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Article

Modeling and Role-Modeling Theory on Stunting Children in the Perspective of Philosophy

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Abstract: Stunting, during the Covid-19 pandemic, is increasingly becoming a big problem in the world, especially in poor and developing countries. Observational studies have shown that stunting is associated with poor nutrition, especially a plant-based diet, inflammation, caused by infection, enteric dysfunction, an environment with clean water, inadequate sanitation and hygiene (WASH), and endogenous inflammation associated with excess adiposity. This causes nutritional interventions to be often unsuccessful (Kemenkes RI, 2018). The government intervenes to reduce stunting to the target party, which is divided into two categories. The first category is specific nutrition intervention, namely monitoring children under five at the posyandu, giving immunizations, giving vitamin A, giving Supplementary Foods (PMT), and others. The second category is sensitive nutrition interventions, namely the provision of drinking water and proper sanitation, postnatal family planning (KB) services, providing information related to stunting, food social assistance, conditional cash assistance, and others. (KEMEN-PMK, 2018). WHO states, that the impact of stunting can be divided into short-term and long-term impacts. The short-term impacts are; increased incidence of morbidity and mortality; cognitive, motor, and verbal development in children is not optimal; and increased healthcare costs. While the long-term impact; Posture that is not optimal as an adult (shorter than usual); Increased risk of obesity and other diseases; The decline in reproductive health; Less than optimal learning capacity and performance during school years; and Low productivity and work capacity (Kemenkes RI, 2018). The nursing goal is to help people achieve quality, holistic health. Implementation of Modeling and Role Modeling Theory is an option in implementing nursing care for children with stunting. "Modeling" is gaining an understanding of the client's world from the client's perspective. That is to build a "model" of the client's worldview. "Role-Modeling" is based on the assumption that all humans want to interact with others, they want to carry out selected roles in society. Role-Modeling is using the client's model of the world to plan interventions that meet his or her perceived needs, grow, develop and heal. Role-Modeling requires that we aim to build trust, promote a positive orientation and a sense of control, affirm strengths and set specific mutual goals.

Keywords; Children**;** Growth; Development Modeling; Role Modeling**;** Stunting

I. Introduction

1.1 Background

Stunting, during the Covid-19 pandemic, is increasingly becoming a big problem in the world, especially in poor and developing countries. The prevalence of stunting in the world in 2017 reached 22.2%. Half of the number of children with stunting were in Asia (55%) and a third were in Africa (39%). Currently, more than 140 million children suffer from stunting and malnutrition. The COVID-19 pandemic has had a significant impact on meeting nutritional needs and is estimated to have caused more than

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13.6 million children to suffer from waste In 2017 the number of stunting toddlers in Indonesia was ranked the 4th largest in the world after Nigeria, Pakistan a, and India (UNICEF, 2018).

Indonesia's target is to reduce the prevalence of stunting to 28% in 2015-2019, but in 2018 the prevalence of stunting has increased again, namely 30.8%, while the standard set by WHO is 20% (Kemenkes RI, 2018). Observational studies have shown that stunting is associated with poor nutrition, especially a plant-based diet, inflammation, caused by infection, enteric dysfunction, an environment with insufficient clean water, inadequate sanitation and hygiene (WASH), and endogenous inflammation associated with excess adiposity, which causes nutritional interventions to be unsuccessful (Millward, 2017). The results of the multilevel analysis showed that previous birth spacing, low birth weight, short breastfeeding, maternal age at delivery, maternal education, and occupation were risk factors associated with stunting. Low birth weight (OR 2.22, 95% CI: 1.44-3.41) and mother's occupation (OR 1.92, 95% CI: 1.18-3.12) were the most influencing factors for stunting (Rayhan et al., 2021).

