

Review Article

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A theory of mindfulness caring in community health nursing

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ABSTRACT

Most adolescent mortality and morbidity is preventable or treatable, but adolescents face specific barriers in accessing health information and services. The problems in the community in the youth group are free sex behaviour, the use of alcohol and drugs. This research to develop a caring theory model that can be applied by community nurses in the community in enhancing the awareness of adolescent age groups in the community. Research method used conceptual paper are based on previous research that the author has done (4 articles) and combines the literature review (7 results) that the author has done from April-November 2020. Result in this research indicate that the theory will become the bases or foundation for nurses to become mindful of their role as community health nurses. They need to optimize their Role in Caring for community adolescents in addressing societal problems like drug abuse, teenage pregnancy. Public awareness involves collaboration between governments by making people aware of existing laws and policies. National strategies and action plans for adolescent-specific health policies; Health management: health human resources, health facilities, networks: community health cadres, school communities; Family and peers are needed to increase awareness of adolescent behaviour so that through caring a sense of empathy and youth will be realized. Conclusion in this research is nurses can apply the theory of mindfulness caring. Problems related to adolescent behavior can be overcome with cooperation in various sectors, so awareness by these sectors is the key in preventing the impact of deviant adolescent behavior.

Keywords: Adolescence, Mindfulness caring, Nursing

INTRODUCTION

Global situation data from WHO (2020) there are more adolescents in the world than ever before: 1.2 billion, totaling one sixth of the global population. This number is expected to rise through 2050, particularly in low- and middle-income countries where close to 90% of 10- to 19-year-olds live. An estimated 1.1 million adolescents die each year. The leading causes are road traffic injuries, suicide and interpersonal violence. Millions of adolescents also experience illness and injury. Causes of mortality and morbidity among adolescents differ by sex and age, and also by geographic region. Most adolescent mortality and morbidity is preventable or treatable, but

adolescents face specific barriers in accessing health information and services. Restrictive laws and policies, parental or partner control, limited knowledge, distance, cost, lack of confidentiality, and provider bias can all restrict adolescents from getting the care they need to grow and develop in good health.¹

The problems in the community in the youth group are free sex behaviour, the use of alcohol and drugs. The results of the age characteristics of adolescents in Wedomartani Village, Sleman Indonesia, who have had free sex behaviour range from 12 years to 26 years, with the majority being 20 years old (25%). The majority of the characteristics of exposure to free sex through

Television (TV) media are in the category of not at risk (55%), while adolescents who are at risk of being exposed to free sex through TV media are 45%. The characteristics of adolescents who have accessed pornography through the Internet are 45 teenagers or 56, 3%. The conclusion is that exposure to risk TV shows and having access to pornography from the internet have a significant relationship with premarital sexual behaviour among adolescents in Wedomartani Village, Sleman.²

To solve the problems of adolescents in the community, as a nurse, it is necessary to practice that theory In 1972 from Betty Neuman in theory stated that many needs exist, and each of them can disturb the balance or stability of the client. The basic assumption of Neuman's theory is that individuals are unique systems with different responses.³ Lack of knowledge, environmental changes can change individual stability (physiological, psychological, socio-cultural, developmental and spiritual). Individuals in responding must have stable coping with stressors, because the internal and external environment can cause stress. For that, individuals will react to stressors from the environment with self-defense mechanisms. The results of the preliminary study show that socio-economic conditions, lack of knowledge, lack of family support, lack of government support and lack of support from health cadres can have an impact on health problems in adolescents.¹⁸ A theoretical model is needed which can later be applied in reducing deviant behaviour among adolescents in society.

DISCUSSION

Conceptual Framework from The theory of Mindfulness in question is that all components in the community such as local government such as village heads, health workers in health services, school communities such as teachers, school principals, school staff and nurses as well as local social communities such as peers, health cadres and the families of all these components are involved and realize that they all play a role in determining health and care for the behaviour of adolescents in their environment.

Laws and policies: National strategies and action plans for adolescent-specific health policies.

Health and nursing laws need to specifically address adolescent problems and tackle deviant behaviour in adolescents. it can also be through the minister of health regulations on policies on adolescent health. The allocation of funds for health programs from the government also needs to be budgeted and disseminated to local governments through the local health office, as well as periodic evaluations.

