

The Nurse Caring Behavior from the Perspective of Banten Culture at X Hospital in Rangkasbitung

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Abstract

Caring is a characteristic of nursing that is applied through the attitudes and actions of the nurse to the patient. Caring behavior in nursing should be based on patient culture to reduce the patient's ugly assessment of nurses such as lack of communication, social distancing with patients, less friendly, less polite, less sincere, less time to the patient and less responsive to patient complaints. The purpose of this study is to explore the caring behavior of nurses from the perspective of Banten culture at X Hospital in Rangkasbitung. Qualitative research method with exploratory phenomenological approach. Focus Group Discussions (FGDs) are used for data collection. Participants consisted of 10 nurses and 5 patients. Analysis of thematic data using the Colaizzi method. The findings of 5 themes are nurses providing holistic nursing services to patients, nurse communication styles to patients, gender-based nursing care, belief in myths and health, health decision makers by families and aged people. This study explains that the application of caring in nursing needs to pay attention to patient culture. Suggestions for the need to conduct research with a mix of methods or triangulation of varied participants.

Keywords: Caring, Banten Culture, Nursing, Management.



A. INTRODUCTION

Caring is the essence of the nursing profession, tangible manifestations or actions that are given directly, not just words. Acob (2018) says that caring is the language of nursing, innate to every human being to provide the best for others. Nurse caring behavior is the basic call or nature of a nurse based on humanity and morals to provide assistance, attention, care, and support in the form of nursing interventions to patients in order to quickly achieve recovery and well-being (Putri, 2014). Nurses give their dedication by working with heart and compassion, committed to helping patients in a caring spirit and making caring a central concept of nursing (Ariani & Aini, 2018).

Caring in nursing is the relationship between nurses and those being cared for based on a specific perspective of caring science. Holopainen, et al (2019) in their research suggest that the "Caring Meeting" for dialogue and relationship building describes a deeper level of interaction between patients and nurses which is characterized by openness, sensitivity, empathy and communication skills, confidence, courage and professionalism; and showing respect and supporting the dignity of the patient. Concretely, it can be seen from the presence and togetherness of nurses and patients. According to Karo & Baua (2019), nurses show caring

behavior in performing tasks by holding hands, listening carefully, showing affection and empathy with the patient or by actually being present with the patient or significant other.

This research was based on a preliminary study conducted at hospital X. Patients rated nurses as lacking in communication, keeping a distance from patients, less friendly, less polite, less sincere, less time to patient and less responsive to complaints. Data on patient complaints against nursing services at Hospital X January to August 2021: Patients complain via Instagram because the nurses did not immediately change the infusion, lack of initial explanation to the patient, the patient's family felt reprimanded with harsh words so that the patient did not want to go to the hospital again. The results of the researcher's observations "Nurses do not know patients, communication with patients is only a formality when they are about to take action, less flexible, there is free time for nurses after giving therapy to patients then sitting and waiting for the bell or time for the following action, less appreciating the call as a nurse, less responsive with patient complaints, feel routine, after giving therapy, more concerned with documentation".

One of the important aspects in providing nursing care that affects the assessment of patient caring for nurses is culture. Nurses' caring behavior needs to be directed at introducing the patient's culture. Patients and nurses each have their own culture to hold. Nurses in addition to having a personal culture from family and society, are influenced by the organizational culture in which nurses work. McFarland and Leininger (2002) and Putra et al. (2021) postulate the need for transcultural care to meet the needs of the population and avoid cultural coercion, ethnocentrism, and cultural conflict or clashes.

Transcultural nursing care improves the quality of nursing care services, allows individuals to adapt to nursing practice more easily, prevents culture shock, helps protect rights regardless of one's cultural background, increases cultural awareness of health care providers, and prevents cultural clashes between health care providers and patient. It is important to understand the values and beliefs of one's own culture and the culture of others in nursing care that is not only appropriate but also considered effective by patients, families, and society (Douglas et al, 2014). The purpose of this study is to explore the caring behavior of nurses from the perspective of Banten Culture.

