by the Joanna Bigg Institute (JBI) to conduct (Critical Appraisal Tools 2020) with an Analytical cross-sectional study. The assessment is focused on assessing the quality of the methodology and possible biases in design, behavior, and analysis. This questionnaire contains different question items per research design. The list of questions for research with a cross-sectional design has 8 questions. Any questions must be answered with a yes/no/unclear and not applicable. The answer "yes" will get a score of 1, and the other answer gets a value of 0, then the result is divided by the total number of questions and multiplied by 100%. Quality is good when the score is 100- 80%, the quality is enough at 79-50%, and the quality is less < 50%.

The process of analyzing article quality using critical appraisal tools from JBI (Joanna Brig Institute) and carried out by author 1 and author 2 by analyzing the selected articles one by one according to the tool. The process of analyzing the quality of the article is found in table 2. 3

Table 2. 3 Article Quality Research Results

	The criteria for inclusion in the sample clearly is defined	The study subjects and the setting described in detail	The exposure measured in a valid and reliable way	Standard criteria used for measurement of the condition	confounding factors identified	strategies to deal with confounding factors stated	The outcomes measured in a valid and reliable way	appropriate statistical analysis used
Ali Reza Bapapor 2022	●	●	●	●	●	●	●	●
Hyunjie Lee 2022	●	●	●	●	●	●	●	●
Neriman Akansel 2022	●	●	●	●	●	●	●	●
Haregeweyn Kibret 2022	●	●	●	●	●	●	●	●
Dan – dan Xu 2022	●	●	●	●	●	●	●	●
Saleh Salimi 2020	●	●	●	●	●	●	●	●
Adugna Olumma 2020	●	●	●	●	●	●	●	●
Somaye Rostami 2019	●	●	●	●	●	●	●	●
Haregeweyn Kibret 2022	●	●	●	●	●	●	●	●
Samah Anwar Shalaby 2022	●	●	●	●	●	●	●	●

Yes ● No ● Unclear ● Not applicable ●

2.2.3 Critical Graph Appraisal Tools

Conclusion: Based on ten analyses of article quality, it was found that the article results were good, but there are still articles with unclear results in the column confounding factors identified and strategies to deal with confounding factors stated.

3. Results and Discussion

3.1 Result

Literature search results found 8 articles that met the criteria in Pubmed, Scinedirect, Wiley Online Library, Proquest, DOAJ, Springer, Taylor and Francis. Articles are from publications from 2012 to 2022. Research locations in Iran (2 articles or 25%), Turkey (2 articles or 25%), Saudi Arabia (2 articles or 25%), China (1 article or 12.5%), and South Korea (1 article or 12.5%).

Based on patient demographic data, the number of respondents involved was 2706 based on the sex of women totaling 1728

and men numbering 602, the number of countries 14, and age numbering 1978.

The results of the assessment with the Joanna Brigg Institute (JBI) CASP (Critical Appraisal Skills Programme 2020) obtained 10 articles of good quality. Based on the quality of the article, there are 10 articles that are selected as good, there are unclear results, the level of evidence obtained results 3, and the results obtained the chance of having good caring behavior is 2.22 (Odds Ratios: 2.22, 95% CI: 1.20, 4.10) times higher in nurses who work in a good work environment compared to those who work in a bad work environment. Nurses who are satisfied with their work have a 2.79 chance (Odds Ratios: 2.79, 95% CI: 1.54, 5.08) times higher to behave well than nurses who are dissatisfied with their work. Similarly, nurses who had a lower workload had a 3.01 probability (Odds Ratios: 3.01, 95% CI: 1.70, 5.33) times higher to have good caring behavior from nurses compared to nurses who reported having a high workload.

