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More than 40 years ago, ASEAN countries have developed collaboration in social, economic and diplomatic relations, but today’s collaboration has grown with the cooperation in political, economic and social under three pillars of the ASEAN community, namely ASEAN Political-Security Community (APSC), the ASEAN Economic Community (AEC), and the ASEAN Socio-Cultural Community (ASCC).

In this regard, there are some professions involved in ASEAN mutual recognition arrangements (MRA), which consist of: medical doctor, dentist, surveyor, architect, accounting, engineer, and nurse. It is expected through this arrangement, especially for nursing, can make ASEAN countries close together. It is believed that ASEAN community can bring positive impacts, such as the impacts on the process of medical treatment, characteristics of the services, products of health care services, organizational management, and marketing.

However, each country has its own approach to get directly involved in any sectors of MRA. But education seems to be the cutting element in this arrangement, and each country begins to have the collaboration, such as to 1) increase the awareness among people and young generation with the dissemination of information and knowledge of the ASEAN community; 2) promote ASEAN identity in education; 3) produce human resources in the education field, and 4) make networking among universities in ASEAN.

This collaboration has actually been implemented by the Indonesian government, especially in term of
networking between universities in ASEAN. Specifically, nursing takes a part in this networking, such as students and faculties’ exchange, double-degree program, and etc. Thus, developing nursing collaboration among ASEAN countries is one step forward of bringing the good impact of ASEAN community to Indonesia, especially to adopt nursing best practice for Indonesian society. On the other hand, to prepare the readiness of Indonesian nurses for ASEAN community, governments are not just only to encourage and support nurses to work and study abroad, but also to be ready to accept foreign nurses to work and study in Indonesia. English is however playing a key role for basic communication in this collaboration. In addition, the competencies of nurses also need to be improved, consisting of skill, attitude, and knowledge, especially, the knowledge of transcultural nursing.

Dealing with culture is another challenge of nurses, which leads to certain behavior. Therefore, knowledge regarding culture diversity is needed, including beliefs, needs, values, and culture. It means each nurse needs to learn the culture of the destination country they plan to work or study. However, foreign nurses might find difficulties to work in Indonesia. Despite of having multicultural, they also need to take the licensure exam in Indonesian language, which is a double burden for them.

In regard to culture, there are some ways to understand about transcultural nursing for the preparation of ASEAN community, namely: 1) Surveying the basic knowledge of transcultural nursing, 2) Providing information for nurses regarding cultural differences, 3) Conducting training / seminar / workshop to explore the approaches for patients care from different cultures, 4) Revising and integrating the diverse cultural component in nursing curriculums, 5) Encouraging and providing opportunity for nurses to visit and exchange their knowledge with other countries in ASEAN by educational visit, 6) Creating a network to share knowledge, 7) Using social media to improve knowledge, such as watching movies, meetings, reading books, and surfing the internet; and 8) Accessing to the Transcultural web for ASEAN.

On the other side, another strategy for Indonesian government to get the benefits from ASEAN community is to utilize the tourism and the human resources of the country. Fulfilled with beautiful places, Indonesia actually has a great potential to become tourism destination, it is reasonably assumed that health or public health tourism is a great deal at this point. The concept of promoting wellbeing and preventive of disease in health tourism can be a new strategy to marketing and the local economy. Nurses as the first face of health care system of Indonesia has a major role to implement this opportunity, it might be of community nursing in the beach by providing healthy spa and massage, Cycling in the middle of forest, and etc.

In sum, there are some strategies can be implemented in ASEAN community, comprised of: enhancing educational collaboration, improving transcultural nursing ability and language proficiency, and utilizing the resources between Indonesian tourism and nurses as the asset.

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REVIEW ARTICLE

SELF MANAGEMENT PROGRAM AMONG TYPE 2 DIABETES MELLITUS PATIENTS: A LITERATURE REVIEW

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ABSTRACT

Background: Diabetes mellitus is a crucial problem that leads to serious multiple complication. Self-management program is a essential foundation for the empowerment approach, and necessary for patients to effectively manage their behaviors.

Purpose: The purpose of this study is to describe, compare and critique six existing self-management programmes that are commonly used to guide self-management for type 2 Diabetes Mellitus (DM) patients.

Method: An integrative review was conducted. Relevant studies published in English language and retrieved from CINAHL, PubMed, Science Direct, and Google search were included.