Health management: health human resources, health facilities.

What has been written in the Guidelines for the National Standards for Youth Care Health Services (PKPR)

Jakarta: Ministry of Health of the Republic of Indonesia (2013) that most Public health center officers are not aware of their values related to the health problems faced by adolescents.⁴ There is a mismatch between the implementation of PKPR and the national standard of health care for adolescents that is influenced by various factors.⁵

For this reason, there is a need for socialization and retraining of nurses in health services to be more caring and together in improving the health and behaviour of adolescents in society so that they remain good and productive according to their age. Health facilities for adolescents need to be added in the community area and in schools, so that adolescents can be aware of their resilience and will care about their health. Craswell et al (2015) show that most respondents were always or in some situations willing to receive care from a nurse practitioner. The main themes identified from those willing to be seen by a nurse practitioner in any situation were, a) appropriately qualified nurse practitioners, b) the knowledge and experience to refer on if necessary. Situations from those unwilling related to concern regarding appropriate care in a life-threatening situation.⁶

Networks: community health cadres, school communities;

The network referred to in this model is to increase cross-program and cross-sector cooperation between health volunteer cadres in the community, schools, community nurses and the health office to work together to improve youth health and behaviour.

This is in accordance with the results of research from Suwarsi, (2016) that where there is a significant relationship between the role of cadres and family motivation in caring for patients in the working area of the Kotagede I Community Health Centre, the role of cadres is needed by families so that family motivation in caring for patients is better.⁷

Research from Krainuwat (2010) show that there is also a need to increase collaboration between community health nurses and academic researchers to implement theory-based programs that are effective. Such collaboration will help community nurses produce more research studies and academic researchers will be able to disseminate knowledge to the community.⁸

McNamara (2010) explained that nurses need know about (a) personal street-safety strategies, (b) street-safety guidelines for community nursing agencies, (c) stress reduction approaches for the CHN, and (d) gang intervention strategies at the family and community levels of practice. CHNs must seek opportunity in their role to make a difference in the national problem of youth gang violence, for it is a community tragedy that is not going to go away.⁹

School community should to know about behaviour or risk of illness in adolescence. This statement according from Lisa Goldblatt Grace, et all (2012) They must be knowledgeable about the signs and symptoms of CSEC, ways to support disclosure, and the steps to take should it occur. This means educating their administrators and support staff about the need for policies so that procedures are in place for the student's safety and care should a disclosure occur. It means non-judgmental approaches to victims. And it means reassurance of the victims that the school nurse will continue to support her as she moves forward in her life and education.¹⁰

Healthy youth: Family and Peers.

Wilson (2007) explained that the study found that trusted staff in detention centres, with an awareness of services available in the location of release, influence young offenders' decision-making in relation to health-care services. Awareness and recognition of young offenders' health beyond periods of juvenile detention and into their adult lives is valuable in that it has the potential to establish lifelong healthy behaviours.¹¹

Bonding with young offenders and gaining their trust increases their likelihood of attending primary health-care services. Suwarsi (2015) from research result show there is a relationship between family and community social support and the self-esteem of parents of mentally retarded children in SLB Negeri 1 Bantul. Community and immediate family support is needed in increasing the self-esteem of parents in caring for sick family members.¹²

Adolescent behaviour is inseparable from their peers, both in the social community and peers in the school environment. For that we need families in guiding and modelling adolescent behaviour. This is in accordance with the theory of Kaakinen (2010) that the duty or function of the family in adolescents is to give freedom by binding responsibilities. Parents' guide, direct and serve as a guide for adolescents to socialize in the community, including about discipline and rules and ethics in their social environment.¹³ Nurses' strategies in health care settings and the problem of alcohol abuse in adolescents also need to be of concern.¹⁹

The importance of early intervention in preventing adolescent behaviour so that the impact of medical and psychosocial sequel of obesity and obesity persistence does not occur until adulthood.²⁰

The way nurse's care for individuals, families, and groups adopted from Roach (2002) is with commitment, confidence, conscience, competence, compassion, comportment, and creativity. Commitment: Nursing services are provided with an altruistic concept (using the interests of others) and paying attention to the nursing code of ethics. Professional service to society requires integrity, moral commitment, and ethical responsibility.¹⁴

Confidence: Self-confidence is a mental attitude that is owned by an individual to judge something.