3.1.1 Workloads

Articles showing the workload of caring nurse behavior in 5 articles, namely research conducted by Adugna Oluma and Muktar Abadiga (2020); Ali-Reza Babapour et al. (2022); Haregeweyn Kibret et al. (2022); Saleh Salimi et al. (2020); Samah Anwar Shalaby et al. (2018). Emergency nurse workloads are one to four due to the high turnover rate in the ICU; heavy workloads also act as a barrier to the application of Watson's theory. The workload felt by nurses includes the number of patients per shift (the ratio of nurses to patients with the largest ratio of 1:4) and more working time. Nurses who had lower workloads had a probability of 3.01 (Odds Ratios: 3.01, 95% CI: 1.70, 5.33) times higher to have good caring behavior from nurses compared to nurses who reported having high workloads. The relationship of workload to caring behavior is that the presence of workload leads to a low perception of caring behavior, heavy workload demands of work levels and task-level disruptions, having a negative impact on patient and nurse outcomes.

3.1.2 Work Environment

Articles that show the work environment of caring nurses in 5 articles, namely research conducted by Adugna Oluma and Muktar Abadiga (2020); Ali-Reza Babapour et al. (2022); Lee & Seo (2022); Haregeweyn Kibret et al. (2022); Saleh Salimi et al. (2020); Samah Anwar Shalaby et al. (2018). A recent study of nurses' work environments showed that satisfaction with the work environment leads to positive outcomes such as peace of mind or compassion for nurses. In Shalaby's study, the environment presented a 95.2% mean score percent and an elementary \pm mean (57.12 ± 3.67). In the study by Adugna Oluma and Muktar Abadiga, the caring environment (organizational factors) had components that had an average and standard deviation of satisfaction with staffing and support of 15.62 ± 6.01 (average 62.48%) and satisfaction with nurse management of 19.01 ± 6.99 (average 63.57%), and in the Kibret study the chance of having good caring behavior is 2.22 (Odds Ratios: 2.22, 95% CI: 1.20, 4.10) times higher in nurses who work in a good work environment compared to those who work in a bad work environment. A good work environment can create high caring behavior in nurses because caring is a process that requires support in its implementation.

3.1.3 Stressors

Articles that show the work environment of caring nurses in 5 articles, namely research conducted by Ali-Reza Babapour et al. (2022); Akansel et al. (2020); Rostami et al. (2019); Saleh Salimi et al. (2020). Nurses exposed to work stress tend to have a low quality of life, which can also affect patient outcomes (Sarafis et al., 2016). Factors such as individual differences and working conditions can influence them so that significant conflicts in work-related stress between nurses may be caused by the workplace, general conditions and culture. Freccurrence of stressful situations resulting in treatment-having a significant association with emotional burnout as one of the main components of fatigue among ICU team members and can cause nurses to leave their jobs. In the Ali-Reza Babapour rata-rata (SD) study, the total work stress score was 2.77(0.54). In this case, it was found that the average score of work stress was higher in women than in men (2.95 vs 2.49) and in permanent nurses than in ordinary nurses (2.86 vs 2.63). In addition, according to multivariate linear regression, work stress ($\beta = -0.514$, $P < 0.001$). Work stress can affect a nurse's caring behavior due to excessive care, activity or workload and more tasks. Work stress causes a decrease in the level of caring behavior by 0.098 ($\beta = 0.098$, $P < 0.001$).

3.1.4 Job Satisfaction

Articles that show the work environment of caring nurses in 5 articles, namely research conducted by Adugna Oluma and Muktar Abadiga (2020); Samah Anwar Shalaby et al. (2018); Haregeweyn Kibret et al. (2022); Lee & Seo (2022). Job satisfaction consists of the operational nurse's job satisfaction subscale: (1) professional, (2) personal satisfaction and (3) satisfaction with salary and prospects, where Professional satisfaction: measures nurses' satisfaction related to their work and relationships with colleagues. Personal satisfaction: measures nurses' perceptions related to their skills and challenges in the workplace. Satisfaction with salaries and prospects: measures an organization's work-related praise and recognition of their accomplishments. The average and standard deviation of each component of job satisfaction was professional satisfaction 18.46 ± 5.04 (73.54%), personal satisfaction, 18.91 ± 4.53 (75.64%) and satisfaction with motivation and prospects, 17.35 ± 4.86 (69.4%) (Oluma and Abadiga

