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Nurses' perspectives on culturally sensitive maternity care in hospital settings

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Abstract

Background: Differences in cultural backgrounds between healthcare workers and patients can lead to misunderstandings and cultural shock for patients. Nurses must navigate these situations to provide services that prioritize attentiveness, mutual respect, and cultural sensitivity, ultimately improving patients' health outcomes. Nurses play a critical role in delivering appropriate care, particularly when cultural practices may pose risks to maternal health during childbirth. Therefore, understanding the cultural perspective is essential for nurses in providing effective maternity care.

Purpose: To explore nurses' perspectives on providing culturally sensitive maternity care to mothers during childbirth within the hospital setting.

Method: A qualitative research design with a descriptive phenomenological approach was employed. Twelve informants participated in the study to ensure data saturation. Semi-structured interviews were conducted through face-to-face sessions, Zoom meetings, and audio recordings. Data were analyzed using the Colaizzi method.

Results: Three key themes emerged from the analysis: (1) Culturally sensitive assessments were primarily focused on spiritual and social aspects; (2) Implementation of cultural sensitivity was achieved through interprofessional collaboration, education, and direct care; (3) Improvements in culturally sensitive care were identified as necessary, including policy development, additional human resources, and health education guidelines.

Conclusion: Nurses' perspectives on culturally sensitive maternity care indicate a lack of a comprehensive cultural approach in current practices. Enhancing maternity nurses' competencies through targeted training on cultural assessments is essential to support high-quality maternity care that respects and integrates cultural considerations.

Keywords: Childbirth; Cultural Sensitivity; Hospital Care; Maternity Care; Nursing Perspective.

INTRODUCTION

Maternity services encompass care provided from pregnancy to six hours postpartum (Ministry of Health of the Republic of Indonesia, 2022). Despite achieving 88.75% of the strategic plan target of 85% in health facilities assisted by trained health workers, 16.7% of deliveries still occur at home, posing potential risks to maternal health. Hospitals serve as crucial facilities for providing maternity care, especially for mothers

during childbirth (Amalia, Lisna, Putri, Sumartini, & Mega, 2020). However, the diverse cultural backgrounds of health workers and patients can lead to cultural differences and potential miscommunication during care. These differences may result in cultural shock for patients when nurses are unable to adapt to cultural variations and beliefs. This aligns with previous findings indicating that

misunderstandings often occur when healthcare providers and recipients have differing cultural frameworks (Enestvedt, Clark, Freborg, Miller, Leuning, Schuhmacher, & Loushin, 2018).

Nurses play a pivotal role in transcultural nursing, which involves integrating cultural perspectives, values, and beliefs into care. Leininger's transcultural nursing paradigm emphasizes understanding the cultural dimensions of human beings, nursing, health, and the environment. Nurses are encouraged to preserve cultural practices that do not pose harm, negotiate with patients regarding potentially harmful cultural beliefs, and promote cultural adaptations that enhance health outcomes (Leininger, 2012). In this context, culturally sensitive care enables nurses to facilitate patients' health improvement while respecting their cultural backgrounds (Horrigan, Millar, & Dowling, 2016).

Providing culturally competent maternity care is essential for addressing cultural practices during labor. Studies suggest that culturally sensitive care enhances patient and family satisfaction and increases the utilization of health services (Beyer, 2010). For example, certain cultural practices observed during childbirth, such as tying a cotton belt around the abdomen in Japan, are believed to facilitate smooth delivery (Ito, & Sharts, 2012). Similarly, practices in South Sulawesi and North Maluku include consuming traditional herbal concoctions or egg yolk for nutritional benefits, though other practices, such as drinking water from a cat's bowl, may pose health risks (Astri, & Alhadar, 2018).

Cultural beliefs can influence health outcomes both positively and negatively. For instance, practices that involve poor hygiene, such as long and dirty nails, may lead to infections, while dietary restrictions (e.g., avoiding fish or eggs) may slow wound healing due to insufficient protein intake (Yanti, 2018). This underscores the importance of nurses understanding cultural practices to prevent misunderstandings and ensure high-quality maternity care.

Despite its importance, the integration of cultural perspectives into nursing care during childbirth remains limited. Miscommunication arising from cultural differences between nurses and patients can reduce the quality of care. This study aims to explore nurses' perspectives on providing maternity care from

a cultural lens, identifying gaps and opportunities for improving culturally sensitive nursing practices during childbirth.