Conscience: Conscience understood as a sensitive morally self-aligned with values and an integral part of the personality. Conscience reflects one's chastity. Conscience is a moral obligation, must be sensitive to information, collectively, do not question each other, and require the wisdom of moral judgment. The conscience of the caring person is in tune with a moral nature, growing from the experience, from the process of self-respect and others and manifest themselves as caregivers. Conscience means values, awareness, personal responsibility, self-direction ability, human responsibility for good direction and can influence decision making.

Competence: Competence is defined as a job/profession that has the knowledge, judgment, skills, energy, experience, and the motivation necessary to respond to the demands of professional responsibility someone. Competence without compassion can be brutal and inhuman, love unfortunately without competence is meaningless. Caring demands competence, the ability to perform proper maintenance, and adequate, requiring us to learn and practice being professionally in a manner befitting the dignity and needs of the person served. Compassion: Compassion is the caring attribute of the highest need, can be defined as a way of life that is born from awareness of one's relationship to all living things. Affection relationship, living in solidarity with others, the presence of others, shares joy, sadness, pain, and achievements.¹⁴

Comportment: The idea that comportment is a caring attribute arises of a mix of nurse competence and commitment. There are concerns and anxiety over what was observed in the nurse's clothes and language when treating patients.¹⁴ Comportment means a reference, attitude, or harmony between jobs as a nurse with the right attitude and self-existence attributes for care for the patient. Interpretation and use of the word comportment in this context is more limited than the meaning of the whole commitment because it is sometimes used and sometimes not used. The importance of early intervention in preventing adolescent behaviour so that the impact of medical and psychosocial sequel of obesity and obesity persistence does not occur until adulthood.²¹

Creativity: As the world of health and patient care becomes increasingly complex, nurses are asked to present innovative solutions in patient care practice. Dealing with patients of all ages, conditions, and health backgrounds make creativity an important element of the nurse's responsibility.¹⁴ Nurses who are creative inpatient care can save health system costs and support the development of nursing practice. Given the large benefits of creativity. Creativity can increase cooperation and patient satisfaction. In some situations where the nurse has to deal with uncooperative children - creativity must benefit the patient. Creativity can be adapted in nursing

practice and modify care delivery. Consistent in expressing creative ideas at work will help nurses to be more confident and happier. From day to day, nurses will find it fun to find something new. Creativity will also constantly provide self-satisfaction and self-confidence. Necessary knowledge and experience in providing care in case of life-threatening situations.⁶

A nurse who uses her creativity in her routine of care stated that "The first thing that affects my life is self-confidence. I feel more confident. For example, when a colleague says: " Can you make something? "I feel confident. Is the most important thing for me? "Creativity should be an essential element in the nursing profession. In addition to direct nursing practice, a nurse who is creative and has a lot of innovation will feel that creativity makes her rich in a variety of abilities. With this wealth, nurses can provide the best quality service and improve patient health outcomes.

Besides Roach's caring theory, the writer also made a model from Neuman (1972) revealed about nursing theory as an open system resulting in dynamic interactions. Interaction variables cover all aspects, namely physiological, psychological, sociocultural, developmental, and spiritual. Neuman system is formed from individuals, families, groups, and communities who interact constantly with stressors in the environment dimensionally. Client's focus model on stress and recovery factors (adaptation).³

As a nurse who works at the health center, a nurse in a school, and a nurse who works in the community health sector. The author adapted and tries to discuss from Neuman's nursing theory. Neuman in theory stated that many needs exist, and each of them can disturb the balance or stability of the client. Primary prevention is based on the Neuman system theory, identifying risk factors and assisting the community in improving health and health education activities.³

Secondary prevention is an initiative in the form of intervention if a problem occurs. The nurse acts as early case finding, treatment after a patient is diagnosed with a disease.¹⁶ Tertiary prevention is maintaining health, and the nurse helps adaptation and reduction to prevent complications. Nursing care is aimed at preventing and reducing body reactions due to stressors with primary, secondary and tertiary prevention. The development pattern of nursing science according to Neuman's system theory aims at system stability.