2020). Nurses' caring behavior increased with nurse satisfaction rates of 41% ($\beta=0.41$; 95% CI: 0.20, 0.63); nurses who were satisfied with their work had a 2.79 chance (Odds Ratios: 2.79, 95% CI: 1.54, 5.08) times higher to behave well than nurses who were dissatisfied with their work. Job satisfaction has a positive correlation with nurse caring behavior, and job satisfaction is significantly associated with nurse caring behavior. Nurses who have personal satisfaction with their work have high caring behaviors that are consistent with research conducted at Gondor on the perception of caring behavior

3.2 Workload Affects Caring Behavior

Nurses who have a workload that is classified as tinggi will be at risk of work fatigue and will show a loss of sense of fourhy, sympathy and responsiveness to their patients, and this can also improve performance. The nurse went downstairs. The workload that occurs in nurses is a very important factor to be able to predict mental disorders that occur in nurses, stress, work dissatisfaction, and work fatigue (Geyer et al., 2018; Madadzadeh, 2018). A light nurse's workload will prevent nurses from feeling frustrated, tired, and bored with work, so this condition can provide an opportunity to implement caring behaviors.

Another factor for a person to choose a nurse as his job choice is the desire to care for the patient as well as help the patient himself. With the desire to care for and help the patient, it is realized by better understanding the limitations and incompetence of the patient and the condition that the patient is experiencing; therefore, the nurse will better show that attitude in caring behavior towards his patient (AL Ma'mari et al., 2020). A person who is aware of the responsibilities of his or her responsibilities carried by him will make every effort to maintain and improve the quality of nursing care even with a heavy workload while still paying attention to caring aspects and applying them in nursing care activities to patients (Foster et al., 2020; Watson & Brewer, 2015).

Workload factors that have an impact on nurses' caring behavior such as performing direct nursing actions, the time to complete work is small, lack of nurses with, many patients who are treated in the ICU, causing workload (Kimalaha et al., 2019), factors other workloads are nursing demands such as understanding the job (Browne & Braden, 2020), shifting rate of ICU nurses (Tubbs-Cooley et al., 2019), the patient's family pressure (Dan-dan Xu, 2022).

3.2.1 Work Environment Affects Caring Behavior

The relationship between the environment, in this case, organizational or managerial and co-workers and the conducive workplace environment is very close, where it is very possible that the caring behavior of ICU nurses requires support from organizational culture and work environment that is conducive to being able to ICU nurses express holistic caring behaviors (Ashenafie et al. 2015). Furthermore, ICU nurses who have a positive relationship in organizing with medical groups will have three times more receptive/ caring behaviors in their work environment. This is certainly the reason that perili caring, which is accompanied by a good relationship in terms of the work environment with the health team, will have a good impact on expressing professional caring when providing nursing care to patients (Ashenafie et al. 2015).

Hyunjin Lee and Kawoun Seo (2022) in their research emphasized that the caring behavior of nurses of their research varies according to marital status, position, job satisfaction and salary; this is due to the characteristics of the hospital environment in Korea, the holistic level of care is higher in the ICU than in the general ward. In addition, it is necessary to create a systematic educational program according to the individual characteristics of the nurse and explore her work environment from various perspectives. Haregeweyn et al. (2022) in their study emphasize the degree to which nurses adapt their care to the specific needs of patients has a direct impact on patient health outcomes.

Work environment factors that have an impact on caring nurse behavior such as nurses' workspaces (Pragholapati, 2020), organizational support such as nurse professional development, availability of facilities and infrastructure (Arofiati, 2018), communication such as theurapetic communication (Richardson et al., 2015), conflicts with colleagues (Sarafis et al., 2016).

3.2.2 Stressors Affect Caring Behavior

According to the research of Ali Reza Babapour (2022), that work stress can affect the caring behavior of nurses because work stress is an interactive situation between the work situation and the person working in that job, which leads to changes in the psychological and physiological status of the individual and affects his normal performance. Work-related stress can be detrimental to physical and mental health and ultimately have a negative effect on productivity work by increasing stress levels.