The Indonesian government has prepared a National Strategy for the Acceleration of Handling Stunting for the period 2018-2024. The government's target for reducing stunting is from 27.67 percent in 2019 to 14 percent in 2024. In supporting this target, the government has intervened to reduce stunting, which is divided into two categories. The first category is specific nutrition interventions, including monitoring children under five at the posyandu, immunization, vitamin A, Supplementary Feeding (PMT), and others. The second category is sensitive nutrition interventions, including the provision of adequate drinking water and sanitation, postnatal family planning (KB) services, providing information related to stunting, food social assistance, conditional cash transfers, and others (KEMEN-PMK, 2018).

Stunting children will have short-term and long-term impacts. The short-term impacts include disturbances in brain development, intelligence disorders, physical growth disorders, and body metabolism disorders. the long-term impact is a decrease in cognitive function and learning achievement, decreased immunity, a high risk of disease, and low quality of work which can result in low economic productivity for individuals and countries (Kemenkes RI, 2018). Stunting occurs due to chronic malnutrition during the first 1000 days of a child's life. The damage that occurs will result in irreversible development of the child (cannot be changed) and the child will never learn or gain as much as he can. If stunting children are not handled properly, it will be a widely accepted predictor of poor quality of human resources, and will further reduce the nation's productivity in the future. (Kemenkes RI, 2016).

Children are not miniature adults. Children are unique entities that are developing, have legal rights, and grow and develop physically, emotionally, socially, int, intellectually, and spiritually. In undergoing this stage of development, children need care in the form of protection, assistance, stimulation, ion, and love. In providing care, it is necessary to implement the right Modeling and Role Modeling Theory to overcome the impact caused by stunting. Modeling is a process in which the nurse seeks to understand her client's unique model of the world. Role Modeling is the process by which the nurse understands that model is unique in the context of scientific theory and, using that same perspective from her client's unique model, plans interventions that promote health. (Amos et al., 1983).

theory on stunting child care will be studied based on a philosophical perspective. An in-depth study will be carried out by looking for existing reference sources as the understanding of philosophy that has been expressed by philosophical figures, that philosophy is a branch of science that investigates or examines the real truth, including philosophical terminology including; ontology which studies "what", epistemology which studies "how", and axiology which expresses "what" a science is studied (Nunu Burhanuddin, Dr., Lc., 2018).

1.2 Problem Formulation

Based on the background, the formulation of the problem is "how is the implementation of Modeling and Role Modeling Theory in children with stunting from a philosophical perspective?

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1.3 Purpose

1.3.1 To identify modeling and role modeling theory in nursing care for children with stunting based on a philosophical perspective

1.3.2 To identify modeling and role modeling theory based on Ontology, Epistemology, and Axiology.

II. Philosophical Studies on Modeling and Role Modeling Theory in Nursing Care for Stunting Children

In terminology, philosophy means the activity of thinking radically. Radical comes from the word radix which means root. Radical thinking means thinking to the root of a problem, crossing existing physical boundaries, and entering an odyssey outside of something physical. (Azwar & Muliono, 2019). The philosophy of science can easily be defined as a study that will answer questions about the nature of science, in terms of ontology, epistemology, and axiology. This is done systematically and in-depth, so that the philosophical study of the Implementation of Modeling and Role Modeling Theory in the nursing care of stunting children does not explain too much about the history of science, theories, and concepts, but discusses the substance of science. The essence of the discussion, is there are three aspects; Ontology, epistemology, and axiology are closely related to each other, thus producing a complete study.

2.1. Ontology Study on the Implementation of Modeling and Role Modeling Theory in the nursing care of stunting children

In this sub-discussion, it is very important to know in full, that ontology is a discussion to find or get the essence of something. Often people question what 'something'? or which 'something'? whatever it is, whether in the form of material or non-material objects or often referred to as abstract terms so that the real essence is obtained. Ontology is etymologically derived from the word ontos (something tangible), while logos (theory about the existence of existing essence). Ontology in terms means the nature of being studied and the nature of the existing reality about the truth or also the nature of everything that exists which has a universal nature or the nature of reality which contains pluralism (pluralism) to understand existence. Ontology can also be understood as reality or the actual state that describes the condition/nature of something. Thus reality raises the question of What. What does reality t material or immaterial? (Umam, 2015)

Ontology is the principle of determining the boundaries of the scope of being which is the object of study and interpretation of the nature of reality. The ontology includes the problem of what the nature of "something" is, what is the nature of t, rut,h, and the reality that is inherent in it or not (Suriasumantri, 2015).