B. METHOD

Qualitative research methods with exploratory phenomenological research design were used to explore the experiences of participants regarding nurse caring behavior based on the Banten cultural perspective. The data collection method used is an offline FGD (focus group discussion). The time of the study was April to June 2022. The participants in this study were 15 people consisting of 10 nurses and 5 post-inpatient patients. Participants are Banten people who know about Banten culture, of Sunda-Banten descent-born and raised in Banten. The data collection tool

is the researcher himself as the main instrument assisted by 2 research assistants. Data analysis used the collaizzi method with verbatim transcription stages, keyword analysis, categorical analysis and thematic analysis. Researchers adhere to the ethical aspects of research according to the provisions of the National Health Research and Development Ethics Commission (KEPPKN) of the Indonesian Ministry of Health (2017). Ethical permission to conduct research was obtained from the ethics committee of STIK Sint Carolus Jakarta.

C. RESULT AND DISCUSSION

1. Characteristics of Participants

The characteristics of the participants in this study consisted of various aspects, including code, age, education and length of work. Characteristics of participants can be seen in the following table:

Table 1. Characteristics of Nurse Participants

Code	Age	Education	Length of Working
P1a	27 years old	Diploma in Nursing	7 years
P2a	30 years old	Diploma in Nursing	9 years
P3a	27 years old	Diploma in Nursing	6 years
P4a	24 years old	Diploma in Nursing	3 years
P5a	24 years old	Diploma in Nursing	3 years
P6a	27 years old	Diploma in Nursing	5 years
P7a	26 years old	Diploma in Nursing	4 years
P8a	27 years old	Diploma in Nursing	6 years
P9a	32 years old	Diploma in Nursing	11 years
P10a	34 years old	Diploma in Nursing	13 years

Source: data proceed

Analysis of table 1 shows that the demographic data of nurse participants varied. The age of the nurses involved in the study ranged from 24 to 34 years, the education of all participants was D3 in nursing, the length of work was 3-13 years.

Table 2. Patient Participant Demographic Data

Code	Age	Education	Length of Hospitalization
P1b	60 years old	Bachelor	3 days
P2b	60 years old	Bachelor	4 days
P3b	24 years old	Bachelor of Accounting	3 days
P4b	26 years old	Senior High School	3 days
P5b	29 years old	Senior High School	3 days

Source: data proceed

Analysis of table 2 shows that the demographic data of patient participants varies. Participants' ages ranged from 29 to 60 years. The education of the participants is 2 people from high school and 3 people from bachelor's degree. The length of hospitalization for 3 days is 4 people and 4 days is 1 person.

The results of the study found 5 themes, namely nurses providing holistic nursing services to patients, nurses' communication styles to patients, gender-based nursing care, belief in myth and health and health decision making by families and elders.

Table 3. Keywords and Aspect Categories

Keywords	Category
Help activity	Physical Aspect
Patient safety	
Installing hec	
Patient privacy	
Prevent accidents	
Feeding	
Helping patients take a bath	
Give pain medicine	
Relaxation techniques	
Dizziness, heat comes quickly	
Fix and Clean the infusion	Psychic Aspect
Present	
Listen	
Empathy	
Motivation	
Touching heart, emotion	
The patient does not feel alone	
Mind burden	
Understand	
Think of something	
Share	Cultural Aspect
Other non-medical treatment	
Fulfilling spiritual	
Worship	
Bringing Ustadz	
Pastoral Care	
Prayer	
Make an effort	Spiritual Aspect

Source: data proceed

Nurses provide holistic nursing services to patients. This theme is supported by four categories, namely: physical aspects, psychological aspects, cultural aspects and spiritual aspects.

Some participant statements that support the theme:

Physical Aspect

More care, for example, weak patients, let's help the activity (P1a)

...I have to pay attention to the safety of the patient by installing the bed hek... to protect the patient's privacy, the patient is weak, helpless, so we have to maintain his safety, his privacy, prevent accidents, besides that, help the patient fulfill his basic needs, feed him, help the patient bathe... (P5a)

... the nurse cares about the patient, good with the patient...my infusion often bleeds, so I often report to the nurse, the nurse's actions are also quickly corrected, cleaned first (P5b).