Results: 5 Randomized control trial (RCT) studies and 1 quasy experimental study were reviewed. Goal setting and action planning combined with other strategies (brief counseling, problem solving, and follow-up strategy) showed more effective to improve behavioral change and several clinical outcomes. Continuing follow-up through telephone-call and face to face follow-up becomes the essential element for successful behavior change.

Conclusion: Diabetes self-management program is effective to improve behavioral change and clinical outcomes among patients with type 2 DM. Further research is needed to test the effectiveness of self-management combine with other strategies which are goal setting strategy and follow-up strategy in patients with type 2 DM.

Key words: self-management, type 2 diabetes mellitus, program

INTRODUCTION

Diabetes mellitus is an endocrine system disorder, which characterized by abnormal fluctuations of blood glucose levels. It was usually related with a defect of insulin production and glucose metabolism.1 Diabetes mellitus also leads to multiple long-term complications, such as constriction of blood vessels, thrombotic micro angiopathy (nephropathy...
and retinopathy), neuropathy (peripheral and autonomous), peripheral angiopathy, and problems of the cardiovascular system.²

Prevention of diabetes complication is very important for improving quality of life of the population. Self-management program is a essential foundation for the empowerment approach and necessary for patients to effectively manage their behaviors including monitoring blood glucose, manage the hyperglycemia and hypoglycemia symptoms, controlling dietary and exercise management.¹,⁴ However, mostly diabetes patients have difficulty to manage their behaviors because they were required changes in long term behaviors.³

Self-management program is advocated due to positive outcomes especially in managing the behavior and increasing the quality of life among patients with type 2 DM.⁵ Several studies related with self management program have been conducted for patients with diabetes mellitus. However, the previous researchers created the program in different strategies, outcomes and duration of interventions. Therefore, this study aimed to review the appropriate intervention for the patients with type 2 diabetes mellitus.

PURPOSE

The objective of this study is to describe, compare, and critique the six existing self-management programmes that are commonly used to guide self-management for type 2 DM patients.

METHODS

Several databases were used to search the relevant article of this study including PubMed, CINAHL, Science Direct, and Google search. The selection of relevant articles and critical appraisal was based on Joanna Briggs Institute (JBI), (2012). The inclusion criteria of articles included: articles published through the year 2010-2015, full article and using english language, articles used RCT or Quasi experimental study.

RESULTS

There were six experimental studies were found and reviewed to determine the existing studies related to self-management program for patients with type 2 DM. Five of six studies were randomized controlled trial (RCT)⁶,⁷,⁸,⁹,¹⁰ and one study used a quasy experimental study.¹ From these six studies, three studies were conducted in western country and three studies conducted in asian country. The results were grouped into: Self-management outcomes, Self-management strategies, and Duration of interventions.

Self-management outcomes

Most of studies were generally conducted in individual-based education with follow-up¹,⁸,⁹ and group-based education or combination-based program.⁶,⁸,¹⁰ Commonly, outcomes of the program could be classified into: physiological outcomes, psychological outcomes, and behavioral change outcomes. The physiological outcomes entail the laboratory result including blood glucose, blood pressure, HbA1c, weight, serum triglyceride (TG), and total cholesterol (T-cho), and body mass index (BMI). Psychological outcomes include health-related quality of life, mental health, the level of depression, self efficacy, Illness perception and emotional distress. While behavioral change outcomes comprise of achievement of goal setting, action planning and problem-solving skill, dietary behavior, exercise behavior, smoking status, and blood glucose monitoring. Most of outcomes of this literature review have been showed the effectiveness of self-management program.
Table 1. The research evidences regarding self management program