In the ontology study below, several questions will be explained as follows; Who is the child? What is stunting? What is meant by the implementation of role modeling in stunting children? Is there a nature, reality, or existence of children, stunting, modeling theor,y, and role modeling?

2.1.1 Ontology study of children.

a. Understanding of children

A child is a human being who is under the age of eighteen years and who has not reached the age of maturity under special arrangements (ACPF, 2013). UNICEF defines a child as any person under the age of 18 years (UNICEF, 2009). In Indonesia, a child is defined as someone who is not yet 18 (eighteen) years old, including a child who is still in the womb (Kemensesneg, 2014).

b. Growth and development child's aspect.

1. Definition of growth.

Growth is an increase in size that can be characterized by multiplication or cell changes and differences. In the first year of life, the most rapid changes are weight and height gain (Potts & Mandleco, 2012). Growth is an increase in physical size where there is an increase in numbers such as height, weight, blood pressure, and an increase in the child's vocabulary (Ball et al., 2015).

2. Definition of Development

Development is a change in activity and new regular patterns of behavior, which occur due to the process of growth, learning, and maturation process where these changes include physiological, psychosocial, and cognitive changes during a person's life span. (Potts & Mandleco, 2012). Developmental skills, such as sitting without support or throwing a ball with your hands, holding chopsticks, etc. are forms of development that are influenced by stimulation or complex innate abilities, which refer to the quality of ability or function. (Ball et al., 2015).

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Each child displays a unique maturation pattern throughout the developmental process. Even though the age is the same but the emerging skills can be different, the order of skill performance is uniform among children, that is ;

a) Cephalocaudal development;

Each development always starts from the top of the body, namely the head towards the feet, for example at birth the baby's head is much larger in proportion to the body or extremities, and the baby learns to lift his head before learning to sit and learns to sit before being able to stand. Foot skills are the last development in infancy.

b) Proximodistal development;

Based on the Guidelines for Early Detection of Growth and Development, aspects of development that can be monitored include gross movement, fine motion, speech and language skills, as well association and independence. Gross motion or gross motor skills are aspects related to the child's ability to carry out movements and postures that involve large muscles, such as sitting, standing, and others. Fine motion or fine motor skills are aspects related to the child's ability to perform movements that involve certain body parts and are carried out by small muscles, but require careful coordination such as observing something, pinching, writing, and so on. Speech and language skills are aspects related to the ability to respond to sounds, speak, communicate, follow commands, and others. Socialization and independence are aspects related to the child's independent ability (eating alone, tidying up toys after playing), separating from the mother/caregiver, socializing and interacting with the environment, and others (Ball et al., 2015).

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c. Child Developmental Age Groups

Child development is a complex process, each expert observes based on certain aspects. To facilitate monitoring of development, most developmental theorists separate children into age groups based on common characteristics.

Tabel 2-1; Developmental Age Groups.

DEVELOPMENTAL STAGE	AGE GROUP	CHARACTERISTICS
Infancy	Birth to 12 months	Includes infants or babies up to 1 year of age, all of whom require a high level of care in daily activities.
Toddlerhood	1–3 years	Characterized by increased motor ability and independent behavior.
Preschool	3–6 years	The preschooler refines gross and fine motor ability and language skills and often participates in a preschool learning program.
School age	6–12 years	Begins with entry into a school system and is characterized by growing intellectual skills, physical ability, and independence.
Adolescence	12–18 years	Begins with entry into the teen years. Mature cognitive thought, formation of identity, and influence of peers are important characteristics of adolescence.