RESEARCH METHOD

This study employed a qualitative descriptive phenomenological approach, which focuses on directly exploring and describing phenomena independently of untested assumptions. The research was conducted in a government hospital in Bandung City, West Java, Indonesia. The target population consisted of nurses working in the maternity ward. The inclusion criteria were: (1) permanent employment status, (2) healthy physical condition, and (3) the ability to provide maternity nursing care. Twelve respondents were selected as informants based on purposive sampling, ensuring data saturation by the 12th interview. Nurses who were ill or had resigned were excluded from participation. After obtaining permission from the hospital director, the researcher coordinated with the maternity ward head to identify eligible nurses. Prospective participants were contacted via WhatsApp to schedule interviews. Before participation, they were provided with detailed information about the study's objectives, benefits, potential inconveniences, risks, and confidentiality measures. Participants signed written consent forms and received an information sheet before the interviews.

Data were collected from February 14 to March 14, 2022, through in-depth semi-structured interviews conducted face-to-face, via WhatsApp, and through Zoom meetings. Interviews were conducted in Indonesian at times and locations agreed upon by the participants, ensuring privacy and adherence to health protocols, such as wearing masks, maintaining a 1-meter distance, and hand hygiene. The data collection process was divided into three stages: 1) Orientation Phase: Researchers introduced themselves, inquired about the participants' general health conditions, and ensured readiness for the interview. Efforts were made to create a comfortable, private, and noise-free environment for the discussion; 2) Working Phase: Semi-structured interviews were conducted to explore nurses' perspectives on providing culturally sensitive maternity care. Questions focused on their roles,

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challenges, and experiences, following a guide developed in collaboration with nursing experts. The interviews were recorded using mobile devices and Zoom for accuracy; 3) Termination Phase: Once data collection was complete, participants were thanked for their contributions, and small tokens, refreshments, and transportation allowances were provided.

Key questions include: 1) What health services do you provide to mothers during childbirth?; 2) What is the mother's opinion about the mother's needs during childbirth?; 3) How do culturally sensitive health services benefit mothers during childbirth?; 4) What challenges have you faced in providing culturally sensitive services, and how have you overcome them?; 5) What is your role in maternity health services during delivery?; 6) What are your hopes for the future regarding maternity health services? The steps for data identification are: 1) reading and

familiarizing with the transcript to gain a general understanding; 2) Extract significant statements relevant to the research question and record page and line numbers; 3) Formulate the meaning of important statements; 4) Categorize and group meaning into themes and subthemes; 5) Identify and describe three main themes; 6) Develop charts to reflect key findings from categories, subthemes, and themes; and 7) Validate findings by comparing descriptive results with participant input to ensure accuracy and agreement.

The study adhered to the ethical principles and ethical approval was obtained from the Hospital Research Ethics Committee (Approval No.: LB.02.01/X.6.5/25/2022), and research permits were secured (No.: LB.02.01/X.2.2.1/3218/2022). Participants received detailed information about the study's purpose, procedures, benefits, and their rights before signing the informed consent.

RESEARCH RESULTS

Table 1. Characteristics of Respondent (N=12)

Informant	Age (years)	Education	Tribe	Religion	Length of work (years)
I1	27	Bachelor of Nursing	Sunda	Islam	3
I2	26	Bachelor of Nursing	Sunda	Islam	1
I3	26	Bachelor of Nursing	Sunda	Islam	1
I4	36	Diploma in Nursing	Sunda	Islam	14
I5	27	Bachelor of Nursing	Sunda	Islam	4
I6	35	Diploma in Nursing	Sunda	Islam	12
I7	43	Bachelor of Nursing	Sunda	Islam	21
I8	30	Diploma in Nursing	Sunda	Islam	5
I9	30	Diploma in Nursing	Sunda	Islam	5
I10	29	Bachelor of Nursing	Sunda	Islam	4
I11	40	Diploma in Nursing	Melayu	Islam	14
I12	42	Master's Degree	Sunda	Islam	16

Based on table 1, it is known that of the 12 respondents the youngest age was 26 years, and the oldest age was 42 years. The majority of respondents' education was a nursing degree with 6 respondents. The majority of ethnic groups are Sundanese (11 respondents). All respondents are Muslim. The longest time a nurse has worked is 21 years.

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DISCUSSION

This study explores nurses' perspectives on providing health services to mothers during childbirth, focusing on cultural aspects within hospital settings. The findings revealed three key themes: culturally sensitive assessments limited to spiritual and social aspects, implementation of culturally sensitive care through collaboration, education, and direct care, and strategies to improve the quality of culturally sensitive care through policies, human resources, and health education guidelines.