<table>
<thead>
<tr>
<th>Authors</th>
<th>Framework</th>
<th>Teaching Strategies</th>
<th>Media</th>
<th>Duration of intervention &amp; Follow-up</th>
</tr>
</thead>
</table>
| Moriyama et al., 2009    | DSME model      | Personalized education for patients and care giver, set the goals, dialogue, providing Support | Telephone follow-up          | - 12 months conducted the research  
- The programs consisted 12 session  
- The intervention group received <30 minutes of monthly interview  
- Be-weekly telephone call throughout the 12 months  
- Evaluate first 6 months at 7th session |
| Bastiaens et al., 2009   | Chronic care model | Reflection behavior, set goals and making action plan, provided education, identify barriers and set problem, solving, discussing and advising to maintain behaviors, feed back and follow up | - 3 months conducted the research  
- The programs consisted 5 sessions  
- The duration of programs 2 hours each sessions  
- Follow up each session  
- Follow up at 3 months |
| Wu et al., 2011          | Self efficacy theory | Personalized diabetic education, Viewing DVD, receiving booklet, counseling session, follow up | DVD, receiving booklet        | - 4 months conducted research  
- 15 – 20 minutes for standard education program  
- Week 1 for DVD viewing and receive booklet  
- Week 1-4 Counseling session  
- Week 16 and 16 follow up |
| Rosal et al., 2011       | Social-cognitive theory | Personalized counseling, group meeting counseling, and follow up | soap opera, Bingo games      | - 12 months conducted research  
- 12 weekly session for Intensive phase, 8 monthly session for follow up session  
- 1 hours for individual meeting and 2.5 for group meeting |
| Khunti et al., 2012      | DESMOND model   | Personalized education, promoting a non didactic, Follow up                          | Telephone follow-up          | - 3 Years conducted research  
- 6 hours provided program follow up at 4, 8, 12 months and 3 years |
| Sun et al., 2012         | Chronic care model (CCM), Theory of reason action (TRA) Social cognitive theory (SCT) | Meeting support group session, Feed back and follow up | Tai-chi and Chinese poetry, Bilingual booklet | - 6 months conducted the research  
- 12 weekly on 90 minutes for support group session and education, biweekly.  
- Follow up/remain call every week |

Self-management strategy

In several studies, there are combination of several methods in self-management program. Two studies employed combinations of brief counseling, goal setting, action planning,
Duration of intervention
The length of period of intervention was used to measure the duration of the intervention from the baseline assessment until the completion of the program. The duration of intervention could be classified into three categories: short-term (less than 6 months or 24 weeks), medium (6 months until 12 months or 24-48 weeks), and long-term (more than 12 months or more than 48 weeks). From total 6 studies, 3 studies were conducted in short-term duration, and 2 studies were conducted in medium duration, and only one study was conducted in long-term duration.

Follow-up Strategies
Generally, strategies of follow-up are different among studies. It showed that two of studies used telephone calls for follow-up strategy. Four of other studies used combination of telephone call and meeting follow-up as their follow-up strategy. While another study reported the effectiveness of phone-call strategy to involve interactions between healthcare providers and participants, which showed the highest effect size (0.95) compared with face-to-face and web-based strategy.

DISCUSSION
This review aims to describe, compare and critique of self-management programmes that are commonly used to guide self-management for type 2 DM patients. The review reported that self-management program has positive impact to improve patient’s behaviors and several clinical outcomes in patients with type 2 diabetes mellitus.

In this review, the most of self-management strategy used from existing studies were the combination of personalized counseling and group meeting counseling with a goal setting, action planning, and problem solving.
Goal setting and action planning strategy assist patients to intentionally take responsibility and engage in influencing behaviors with their own achievable goals and feasible action plans. The measurable, specific, clear, and short period of goals and action plan also can provide clear guidance to the patients in regard what activities should be done, and anticipate the possibility barriers which potentially violate the goals achievement. In addition, specific goal setting and action planning leads people to achieve higher performance in self-management than no goal, general, or unspecific goal.

In regard to follow-up strategy, face-to-face contact is still favorable although some of studies combined with telephone contact. The growing of communication technology make the telephone contact, computer, and internet for follow-up strategy can be alternative approach. Previous study reported that telephone contact as one of the follow-up strategy in self-management program among patients with diabetes beside of face-to-face approach.

CONCLUSION

Six of reviewed studies showed the effectiveness of self-management program on behaviors changeal and several clinical outcomes in patients with type 2 diabetes mellitus. Although some of studies have difference self-management strategies, teaching method, materials, duration, and follow-up strategies, however, teaching method becomes a major concern in this review. Goal setting, action planning, and problem solving strategies are also recommended to improve behavioral change and several clinical outcomes. In addition, telephone follow-up is the most common follow-up strategy.