Stress arises is the effect of functional organ disorders that will affect a nurse who is unable to provide maximum health services, including displaying caring nurse behavior (Olender, 2017). Nurses exposed to work stress tend to have a low quality of life, which can also affect patient outcomes (Sarafis et al., 2016). Excessive work stress can affect the perception of caring nurses' behavior in making decisions and in providing nursing care. So that the perception of caring behavior of the nurse will later make the time to listen to the patient's complaints less, attention to the patient becomes less, less appreciation of the patient's feelings,

lack of fulfillment of the patient's basic needs and lack of facilitating the patient to socialize with the environment (Hangewa, 2020). Recurrence of stressful situations resulting in treatment has a significant association with emotional burnout as one of the main components of fatigue among ICU team members and can cause nurses to leave their jobs

Stressor factors that affect nurses' caring behavior, such as lack of labor, forced overtime hours, and manager attitudes, can cause tremendous pressure on nurses (Ali Reza, 2022), emotional reactions of patient family members (Dan Xu, 2022), treating dying patients (Akansel, 2020) workplace, general condition and culture (Sarafis et al., 2016).

Neriman Akansel et al. (2020) in their research emphasized nurses' perceptions of caring activities in nursing. There are several factors that influence the perception and stressor of nurses, such as working on rotating shifts and the efficiency of nursing care provided to patients; in addition to that, her research, social, cultural and religious beliefs, the culture of caring facilities, individual variation and willingness to practice the nursing profession can influence the perception of caring nurses.

3.2.3 Job Satisfaction Affects Caring Behavior

According to Haragewyen kibret et al. (2022) that patient satisfaction affects the caring behavior of nurses because patients are satisfied with the nursing care provided well. Perawat has a large role in terms of capacity and quality of the nursing service system in order to realize the quality of excellent service, especially ICU.

According to Adugna Oluma and Muktar Abadiga (2020), having the same problem raised as an important point in their research is that nurses perceive more observable concrete aspects of caring behavior than expressive caring behavior. Nurse job satisfaction is associated with caring behavior. Nurses who have personal satisfaction with their work have high caring behaviors. In this study, caring behaviors were positively associated with collaborative work as measured joint participation in the client care process among nurses and physicians; then, with respect to the caring environment, caring nurse behaviors were significantly associated with the caring environment as a measured presence empowering the management, staffing, and support of nursing leaders.

Factor-factors of job satisfaction that have an impact on the caring behavior of nurses include leadership style (Morsiani et al., 2017), emotional intelligence (Nightingale et al., 2018), Supervision (Khamlub, 2013), awards (Robbins and Judge, 2017)

According to another study conducted by Burtson & Stichler (2010) that cultivating an internal motivation of nurses to care can increase the frequency of caring behaviors and will have an effect on patient satisfaction.

According to Cheryl, Y. X. (2018), participants were found to be predictors of positive perceptions in Assurance-related caring behaviors; significant factors in knowledge and skills related to caring behaviors are religion and level of Education, and caring behavior under Respect, Connectedness and total CBI subscale, age and religion were found as predictors.

According to Youssef et al. (2013), humanism/Faith-hope/ sensitivity is the most important caring behavior factor as perceived by nurses, while tiga items from the help/trust subscale are not a factor important for behavior caring felt by nurses.

Somaye Rostami et al. (2019), in their research, emphasize ICU staff who experience moral stress when they feel futile when carrying out treatment causing various types of mental and physical consequences that can negatively affect the professional responsibilities of nurses. Saleh Salimi (2020) emphasizes the issue of quality of care so that researchers must determine the predictors and priorities of the caring behavior of nurses in the ICU to improve the quality of care and patient outcomes. In her research, the researcher discusses thirteen items predicting nurse caring behavior and the most important individual determinants of caring behavior are determined as "interest in the nursing profession", "moral obligation", and "work experience", respectively. Samah Anwar Shalaby et al. (2018), in their research, emphasize the factors that influence the assessment of critical care nurses' perceptions of their caring behavior.