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2.1.2 Ontology Study on Stunting

a. Definition of stunting

What is stunting? Stunting (short) is a form of growth and development disorder that occurs in children due to long-term malnutrition, which can occur in pregnant women until the child is born, and will begin to appear in children aged 2 years when children become shorten than their age (Kemenkes RI, 2018).

b. Standards for determining nutritional status/anthropometry

Stunted (short) and severely stunted (very short) based on the height index or body length according to age, the results were low. Children who are said to be stunted are in the measurement of nutritional status based on age and then compared with standard standards from WHO, the z-score results are below normal. Z-score is less than -2 SD (standard deviation), the child is categorized as stunted (short) whereas if the z-score value, the child is categorized as severely stunted (very short). (Kemenkes RI, 2016).

Child Anthropometry Standards are based on parameters of weight and length/height which consist of 4 (four) indices, including; Weight by Age; Length/Height according to Age; Body Weight by Length/Height; and Body Mass Index by Age (Kemenkes RI, 2020). In assessing the nutritional status of children, the value of height and weight will be converted into the form of a standard value (Z-Score) which can be measured using the following formula:

$$\text{Z-Score} = \frac{\text{SIV-RSMV}}{\text{RSD}}$$

Description
SIV : Subject's Individual Value
RSMV: Reference Standard Median Value
RSD : Reference Standard Deviation

Source : (Webb & Bhatia, 2005)

Table 2. 2, Anthropometric Index of Children aged 0 – 60 Months.

Indeks	Status categoric gizi	Z-Score
Weight by Age (W/A) children aged 0 - 60 months	**Severely underweight**	**<-3 SD**
	Underweight	**-3 SD until <-2 SD**
	normal	**-2 SD until +1 SD**
	Possible risk of overweight	**>+1 SD**
Body Length or Height according to Age (BL/A or H/A) children aged 0 - 60 months	**Severely stunted**	**<-3 SD**
	stunted	**-3 SD until <-2 SD**
	Normal	**-2 SD until +3 SD**
	Height	**>+3 SD**
Weight according to Body Length or Height (W/BL or W/H) children aged 0 - 60 months	**Severely wasted**	**<-3 SD**
	wasted	**-3 SD until <-2 SD**
	Normal	**-2 SD until +1 SD**
	Possible risk of overweight	**>+1 SD until +2SD**
	overweight	**>+2 SD until +3 SD**
	obese	**>+3 SD**
Body Mass Index by Age (BMI/A) of children aged 0 - 60 months	**Severely wasted**	**<-3 SD**
	wasted	**-3 SD until <-2 SD**
	Normal	**-2 SD until +1 SD**
	Possible risk of overweight	**>+1 SD until +2SD**
	overweight	**>+2 SD until +3 SD**
	obese	**>+3 SD**
Body Mass Index by Age (BMI/A) of children aged 5 - 18 years	**Severely Thinness**	**-3 SD sd < -2 SD**
	Thinnes	**-2 SD sd + 1 SD**
	normal	**-3 SD until <-2 SD**
	overweight	**-2 SD until 2 SD**
	obese	**>2 SD**

Source; (Kemenkes RI, 2020)

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2.1.3 Ontology study on modeling theory and role modeling

What are Modeling Theory and role modeling?. Modeling and Role Modeling Theory was developed by Helen Erickson, Evelyn M. Tomlin, and Mary Anne P. Swain. It was first published in 1983 in their book Modeling and Role Modeling: A Theory and Paradigm for Nursing. This theory allows nurses to treat and nurture each patient with awareness and respect for the uniqueness of each patient. It exemplifies theory-based clinical practice focused on patient needs. This theory draws on concepts from a variety of sources, including Maslow's Hierarchy of Needs Theory, Eric Erikson's Psychosocial Stage Theory, Piaget's Theory of Cognitive Development, and Selye and Lazarus General Adaptation Syndrome.

a. Understanding 'Modeling' in Modeling Theory and role modeling

In the Nursing world, there exists a process which is known as Modeling. It is a process to better understand and fully comprehend a patient's model and also to fully appreciate said model's value and significance from a medical attendant or in this case a nurse's point of view Modeling also tries to introduce the unique perspective of a patient in which a medical attendant could use said perspective to process and develop an image and better understand the patient's world. This perspective is called a Model (Martha Raile Alligood, Ph.D., RN, 2014).

b. Understanding 'Role Modeling' in Modeling Theory and role modeling

A process in which nurses facilitate and nurture individuals to achieve, maintain achieved also improve the health of many individuals is called Role modeling. Role modeling teaches nurses to accept a patient sent with open arms no matter what kind of condition befall said patient and patient access also allows for a unique intervention planning. This concept states that how a patient should be treated and how they should be helped is the patient himself who knows better (Erickson et al., 1983).