In sum, self-management approach is recommended to be implemented among patients with type 2 DM. Effective teaching method is also needed with goal setting and action planning to achieve better behavioral change and improve clinical outcomes. Furthermore, in implementing self-management program, patients should receive adequate follow-up, either using face-to-face as the most common follow-up strategy, or telephone call based on patients’ condition and supported facilities to evaluate the goal achievement.

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ABANDONED: CAN IT BE A NEW DIAGNOSIS IN PSYCHIATRIC NURSING IN INDONESIA?

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Located in Southeast Asia, Indonesia still has a tendency to have many kinds of natural disasters, especially after massive attack of earthquake and Tsunami in 2004 in Aceh province. Along with horizontal and vertical conflicts, Indonesian people have more risk to suffering from severe mental health problems. Basic health research revealed that the prevalence of severe mental health problems in Indonesia is 1.7 per mile, the majority number of cases is derived from following provinces such as Yogyakarta, Aceh, South Sulawesi, Bali and Central Java. Surprisingly, restraint is still common for severe mental health problems; it is about 14.3% people with schizophrenia is being isolated from the outside world. The number of restraint in Indonesia seems to be increased, since the number of people with schizophrenia is increasing every year. As the result, the government of Indonesia launched “Indonesia free of bodily restraint” to find and release restrained people with severe mental health problems. However, stigmatization is still challenging in Indonesia.

In psychiatry, stigma plays important role since it becomes one of reasons for family to put the family member with schizophrenia under lock and key situation. In order to avoid negative perception of severe mental health problems, the affected family member will be restrained inside the house to minimize the social impact and negative stereotypes of severe mental health problems. In this case, restraint is chosen as the first option by the family to deal with unachieved highly social expectation in the community. Families are struggling with
stigmatization and some of them succumb to the reality. Unfortunately, stigma is not only conducted by the community, but also both of patients and their families.

**STIGMATIZATION**

Originally came from Greek term, Stigma means mark or scar left in the skin in the process of animal branding and continue to slave branding. The scar remains mentally painful for the slave in that area, and the term is usually used to describe people with severe mental health problems but having a physical restraint and lock in the room. In the process of being stigmatized, they are suffering from, at least two situations that are triggering them to it; diagnostic labelling and behavior labelling. Once, when people are diagnosed with severe mental health problems, unconsciously, and frequently they will get stigmatization from the community. The label remains tied even after they are passed away inside the nearby communities. Beside, uncontrolled and unethically behaviors of the people are giving them a bad name, even though the community has no idea about their medical diagnostic.

Our community seems to be very rude, just because some people do not show expected or normal pattern of behaviors, they will be easily stigmatized as mentally ill people. In addition to public stigma, it may also lead them to have self-stigma and suicide behavior. Unfortunately, the actions to minimize the negative beliefs and behaviors towards people with severe mental health problems in developing countries, including Indonesia, are still challenging and need more attention and commitment from the government and policy maker. Interestingly, not only by diagnosis and behavior, people tend to be stigmatized when they have poor appearances, while they have no psychiatric medical record and perform no strange behaviors. Furthermore, the trend now is moving from restraint to leave their family member alone, with lack of care. This situation is possible since the effect of stigma not only affects their family, but also family possibly to become source of stigma, vice versa. So, the new concept of psychiatric nursing diagnostic is needed to be initiated in order to help people who leave alone without attention.

**PSYCHIATRIC CASE IN ACEH**

In Lhokseumawe city, Aceh Province of Indonesia, some people with severe mental health problems have unsupported family. Based on my experience, they are “allowed” homeless without appropriate clothes. Their family situation is not similar one to another, some of them have a complete family, and the others are only having mother or father, or brother and sister. But, they have one thing in common; their family does not want to take care of them. They are presenting lots of reasons, such as lack of information and experience, or even busy and rely on other family members to take care of them. Some of them are responding by saying that they have no idea what they have to do or giving up to the reality. Unfortunately, their conditions remain the same and even worse. Having no attention and lack of care, their condition is getting deteriorated. They have no one to remind them to take regular medication, daily bathing and appropriate clothing. Worse, their families have difficulties to make decision whether or not to take them to the hospital, even they exhibit severe positive symptoms. They are left alone and abandoned.