Psychic Aspect

... Caring is not just a feeling of sympathy but empathy, so it is more for us to feel what, for example, we as nurses feel what the patient feels... Yes, it turns out that by touching the other side of the heart, their emotions, can be their own strength for the patient... Patients do not feel alone motivate patients so that their health development is better, because it is not only drugs and actions but emotional, emotional relationships affect (P8a)

... provide help, support and empathy... not just oh he's in pain, just inject pain medication, but be present, listen, understand his needs and provide assistance (P3a)

... like to listen to what we have to say, you can talk to the nurse (P3b)

Cultural Aspect

... We give tolerance that respects their culture as related to other treatments, usually they like to bring water for alternative medicine, so we appreciate it... (P7a).

Spiritual Aspect

... there is power outside of human effort, yes we take action according to our abilities, then in Islam we make an intention, whether our efforts are achieved or not, it's not our authority, we can only try, then it's God's business (P8a).

... fulfilling his spirituality, he wants to worship, yes please, or invite a cleric, yes please, in fact there are pastoral care officers who often ask too (P7a).

Table 4. Communication Keywords and Categories

Keywords	Category
Dialect, tone, loud/high intonation	Verbal Communication
Additional	
Indonesian	
Adjust/follow the patient's language	
Rough Sundanese	
The language is plain	
Language Level/Difference between old and	

equivalent	Non-Verbal Communication
Lebak doesn't know the language level	
Can't speak polite Sundanese	
Introduce myself	
Polite language, know yourself	
Permission	
goodbye	
Excuse me	
Thank you	
Parallel staring	
Elderly bowed	
Bending	
Hand on chest	
Staring at the patient	
Patient down	

Source: data proceed

2. The Nurse's Communication Style to the Patient

This theme is supported by 2 categories, namely verbal communication and nonverbal communication.

Some participant statements that support the theme:

Verbal Communication

Banten culture is more about the language, the dialect is louder...there are additions like jing... For treatment, I use Indonesian ... (P1a).

Rangkas North Banten, more polite, better than the area there, like that, but there is still politeness to the elders, we adjust the tone to the person we are talking to, in the hospital it's the same, we use polite language... (P5a).

They think I'm old, so when I talk differently, yes, compared to when I talk to other parents, it's polite, yes, so if it's the same, I sometimes say my name, bro, if you're a newcomer, bro. For example, if you say 'aing', you are the same age as your parents, don't say foreigner, that's all, indeed the Banten language is rude... If you change shifts, say goodbye. By the way, please allow yourself, this is the assignment for last night, I'm the one who said goodbye in the afternoon, I often ask

Nonverbal Communication

... tend not to see, especially those who just know... if you meet people, you have to smile (P1a).

If you say you look at it, you are patient too, but if you look at your parents you look down, if you look at it you think it's challenging ... (P9a).

He usually doesn't know how to bow. If you want to hold it, it's okay, it's okay, if it's for treatment, it's for good, but you have to get permission first (P5b).

3. Gender-Based Nursing Care

This theme is supported by two categories, namely belief factors and belief symbols which are presented in the following table:

Table 5. Factors and Symbols of Belief

Keywords	Category
Islamic Student City	Confidence Factor
Same-sex	
Non-muhrim	
Strong religion	
Do not touch	
Protect the aurat	
Religious	
Strong religion	
Veil	Symbol of Faith
Hijab	

Source: data proceed

Here are some participant statements that support the theme:

Confidence Factor

Bantenkan is still a santri city, sometimes we want to take action first, the patient's family trusts the same sex more, for example male patients sometimes want male nurses, girls want female nurses, for example installing NGT, catheters, their families say it can't be the same. Like patients, they still believe in the same thing, right? The religion is strong, if you make a difference it's not a muhrim or something like that (P2a).