The assessment of cultural aspects carried out by nurses has not been comprehensive. This can be seen from the data from the research on culturally sensitive assessments that were carried out only on the spiritual and social aspects. The assessment of the cultural aspect consists of (1) Technology; (2) Religion and philosophy of life; (3) Social and family attachments; (4) Cultural values and lifestyle; (5) Applicable policies and regulations; (6) Economics; (7) Education. The results of the researcher's analysis show that the culturally sensitive assessment obtained from nurses is only two components of the seven components contained in the culturally sensitive assessment. Many factors affect the information obtained; including the knowledge of nurses, policies in the workplace, and the balance between duties and time while nurses are on duty (Nursanti, 2023).

Humans as creatures who have beliefs, views of life, and life impulses that follow what they hold, are entitled to spiritual care while in hospital treatment. Nurses in hospitals conduct religious studies regarding worship habits, beliefs, and religious values. Spiritual care according to consists of three components; namely nurses, patients, and families who are interconnected in the healing of patients (Juhannis, Satrianegara, Amansyah, & Syarifuddin, 2021). Nurses study religion comprehensively so that they can provide optimal spiritual care and can provide very strong motivation for a healthy life. The motivation that mothers have during childbirth is not only from themselves and their God but also from the social environment such as the closest family.

Social assessment of the cultural aspect is very important for the nurse to assess. This is to determine the relationship between the mother's interaction with

her husband and family, as well as decision making. During childbirth, the support of the family is very much needed (Alhazmi, & Kaufmann, 2022). The results of the data obtained that mothers need support from their husbands and families to prepare for childbirth. According to at childbirth preparedness consists of; selecting skilled birth attendants, organizing items needed for safe delivery, identifying where to go in the event of an emergency, and managing money (Ngotie, Kaura, & Mash, 2022). This is different from the article which explains that mothers during labor expect to get support from nurses, compared to their families because they think that nurses can help mothers help with childbirth.

A hospital is a place for nurses to carry out their duties following applicable standard operating procedures. Nurses conduct comprehensive assessments following standard operating procedures applicable in hospitals, such as biological, psychological, social, and spiritual studies. This is supported by an article explaining that the study was carried out comprehensively consisting of biological, psychological, social, and spiritual (Červený, Siaki, Prosen, & Nagórska, 2022). The assessment carried out by nurses followed the applicable SOP, but from the cultural aspect it was not com

The results of the SOP obtained by the researcher are that the components of the cultural aspect already exist, but there is no explanation for the cultural component. This can risk the occurrence of a misunderstanding of the nurse's perspective in interpreting the culture listed in the hospital's standard operating procedures so it can be one of the causes of the incomplete assessment carried out by nurses from the cultural aspect. According to the article obtained, perspective is a way of looking at a case from the point of view (De Souza, Butt, Jethani, & Marmo, 2021). The results of the researcher's analysis show that in the hospital SOP there is culture but there is no explanation for it. This is a factor causing the lack of comprehensive assessment of the cultural aspect. Based on the characteristics and educational background of DIII, S1Ners, and S2 nurses, they have received material on cultural assessment. This is different from the results of the study which explained that in the nursing profession

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program students, knowledge of cultural competence was 76.69% (Lumbantobing, Susilaningih, Rasyiddin, Kurniawan, & Pratiwi, 2018). Based on the data obtained, it shows that the education possessed by nurses is not a guarantee that the ability of nurses to provide care from the cultural aspect can be a factor causing the lack of comprehensive culturally sensitive care by nurses.

Assessment of the cultural aspect is very important for nurses to do. The cultural backgrounds of nurses and patients are different. SOP in hospitals does not explain in detail aspects of the culture and educational background of nurses, which can be a risk of misunderstanding for providers and recipients of health services. This is consistent with the article explaining that misunderstandings occur when care providers and care consumers come from different cultures (Pham, Berecki-Gisolf, Clapperton, O'Brien, Liu, & Gibson, 2021). Therefore, so that the assessment of the cultural aspect can be carried out comprehensively, it is necessary to increase the competence of maternity nurses through training related to the assessment of cultural aspects to be able to support quality maternity nursing care. Researchers hope nurses can integrate assessments from cultural aspects with existing SOPs even though there is no explanation. With training, nurses can provide comprehensive care from cultural aspects and can directly include cultural aspects in each of the assessment components that have been written in the SOPs that apply to hospitals.