This model gives nurses three main roles. They are facilitation, nurturing, and unconditional acceptance. As a facilitator, the nurse helps the patient take steps towards health, including providing the necessary resources and information. As caregivers, nurses provide care and comfort to patients. In unconditional acceptance, nurses accept each patient as is without any conditions. The basic theoretical linkages used in nursing practice for this modeling are developmental task completion (unfinished task), fulfillment of basic needs, attachment, loss response, growth, development, and adaptation processes that influence each other. (Martha Raile Alligood, Ph.D., RN, 2014).

When it comes to research, the following are some theoretical propositions presented by the model:

1. The ability to harness one's strengths and potential becomes an important basis for dealing with new stressors.
2. When a person experiences weakness or failure to fulfill his basic needs, the ability to utilize resources is impaired.
3. Distressors are basic needs that are not met; stressor is unfulfilled growth.
4. Attachment to a significant object will occur if the object repeatedly facilitates the patient's needs.
5. Feelings of worth arise when there is an attachment or relationship that produces a sense of security.
6. Satisfaction with success produces future goals.
7. Loss of sense of belonging, threatened, produces unnatural sadness.
8. Every feeling of grieving always begins with the unfulfilled basic needs.
9. Adequate alternative support should be provided for the patient to complete the grief process.
10. Prolonged grief due to insufficient alternative support will result in unnatural grief.
11. The patient's growth process will be disrupted if the basic needs and growth are not met.
12. Developmental tasks must get satisfactory support so that they are completed, this will be the basis for forming the ability to complete the next task and avoid crises.
13. Unmet needs are always associated with unnatural sadness.

2.2. Epistemological Study of the Implementation of Modeling and Role Modeling Theory in the care of stunting children.

2.2.1 Epistemological study of the theory of child development

Child development is a complex process. Many theorists have attempted to organize their observations of behavior into a description of principles or a set of stages. Each theory focuses on a particular facet of development. Most developmental theorists separate children into age groups by common characteristics

a. Freud's Theory of Psychosexual Development

Sigmund Freud (1856–1939) was an Austrian neurologist and the founder of psychoanalysis, a clinical method for evaluating and treating pathologies in the psyche through dialogue between a patient and a psychoanalyst. His work, Psychoanalytic theory, is a theory that seeks to explain the nature and development of the human personality. The elements that are prioritized in this theory are motivation, emotion, and other internal aspects. This theory assumes that personality develops when there are

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conflicts between these psychological aspects, which generally occur in children or at an early age. These early childhood experiences would later form the unconscious motivation for several actions in an individual's later life. Freud believed, that sexual energy is centered in specific parts of the body at certain ages. Unresolved conflict and unmet needs at a certain stage lead to fixation of development at that stage (Dunn & Craig, 2013).

Freud viewed the personality as a structure with three parts: According to Freud's psychoanalytic theory, the id is the primitive and instinctual part of the mind that contains sexual and aggressive drives and hidden memories, the super-ego operates as a moral conscience, and the ego is the realistic part that mediates between the desires of the id and the super-ego. (Dunn & Craig, 2013). The ego diverts impulses and protects itself from excess anxiety by the use of defense mechanisms, including regression to earlier stages and repression or forgetting of painful experiences such as child abuse.