If you are an adult with a strong religion, sister, basically you can't touch a man who isn't his mother, because he takes care of his aurat, yes, there are still some people, sometimes there are, they say women are religious, so she is sick so the nurse must the girl can't be the guy, we try to fulfill that. It is not allowed for non-mahram to enter. If you are an adult whose religion is strong, then you wear a veil...(P7a).

Symbol of Faith

... his wife wears a hijab, yes, her husband doesn't allow male nurses to enter, maybe religion is our obstacle too. So, as much as possible, we usually have to try to get a woman to go in there because her wife is the one taking care of it, so she can't meet a man, she can't even pass it (P4a).

4. Belief in Myth and Health

This theme is supported by two categories, namely alternative medicine-key person and taboo. These categories can be seen in the following table:

Table 6. Alternative Medicine Categories and Taboos

Keywords	Category
Kyai/ustad	Alternative medicine-key person
Prayer bracelet	
Cut chicken	
Holy man	
Talisman bracelet	
Masseur/shaman	
Glue the leaves	
Blood transfusions cause allergies	Taboo
Eating eggs can cause ulcers	
Eating fish and eggs causes streaks	
Eating eggs, fish causes black sores	
Cut nails cause death	
Bathing, shampooing included <i>pamali</i> (Forbidden)	

Source: data proceed

Here are some participant statements that support the theme:

Alternative medicine-key person

... do you get sick, do you immediately ask smart people for water...So he trusts smart people more than us (P6a).

If the pain is severe, like now, the patient is still there, put on a prayer bracelet like that, he said from the cleric (P9a).

Banten is typically not cured medically, there is a belief that it can be cured non-medically, meaning given water or anything, because the patient's experience was given this drug, that drug, stroke patient, suddenly given water, the patient can sit and eat.

... yesterday's incident also the patient is code blue, we are doing CPR, the child comes with water (P8a).

Taboo

...For patients who are pregnant, don't eat eggs, you'll get ulcers....you can't eat fish, the eggs will be striped, in the end the patient didn't get better, instead it got worse, finally went back to the hospital, after we asked, well it turned out to be from food that lacked protein, because Eggs are limited, sea fish are not allowed (P6a).

The experience of a patient who has a fever, there is sticking of leaves, maybe it's compressing, I don't know what myth is herbal, it's just that most of them are like that... Can't take a bath, wash, I'm afraid of kanjen, pamali...(P9a).

5. Health Decision-Making by Family and Elders

This theme is supported by two categories, namely family decisions and community leaders' decisions. The categories are presented in the following table:

Table 7. Decisions of Family and Community Leaders

Keywords	Category
First brother	Family decision
Elder in the family	
Grandmother	
Grandpa	
Oldest Uncle	
Aunt	
Carek/ Cillage head	Decision of Community Leader

Source: data proceed

Here are some participant statements that support the theme:

Family Decision

In Banten also usually... there is one person who is appointed as an elder in the family, so if we want to make any decision, we have to ask him first, waiting for his decision. There is one person who makes the decision for that. Even though there was someone in charge at the beginning who signed as the person in charge, you can't still have to wait for the elders (P8a).

Those who are responsible are those who have to know who it is, sometimes the patient's family has to know everything, but we also just said to ask this mother, that has been explained, because it is her right to know. The child's patient, the responsibility of the mother, father, sometimes they can't do that, even though the informed consent will be signed by the parents, but they have to wait for the decision of other families, their grandmothers, grandfathers, or other people who they trust better understand. Then we have to explain again, not once, everyone has to know. So, all of those who gave informed consent, yes, his oldest uncle, aunts, etc., even though Cito's actions (P7a).

Decision of Community Leader

The decision maker must indeed be someone who is considered an elder, afraid of being blamed, even though he is not a nuclear family, the decision that is trusted as the decision maker is accurate, yesterday there was a patient waiting for his care, the village head (Lurah) made the decision, even though the patient was nobody the village head, they trust the elders more. They think their knowledge is lacking, so nothing is left to the village head (P5a).

6. Nurses Provide Holistic Nursing Services to Patients

Holistic nursing service is the nurse's sensitivity in caring for the patient as a whole and providing services that reach all aspects of the patient, both physical, psychological, socio-cultural and spiritual to accelerate the healing process.