The advantage of the Caring Dimension Inventory instrument is that it is designed to collect perceptions of caring by asking subjects to show their approval of statements about their nursing practice as a form of caring and this tool consists of This tool includes five dimensions: psychosocial (10 items), physical-technical (11 items), professional (1 item), unnecessary (1 item) and non-conforming (2 items). , Caring Behavior Inventory is an instrument for behavioral caring, a tool consisting of 24 items of caring behavior inventory (CBI): 8 for confidence, 5 for professional support and skills, 6 for respect, and 5 for bonding. The CNPI-Nurse scale is to determine the level of caring behavior, and the CNPI Tool contains 23 items with four main dimensions: clinical care, relational care, Humanistic care and comfort care components, supportive behaviors to end-of-life care is a tool used to identify barriers and supportive behaviors for end-of-life care. It consists of 29 items that focus on barriers, 24 items on supportive behaviors and three open-ended questions., The Short scale is an instrument that reflects four domains of care, namely Humanistic Care (four items), Care Relational (seven), Clinical Care (nine), and Comforting Care (three). The Caring Behaviors Assessment Scale (CBAS) is a standard scale

developed by Cronin and Harrison in 1988 CBAS has 63 items categorized within 7 domains of caring behavior based on Watson's carative factors as follows; humanism/faith-hope/sensitivity (16 items), help/trust (11 items), expression of positive/negative feelings (4 items), teaching/learning (8 items), supportive/protecting/corrective environment (12 items), human needs relief (9 items) and existential/phenomodal/spiritual power (3 items), A questionnaire on ICU nurses' perceived barriers and supportive behaviors to end-of-life care, Caring Assessment Report Evaluation Q-s ort (Care-Q) is measuring 50 behavioral concerns categorized into six subscales including beings accessible, explaining and facilitating, entertaining, anticipating, trusting relationships, and monitoring and following up. , Determinants of Nurse Caring Behaviours (DNCB) contains 32 determinants of caring behavior. This questionnaire consists of five subscales: workload/job satisfaction, nurse characteristics, workplace circumstances, patient characteristics, and nurse educational background, and the Factors of Nurses Caring Behaviors [FNCB] is used to identify factors thought to influence the behavior of critical care nurses. The FNCB consists of 32 items on possible factors that may influence nurse care behavior. The factors are categorized into four categories: the state of the workplace (14 items), the nurse's workload, job satisfaction, and general interest in the nursing profession (6 items), the nurse's educational background (4 items), and the patient's characteristics (8 items).

From the results of the literature review that has been carried out, there are shortcomings in the quality of the article, especially in confounding factors identified and strategies to deal with confounding factors stated, so further research needs to be carried out with better methods.

4. Conclusion

Based on the results of a literature study of the ten articles above regarding the factors that influence the caring behavior of nurses in the ICU, ten articles were reviewed that the majority of nurses have high caring behaviors, including :

1. Ada statistically significant positive relationship between nurses' perceptions and their working circumstances
2. Workactivities such as performing direct nursing actions, time to complete work is small, lack of nursing staff with many patients being treated in the ICU, nursing demands, shifting levels of ICU nurses and the pressure of the patient's family, work environments such as nurses' workspaces, availability of facilities and infrastructure, therapeutic communication, and conflicts with colleagues;
3. Stressors such as lack of manpower, forced overtime hours, and managerial attitudes, emotional reactions of patient family members, dealing with dying patients, workplace, general conditions and culture;
4. Worksatisfactions such as leadership style, emotional intelligence, supervise, and rewards;
5. Latar behind the education and characteristics of the patient.

4.1 Suggestion

Nurses are advised to have knowledge, attitudes and sensitivity in providing nursing care, so that good nurse caring behavior is formed, especially in the ICU room because patient care in the ICU room is given in full care or total dependence.

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