1. Freud's Stage of Psychosexual Development.

a) *Stages Oral (Birth to 1 Year).*
The infant derives pleasure largely from the mouth, with sucking and eating as primary desires.

b) *Anal (1 to 3 Years).*
The young child's pleasure is centered in the anal area, with control over body secretions as a prime force in behavior.

c) *Phallic (3 to 6 Years).*
Sexual energy becomes centered in the genitalia as the child works out relationships with parents of the same and opposite sexes.

d) *Latency (6 to 12 Years).*
Sexual energy is at rest in the passage between earlier stages and adolescence.

e) *Genital (12 Years to Adulthood).*
Mature sexuality is achieved as physical growth is completed and relationships with others occur.

2. Nursing Application of Freud

Freud emphasized the importance of meeting the needs of each stage of development. Illness crises can disrupt normal developmental processes and add to the challenges for nurses trying to meet the needs of a sick child. For example, the importance of sucking in infancy guides nurses to provide pacifiers for infants who are unable to obtain oral fluids. Preschool children's concerns about sexuality guide nurses to provide privacy and clear explanation during procedures involving the genital area. It may be necessary for parents to know that masturbation in children is normal and help parents deal with it through distraction. The adolescent's focus on relationships suggests that nurses should include questions about significant friends during history taking.

b. Erikson's Theory of Psychosocial Development Theoretical Framework

Under Anna Freud (the late Sigmund Freud's daughter), Erik Erikson **(1902–1994)** studied the Psychoanalysis theory and later established his theory: Developmental theory. His theory describes the psychosocial stages of human life which he divides into eight periods. five of those stages apply to children and will be described further below. A selection of crisis is identified by Erikson as a particular challenge that exists for healthy personality development to occur (Erikson, 1963, 1968). A psychosocial development crisis is a maturation disorder. Every developmental crisis has two possible outcomes. When these needs are met, the individual will be healthy and progress to the next stage of development. When the needs are not met, the individual becomes unhealthy and will affect future social relationships.

1. Ericson's Stage of Psychosocial Development

a) *Stages Trust Versus Mistrust (Birth to 1 Year).*
The developmental task of the first year of life is to build trust in the person providing care. Trust is fostered by the attention of the caregiver, namely by meeting the needs of food, comfort, security, a touch of affection, and other attention. If basic needs are not met, babies will eventually learn not to trust others.

b) *Autonomy Versus Shame and Doubt (1 to 3 Years).*
A toddler's sense of autonomy or independence is shown by the ability to control body expenditure, say no when asked to do something, and direct motor activity and play. Children are often questioned because of their inability to control spending, such as bedwetting, defecating in any place, or being questioned about the expression of stubborn desires. treatment of this behavior will develop shame about themselves and doubt their abilities.

c) *Initiative Versus Guilt (3 to 6 Years).*
At this stage, children begin to have ideas for doing things. This interest in exploring the world creates an active and busy child. If children are blamed continuously, it caused a child to lack purpose and loss of decision-making ability, and it will create feelings of guilt.

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d) Industry Versus Inferiority (6 to 12 Years).

At this stage, it is marked by children having a high interest in activities, and being proud of their achievements, especially in sports, school, home, and community. However, if the child is not able to achieve what is expected, the result is low self-esteem/inferiority.

e) Identity Versus Role Confusion (12 to 18 Years).

In adolescence, when the body matures and the thought process becomes more complex, creating the formation of self-identity, forming peer groups, and having a sense of belonging to family and society. Adolescents who are unable to build a meaningful self-identity will experience identity confusion and failure in one or more life roles.

2. Nursing Application of Erikson's theory

The nursing application of Erikson's theory can be directly applied to child nursing care. Parents can meet the developmental needs of children through health promotion and nurse visits in the community. Parents benefit from studying the child's developmental tasks at each stage and discussing ideas on how to promote healthy psychosocial development.