Leininger's theory of transcultural nursing; emphasizes the concept of holistic health, namely bio-psycho-social and spiritual well-being.

Caring is an integral care practice covering the physical, spiritual, emotional, and socio-cultural dimensions. Bruce, 2007; Andsoy, 2011; Jasemi et al, 2017, argue that a holistic nursing approach is intended to meet the physical, emotional, socio-cultural and spiritual needs of patients. During illness, complex psychological, social and cultural needs disrupt the patient's balance, and affect his or her ability to perform daily activities. Holistic care by addressing the physical, emotional, social and spiritual needs of patients, restores their balance and enables them to cope with their illness, thereby improving their lives. In line with the research of Enns & Sawatzky (2016), holistic care is described as a behavior that recognizes a person as a whole and recognizes the interdependence between biological, socio-cultural, psychological, and spiritual aspects of a person. Holistic nursing considers all aspects of the patient and their impact on the treatment process such as thoughts, emotions, culture, opinions, and attitudes of the patient as a contribution to patient recovery, happiness, and satisfaction. Zamanzadesh, et al, (2015) said that holistic care increases self-awareness and self-confidence in patients and causes nurses to better understand the effects of illness on a person's entire life and their real needs.

Caring comes from human nature itself as a social being that exists for others. Nurses are moved to provide services to patients who are sick. Nurses view patients being treated as their own family who need help or even nurses position themselves as patients who must get help. The caring behavior of nurses based on the patient's culture needs to be preserved and maintained as nurses pay attention to all aspects of the patient's self that support the patient's recovery. Caring is holistic, meaning that it emphasizes the importance of all aspects, both physical, psychological, cultural and spiritual to support the patient's recovery. These aspects are interrelated. Patients do not only feel pain physically but emotionally experience disturbances such as irritability, giving up, despair and disappointment. Patients not only need medical touch or drugs, but also need loving touch such as attention, support, listening, motivation, empathy, genuine presence. Good psychological care can even help improve physical health outcomes. Another support needed when someone is sick based on Banten culture is the cultural and spiritual aspect. This is the application of Watson's Caritas caring process, namely instilling/raising faith & hope; allow existential-phenomenological power.

Alternative medicine is believed by the patient as an effort made to speed up the patient's recovery. The spiritual aspect complements the other aspects. Patients need strength from God himself. Patients whose spiritual needs are met have hope for healing and surrender to God. The spiritual aspect wants to say that there are other forces from oneself and human efforts to heal. This aspect provides spiritual strength where the patient will be more resigned, strengthened and believe that humans are only trying, the rest is God as the main healer.

7. Nurse to Patient Communication Style

The nurse's communication style to the patient is the nurse's ability to build a trusting relationship with the patient through greetings and language styles according to Banten culture verbally and non-verbally. Communication is the initial process to find out something in depth about the patient's needs. Communication is very important in the nursing service process. Nurses interact with patients by using communication to find out patient complaints and provide appropriate help. Communication is influenced by various things, one of which is the language used. Banten culture, especially Rangkasbitung, does not recognize any level of language, the communication that is commonly used is equal communication, but in practice in hospitals nurses are able to communicate professionally such as choosing the type of language used, dialects or softer tones and polite greetings. The nonverbal communication shown is by smiling and looking at the patient and bowing according to Banten culture.

Culturally sensitive communication makes it easier for nurses to build trust with patients. Patients feel more open with nurses because patients see nurses not as strangers but as relatives, family or friends who can share the burden they are experiencing. Patients who are greeted by their mother tongue or language feel that the hospital is not a scary place but a home or feel at home. Good communication strengthens and adds brotherhood. Communication skills allow for a good nurse-patient relationship.

Mullan & Kothe (2010) said that the ability of nurses to communicate will greatly affect the relationship with clients; thereby facilitating a trusting relationship, preventing illegal issues, providing professional satisfaction in nursing services, and enhancing the image of the nursing profession. Hamsley, et al (2012); Pangh, (2019) argues that effective communication has positive effects on patients, including improvement in vital signs, decreased pain and anxiety, increased satisfaction, better treatment outcomes, and increased participation in treatment programs.