The implementation carried out by nurses from culturally sensitive there are three components; namely maintaining culture, negotiating culture, and making changes to the culture that can be harmful. Of the three components, there is 1 component that has not been carried out by nurses, namely maintaining culture. The first step taken by the nurse should be to identify the conceptual differences between the client and the nurse. This cannot be seen from the nurse's expression. The nurse immediately explained what to do when she found a culture that was both supportive and that could pose a risk to the mother's health during childbirth.

Implementation is the fourth stage in the nursing process by implementing various nursing strategies (nursing actions) that have been planned in the

nursing action plan. The results of the research obtained are culturally sensitive implementations carried out through interpersonal collaboration, education, and direct care. In carrying out nursing care actions, nurses do not do it alone but the involvement of other professionals such as doctors and nutritionists. Cooperation concerning cultural aspects, such as the patient's family asking the nurse for permission to provide prayer water and potions, and the patient having dietary restrictions so that the nurse collaborates with the doctor and nutritionist about contraindications. This is very important because it is one of the roles of nurses. Interprofessional collaboration is a strategy to achieve the desired results effectively and efficiently in health services. The doctor and nurse relationship is a more binding partnership where there should be harmonization of duties, roles, responsibilities, and an open system (Nuuyoma, Muvumwaeni, & Chihururu, 2024). For the collaboration process to avoid misunderstandings, nurses must be able to understand the communication conveyed. Meanwhile, the collaboration between nurses and nutritionists includes discussing nutritional needs and preparing patients before going home. According to based on joint discussions, nurses provide information to patients, provide interventions to patients, conduct regular discussions to discuss patient conditions, assess patient nutritional status and assess patient health status, and evaluate patients before leaving the hospital (Ottani, 2012).

The quality of care in this study includes nursing care policies. According to the article, policies are rules and regulations that regulate things to achieve certain goals so that individual interests can have an impact on social life. Nursing services are part of the health care system in hospitals that have the function of maintaining service quality so that they are often used as a reference by the community in assessing hospital quality. In addition, the professionalism of nurses in their work is required which is indicated by the results of the nurse's performance. The results obtained from informants about nursing care policies to improve service quality are having a nursing assessment format or standard operating procedures (SOPs) on cultural aspects. Hospital performance includes all nursing services; namely assessment

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(data collection), nursing diagnoses, planning, implementation, and evaluation through the application of standard operating procedures (Malabat, & Ruiz, 2019).

The majority rarely carry out nursing care actions according to standards. This can risk a decrease in service quality because it does not implement the established standards of care. Standards of nursing care in hospitals are contained in the policies of each hospital and nurses carry out these policies. However, for the standard of care from the cultural aspect, there is no assessment format or standard operating procedure. Therefore, it is necessary to hold an assessment format so that nurses have standard operating procedures so as not to hinder the process of providing care in cultural aspects (McCall, 2020).

There are a lot of nursing actions carried out by nurses, while there are few nurses on duty. This was conveyed by the informant. Therefore, it is necessary to add nurses according to the needs of the room. If the number of nurses is sufficient then nursing care services are guaranteed. Supporters to improve the quality of care include the use of media in implementing health education or health promotion. According to WHO, "Health promotion includes enabling individuals to lead healthy lives, creating healthy living environments, building and strengthening community action focused on the promotion of health, and the prevention of diseases and health problems" (McCall, 2020).

The media has an important role in health promotion that helps understand the health information needed by mothers during childbirth. This is supported by an article that explains that the extension media is an intermediary used in the process of delivering messages and aims to clarify the information conveyed so that it can stimulate the mind, motivation, attention, and target ability (Wulandari, Asmaningrum, & Ardiana, 2022).

CONCLUSION

This study underscores the importance of addressing cultural aspects comprehensively in maternity nursing care. While current practices focus on spiritual and social dimensions, broader cultural components remain underexplored due to gaps in training, policies, and staffing. Enhancing nurses' competencies through targeted training, refining

SOPs to include detailed cultural assessments, and addressing staffing shortages are crucial steps toward improving culturally sensitive care. Additionally, the integration of effective health education materials can empower both nurses and patients to navigate cultural differences, fostering better health outcomes for mothers during childbirth.