**ABANDONED**

Firstly used in 14th century, abandoned is the word to describe something left without care or needed
protection. The word is usually used to explain the condition of something that is forgotten by the owner. Applied in psychiatric situations, the term of abandoned may be defined as people with severe mental health problems who are left by family without attention and lack of care with no one who is responsible for treatment and intervention. The top reason why these people are abandoned is; the families treat them as a burden, especially for financial burden, because most of them derived from poor family, and they have no additional budget to support people with severe mental health problems. The other significant reason is, their family is giving up on them, with lack of experience and information, and they let them live as it is. Stigmatization is also come up to become a trigger for the family to let their family member abandoned and decided to reject any professional help from psychiatrist and psychiatric nurse.

It may be important to suggest abandoned, as a new nursing diagnosis for psychiatry in Indonesia, because it emerges frequently in Indonesian population, especially in Aceh province. Even there is no evidence to prove about this new situation yet, but this phenomenon can be an entry point to overcome the unsolved recurrent relapse problems for people with severe mental health problems in Indonesia. Besides, the impact of abandoned patients can be detrimental not only for themselves but also others. In this case, the local government attention is needed to initiate policy to force family to support treatment and intervention by having family motivation enhancement therapy and involved in family support group. But, in the near future, a study about abandoned people with severe mental health problems is needed to verify that abandoned phenomenon in psychiatry is really exist in Indonesia or perhaps elsewhere in the world.

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GENERATION Y NURSE: WHAT DO I NEED IN THE WORKPLACE?

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Dear Madam,

Generation Y nurses, born after 1980, have been a major concern in nursing today. They are demanded to be a future leader because of the increasing number of Baby boomer nurses who begin to retire,¹ which lead to the lack of nursing leaders in the country. It is anticipated that by 2020, more than 50% of the nursing workforce will be fulfilled by Gen Y nurses.¹ However, the recruitment to replace the retiring nurse leaders is very challenging. Gen Y nurses are considered as the future of nursing leadership, but some questions are raised whether they will be interested and/or prepared to step into leadership roles.²

On the other hand, there also has been another challenge to keep this generation Y nurses to stay longer in their nursing workplaces. Therefore, it is required to identify exactly and precisely what will retain them in the profession in the long term, which is a big challenge for nurse leaders today.

Some literatures mentioned that, the generation Y nurses need to be challenged; and certain needs must be first addressed at the start of employment, which consist of:

1) Work Life balance. Gen Y nurses will not view work as their “life,” rather they will favor flexibility in the workplace. They are significantly less likely to be work-centric than previous generations.³ The Gen Y nurses were clear what they needed for their personal lives, and needed to be able to spend time with family and friends as well as taking time to relax.⁴ But, they did not wish to take work home
with them nor wish to ruminate and worry about work when they were not at work. Thus, given the stressful job such as nursing, the Gen Y nurses’ views of being able to leave work as a mature and sensible approach to their work, as well as insight about the possible negative effects of the job.

2) Flexible work schedules and shifts. This is related to work life balance. Gen Y nurse wants to know the long-term schedule to plan activities, and wants some shift flexibility to be able to respond when something unexpected arises in personal life. These nurses would like to be able to adjust their schedules to their needs rather than organize their needs around their schedules.

3) Appropriate financial remuneration, opportunity for professional development, and Recognition. It is suggested that, Gen Y nurses seek appropriate financial remuneration along with opportunities for ongoing professional development and recognition to ensure career aspirations can be met. Recognition such as, “congratulating nurses, recognizing their know-how and skills, or offering pleasant work conditions are ways to show nurses that they do matter.”

4) Technology-based working condition. The Gen Y nurses also seek a workplace that is equivalent technologically to their abilities. They want to be able to communicate in the workplace using tools they are familiar with socially, to support their role in health teams.

5) Friendly employer. It is suggested that employers need to be more employee friendly if they hope to attract the Y Gen to their business – an initiative for health executives to consider.

In sum, the Gen Y nurses expect to be respected, valued, stimulated, included and supported in their workplace. They may not be loyal to their workplace if not adequately supported, inspired and encouraged. Gen Y nurses are loyal to their family and friends. They like to spend more time with the people who are important to them, and enjoy a much improved work/life balance. The emphasis for Gen Y nurses is a better quality of life, or work life balance. Nursing Managers in this regard need to focus on their needs, strengths and structure a workforce that will support them in their professional nursing role, particularly as the research indicates that they are likely to change professions more often than any other generations.

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