The nurse-patient communication style helps the nurse to dig deeper into what the patient is feeling. The patient is not an object who only accepts what is done by the nurse but as an active subject who needs to be involved during treatment. Active patient involvement occurs when there is communication. Each patient has their own uniqueness, nurses need to recognize the uniqueness of each patient so that nurses can build a good relationship (Calong & Soriano, 2018; Oluma & Abadiga, 2020).

Nonverbal communication also plays an important role in the nursing process. Nurses who are sensitive to nonverbal communication from patients will know the patient's problems based on the patient's body language (Purba & Karo, 2022). The patient's body language expresses what is in his heart, what he is going through. Patients sometimes do not need input from nurses, they just need a presence, a smile and a cool gaze. The presence of such nurses is already a medicine for patients.

8. Gender Based Nursing

Gender-based nursing care in question is a nurse who provides nursing services tailored to the gender of the patient. Nursing services that are desired by patients and their families are nurses who are the same as the patient's gender. Halligan (2006) who said that caring was also described as gender specific, older male patients did not like female nurses who cared for them and similarly, female patients did not want male nurses, or male caregivers, in the room. Sharifi (2021), the results of the study were 42.6% of female patients did not agree to receive nursing care from male nurses, 31.8% of males did not agree to receive nursing care from female nurses. Research by Vatandost, S., Cheraghi, F., & Oshvandi, K. (2020), the results of this study suggest that gender differences are one of the barriers to nurse-patient professional communication. The traditional and traditional view assumes that female nursing care is appropriate for patients of any gender, but a review of studies shows that female nurses also face challenges in professional communication and care for male patients.

Relations between men and women in Iran, like other Muslim countries, have many limitations, according to traditional and religious beliefs, so Iranian (Muslim) women must cover their entire body, except for the wrists and face. On the other hand, touching the patient's body for therapeutic purposes is not allowed, except in emergency cases, which are carried out wearing gloves (Aupia et al., 2018). Muslim women, because of their religious beliefs, do not want to spend time with men who are not members of their family and they tend to receive care from same-sex nurses.

Nkambule et al. (2019) and Mardiana & Widyawati (2021) said that caring process which is in line with the theme of gender-based nursing care is to use a systematic problem-solving method for decision making. Nurses are expected to use creative means to support, respect deep belief systems and the subjective world of self/other. Gender-based nursing care is related to the beliefs held by patients, so nurses need to respect them. Faced with this reality, nurses are expected to be able to make the right decisions.

The major concept of Leininger's theory of Culture Care Accommodation or Negotiation helps nurses to overcome gender-based nursing care problems. Leininger provides a related example in the nursing technique of "palpation," or touch, although it is considered commonplace in Western cultures, this may not apply to Non-Western cultures. Certain religions don't allow cross-gender contact while others don't allow certain areas of the body to be touched at all. Nurses need to find alternatives to maintain professionalism in interactions with patients and know the expectations of patients and families (Mokodongan et al., 2021). Nurses in dealing with urgent situations have the need to negotiate with the patient's family to save the patient.

Initial contact plays an important role in overcoming barriers to gender-based nursing care. Nurses need to communicate on initial admission of patients the ratio of male nurses in the room, nurses who help in an emergency, the need for the

patient's family as a companion when in contact with nurses of the opposite sex, asking permission before contacting patients of different gender.

9. Belief in Myths and Health

Belief in myth and health is an effort made by patients with a Banten cultural background when they are sick to get healing. The people of Banten combine medical and non-medical treatment when sick. The Bantenese believe in myths because they believe the stories contain wisdom. They believe that if they do not do what is in the myth they will get bad things in their lives. Belief in myth is a form of respect for the spirits of parents and ancestors who have died, and is expected to bring blessings and safety in their lives. They believe that the ancestors were honest people and the stories told have wisdom and contain good advice. Although most Bantenese people do not understand logically the myths they believe, even for highly educated people, belief in myths is still quite high, especially among older people who live in rural areas (Humaeni 2012).