REFERENCES

- Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel educational social contexts. *Frontiers in Psychology*, 13, 785134.
- Amalia, L., Lisna, A. F., Putri, S. T., Sumartini, S., & Mega, N. (2020). The contribution of pregnant women characteristics to pregnancy exercise perception. In *4th International Conference on Sport Science, Health, and Physical Education (ICSSHPE 2019)* (pp. 166-170). Atlantis Press.
- Astri, H., & Alhadar, F. (2018). Rorano Ramuan Percepat Proses Persalinan Pada Etnik Ternate. *Jurnal Riset Kesehatan*, 7(1), 25-31.
- Beyer, C. (2010). Edmund husserl. In *The Routledge Companion to nineteenth Century Philosophy* (pp. 887-909). Routledge.
- Červený, M., Siaki, L., Prosen, M., & Nagórska, M. (2022). Challenges experienced by nurses caring for patients from different cultures: a scoping review of the literature, 2010–2020. *Central European Journal of Nursing and Midwifery*, 13(4), 783-792.
- De Souza, R., Butt, D., Jethani, S., & Marmo, C. (2021). Participatory research methods for investigating digital health literacy. *Conjunctions*, 8(1), 1-17.
- Enestvedt, R. C., Clark, K. M., Freborg, K., Miller, J. P., Leuning, C. J., Schuhmacher, D. K., & Loushin, S. L. (2018). Caring in the margins: A scholarship of accompaniment for advanced transcultural nursing practice. *Advances in Nursing Science*, 41(3), 230-242.

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- Horrigan, K., M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International journal of qualitative methods*, 15(1), 1609406916680634.
- Ito, M., & Sharts, H. N. C. (2012). Japanese women's experience of childbirth in the United States. *Health care for women International*, 23(6-7), 666-677.
- Juhannis, H., Satrianegara, M. F., Amansyah, M., & Syarifuddin, N. (2021). Community beliefs toward causes of illness: cross cultural studies in Tolotang and Ammatoa Ethnics in Indonesia. *Gaceta Sanitaria*, 35, S19-S22.
- Leininger, M. (2012). Self-care ideology and cultural incongruities: Some critical issues. *Journal of Transcultural Nursing*, 4(1), 2-4.
- Lumbantobing, V., Susilaningsih, F. S., Rasyiddin, G., Kurniawan, T., & Pratiwi, A. (2018). Pengetahuan cultural competence pada mahasiswa program profesi Ners di Bandung. *Journal of Nursing Care and Biomoleculer*, 3(2), 114-120.
- Malabat, C. G., & Ruiz, F. B. (2019). Act Local but think global: transcultural nursing competencies and experiences of Foreign Students from selected higher Education Institutions in the Philippines. In *Abstract Proceedings International Scholars Conference* (Vol. 7, No. 1, pp. 580-599).
- McCall, W. T. (2020). Caring for patients from a school shooting: A qualitative case series in emergency nursing. *Journal of emergency nursing*, 46(5), 712-721.
- Ministry of Health of the Republic of Indonesia. (2022). *Profil Kesehatan Indonesia Tahun 2021*. Kementerian Kesehatan Republik Indonesia. Retrived From: <https://repository.kemkes.go.id/book/828>
- Ngotie, T. K., Kaura, D. K., & Mash, B. (2022). Awareness of cultural practices by skilled birth attendants during pregnancy and birth in Kenya: An interpretive phenomenological study. *International Journal of Africa Nursing Sciences*, 16, 100394.
- Nursanti, I. (2023). Analisa Teori Transcultural Nursing Madeleine Leininger. *Nusantara Hasana Journal*, 3(8), 192-202.
- Nuuyoma, V., Muvumwaeni, S., & Chihururu, L. (2024). Transcultural nursing: a qualitative analysis of nursing students' experiences in a multicultural context in North-Eastern Namibia. *BMC nursing*, 23(1), 123.
- Ottani, P. A. (2012). Embracing Global Similarities: A Framework for Cross-Cultural Obstetric Care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31(1), 33-38.
- Pham, T. T. L., Berecki-Gisolf, J., Clapperton, A., O'Brien, K. S., Liu, S., & Gibson, K. (2021). Definitions of culturally and linguistically diverse (CALD): a literature review of epidemiological research in Australia. *International journal of environmental research and public health*, 18(2), 737.
- Wulandari, R. A., Asmaningrum, N., & Ardiana, A. (2022). Transcultural Communication Strategies in Nursing with Multicultural Clients in Hospital Settings: A Systematic Literature Review. *Jurnal Pendidikan Keperawatan Indonesia*, 8(2), 91-106.
- Yanti, D. M. (2018). Hubungan Asupan Protein Dengan Penyembuhan Luka Pada Pasien Post OP Sectio Caesarea (SC) di Rumah Sakit Umum Daerah Pringsewu Lampung Tahun 2016. *Jurnal Asuhan Ibu dan Anak*, 3(2), 1-9.

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