CONCLUSION

As nurses that work in community for increasing awareness of their role in the community, nurses can apply the theory of mindfulness caring. Problems related to adolescent behavior can be overcome with cooperation in various sectors, so awareness by these sectors is the

key in preventing the impact of deviant adolescent behavior.

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REFERENCES

1. Adolescent health. Global situation. WHO. 2020. https://www.who.int/health-topics/adolescent-health#tab=tab_2. Accessed on 20 January 2021.
2. Suwarsi S. Analisis faktor penyebab perilaku seksual pranikah pada remaja di desa Wedomartani Sleman Yogyakarta. Jurnal Ners dan Kebidanan Indonesia. 2016;4(1):39-43.
3. Neuman B. The Neuman systems model in research and practice. Nursing Science Quarterly. 1996;9(2):67-70.
4. Buku Pedoman Standar Nasional Pelayanan Kesehatan Peduli Remaja (PKPR) Jakarta : Kementerian Kesehatan RI. 2013.
5. Avilla T. Description Of Implementation Health Care Services Adolescent (PKPR) At Puskesmas Dupak Surabaya. Journal of Health promotion and Health Education. 2019.
6. Craswell A, Dwyer T. Reasons for choosing or refusing care from a nurse practitioner: Results from a national population-based survey. Journal of Advanced Nursing. 2019;75(12):3668-76.
7. Suwarsi S Hubungan Antara Peran Kader Dengan Motivasi Keluarga Dalam Merawat Pasien Di Wilayah Kerja Puskesmas Kotagede I. Medika Respati: Jurnal Ilmiah Kesehatan. 2016
8. Krainuwat K. Smoking initiation prevention among youths: Implications for community health nursing practice. Journal of Community Health Nursing. 2005;22(4):195-204.
9. McNamara D. Gang Violence and the Street Smart Nurse. Journal of Community Health Nursing. 1994;11(4):193-200.
10. Grace LG, Starck M, Potenza J, Kenney PA, Sheetz AH. Commercial Sexual Exploitation of Children and the School Nurse. Journal of School Nursing. 2012;28(6):410-7.
11. Wilson A. Planning primary health-care services for south australian young offenders: A preliminary study. International Journal of Nursing Practice. 2007;13(5):296-303.
12. Suwarsi S. Correlation Between Social Support And Self-Esteem Of The Parents Who Have Mentally Retarded Children At Slb Negeri 1 Bantul. Ilmu Keperawatan Respati. 2015;2(1).

13. Kaakinen JR. Family health care nursing theory, practice and research (4th ed.). Davis Company Philadelphia. 2010.
14. Roach MS. Caring, the Human Mode of Being: A Blueprint for the Health Professions. 2nd edn. Canadian Hospital Association Press, Ottawa. 2002.
15. Dahlan MS. Besar sampel dan cara pengambilan sampel dalam penelitian kedokteran dan kesehatan. Jakarta: Salemba Medika. 2009;34.
16. Anderson ET, McFarlane J. Community as partner: Theory and practice in nursing. In Community as Partner: Theory and Practice in Nursing. 2014.
17. Creswell JW. Educational research: planning, conducting, and evaluating quantitative and qualitative research (4th ed.). Pearson Education, Inc. 2012.
18. Polit DF, Beck CT, Hungler BP. Essentials of nursing research: methods, appraisal, and utilization 5 th Edition. Philadelphia: Lipincott Williams & Wilkins. 2001.
19. Kiernan C. Nurses' role in managing alcohol misuse among adolescents. *British Journal of Nursing*. 2012;21(8):474-8.
20. Moshman D. Adolescent psychological development rationality, morality and identity (Second). Lawrence Erlbaum Associates, Inc. 2004.
21. O'Brien SH, Holubkov R, Reis EC. Identification, evaluation, and management of obesity in an academic primary care center. *Pediatrics*. 2004;114(2).

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