Similar studies are research conducted by Sholihah and Sartika (2014), the results of the study show that foods that are considered taboo for pregnant women from the Tengger Ngadas Tribe are fruits, side dishes, vegetables, hot foods in their opinion and foods that are considered to be hot unusual. Taboos for them are caused by a symbolic, functional, and value or religious approach. Kasnodihardjo & Kristiana (2013) in their research said that pregnant women abstain from foods that come from animal sources (eggs and marine fish) and vegetable (pineapple, eggplant). In addition to these dietary restrictions, pregnant women also undergo several rituals related to pregnancy. This ritual is believed by the community to affect the health of the mother during pregnancy and the fetus it contains, with the hope that the mother and baby will be born safely and healthy.

Culture-based nursing care respects and facilitates patients to carry out rituals according to their culture. Watson's Caritas Caring Process suggests that nurses need to creatively use self-existence and all means to/allow/support/honor belief systems in the subjective world of self/other. The major concept of Leininger's theory of Culture Care Repatterning or Restructuring emphasizes that nurses need to reconstruct the patient's beliefs related to beliefs in myths that are contrary to health. The theory of Watson and Leininger wants to say that it takes a creative attitude from nurses to direct patients to health principles by not offending or blaming the patient's culture. Rituals performed by patients that are not in line with health principles need to be reconstructed creatively to lead to health.

10. Health Decision Making By Family and Elderly People

The findings of this study are that health decision making is not carried out by the nuclear family or patients themselves but involves extended families and even community leaders. Consent to treatment is 'the principle that a person must give their consent before they receive any kind of treatment or medical examination'

(NHS Choices, 2016). Research conducted by Longo (2015) suggests that decision-making relies on their families and sometimes on their communities for important decisions, and this may be a norm in cultures that emphasize individual relationships with others and individual attachments in society. A culture of respect and solidarity is more dominant than autonomy in some cultures. Respect for people including respect for their cultural values including decision making for treatment.

Novia Sari (2012) in her research said that the family's experience in making decisions about medical actions, nursing actions and treatment was decided from all existing family members. The family who takes the patient to the hospital has a joint discussion to decide whether to approve or reject the treatment that will be carried out on the patient. Those responsible for making decisions can be made by children, grandchildren, older siblings in the family, not necessarily parents or heads of families. Banten culture has been assimilated with Islamic culture. The family plays an important role in Arab Islamic culture and is considered the main social unit. The decision is determined by the extended family, especially the men. Autonomy and patient confidentiality do not apply to Muslim-Arab patients. The main decision making in the nursing plan is usually carried out by the father or grandfather or an older male member (Srikanthan A, Reid RL, 2008; Bester et al, 2013; Lovering, 2012).

Leininger's theory of Culture Care Repatterning or Restructuring explains that when dealing with a patient culture that is not in line with health principles, that culture needs to be changed or modified. The decision-making process affects the speed of treatment for patients. Patients can change their condition at any time and need immediate treatment. Immediate treatment cannot be done because there has not been a decision from the patient's family. The researcher argues that dealing with this situation nurses need to carry out their role as advocates for patients. Nurses need to equip themselves with knowledge and skills based on patient culture to make it easier for nurses to provide information to patients and families about the actions to be taken in the patient's language style, so that they are easy to understand and can make decisions immediately. The nurse is on the side of the patient and protects the rights of the patient and helps the patient to understand health information during the patient's care and follow-up treatment at home.

D. CONCLUSION

A nurse in providing nursing services is important to pay attention to the culture of the patient. Culture-based care demands an understanding that supports the patient's culture. Understanding of patient culture increases nurses' knowledge of approaches to patients so as to provide culturally competent nursing care. Patients who receive nursing services based on their culture will feel satisfied and have more trust. Patients with Banten culture have caring characteristics based on the characteristics of the Banten community itself. The uniqueness of caring from Banten culture lies in holistic nursing services, communication styles, beliefs held by patients, both culturally and religiously and the elders in decision making.

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