Educational forums about the characteristics of child development can reduce parental concerns about a child's normal development, such as a child not participating in every activity as a preschooler or trying a different hairstyle every month as a teenager. Hospitalization can create a situational crisis in a child's normal development due to disruption of the support needs of family, peers, and others. Cooperation between parents and nurses is needed to ensure the child completes the expected developmental stages during and after hospitalization.

c. Piaget's Theory of Cognitive Development Theoretical Framework

A scientist from Switzerland wrote a detailed and thorough observation of the behavioral instincts of a child, including his own. His name was Jean Piaget (1896-1980). Piaget formulated his theory of cognitive development based on his earlier observations. Piaget assumed that age and maturation ability affect a child's view of the world. Given the experience of parenting, the child's ability to think matures naturally. Children combine new experiences through assimilation and change to deal with these experiences through a process of accommodation. An example of assimilation occurs when a baby uses the reflex to suck on objects that touch the lips. With more experience, babies accommodate to learning that not all objects are pleasant to suck on and cognitive structures change to integrate and learn from experience.

1. Piaget's stage of Cognitive Development

a) Stages Sensorimotor (Birth to 2 Years).

Babies learn about the world through their senses and motor activities. Six substages are characteristic of this stage.

a.1) Use of Reflexes (Birth to 1 Month).

Early in life Babies begin with a series of reflexes such as sucking, rooting, and grasping. Using this reflex, babies receive stimuli through touch, sound, smell, and sight. Infant reflexes pave the way for the first learning to occur.

a.2) Primary Circular Reactions (1 to 4 Months).

Once the baby responds reflexively, the pleasure derived from that response causes repetition of the behavior. For example, if a toy that is grasped reflexively makes a sound and is interesting to look at, the baby will grip it again.

a.3) Secondary Circular Reactions (4 to 8 Months).

Awareness of the environment in which the baby grows teaches the baby to connect cause and effect. The sound of bottle preparation will lead to exciting behavior. If an object is partially hidden, the baby will try to explore it.

a.4) Coordination of Secondary Schemes (8 to 12 Months).

In this phase, babies can remember what they have learned before, such as how they get food by opening the refrigerator, getting sounds by moving a toy or pressing a button, or engaging in other fun activities. Knowledge of something abstract or invisible objects begins when the baby remembers where hidden objects might be found, however, the concept of object permanence is not fully developed. Babies know their parents well, reject new people, and seem very worried when their parents are gone. Other caregivers may be rejected because the baby doesn't understand that the parents are coming back. This "stranger anxiety" phase is fairly common and signals the baby's growing acknowledgment and desire to be cared for by the parents.

a.5) Tertiary Circular Reactions (12 to 18 Months).

At this stage, curiosity, experimentation, and exploration of any object dominate the development of toddlers where they always want to know what will happen to the object being explored. when children spin objects in all directions, put them in their mouths, use them to hit, and put them in containers are attempts to explore the qualities and know the uses of the object.

a.6) Mental Combinations (18 to 24 Months).

A language is a tool used to understand the world. A language allows children to think about events and objects before or after they occur. The understanding of what is missing is fully developed when the child is actively looking for objects in various locations and out of sight. Children who have successfully separated from their parents can survive long periods in other people's homes or on the playground, or in a care center to how that they understand that the missing parent will return.

b) Preoperational (2 to 7 Years).

The young child thinks by using words as symbols, but logic is not well developed. Two substages characterize this stage.

b.1) Pre conceptualptual Substage (2 to 4 years).

During the conceptual substage, vocabulary and understanding improve rapidly but the child is egocentric (i.e., unable to see things from another person's perspective).

b.2) Intuitive Substage (4 to 7 years)

In the intuitive substage, children are at transductive reasoning (drawing conclusions from one general fact to another). For example, when a child disobeys a parent and then falls and breaks his arm, the child may view the broken arm as punishment for misbehaving. Cause-and-effect relationships are often unrealistic or the result of magical thinking (the belief that events occur because of thoughts or desires). Additional characteristics noted in preschool children's thinking include concentration, or the ability to consider only one aspect of a situation at a time, and animism, or giving life to inanimate objects because they move, make sounds, or have certain other qualities.

c) Concrete Operational (7 to 11 Years).

Transductive reasoning has given way to a more accurate understanding of cause and effect. Children can reason quite well if concrete objects are used in teaching or experimentation. The concept of eternity (that matter does not change when its form changes) is learned at this age.

d) Formal Operational (11 Years to Adulthood).

Fully mature intellectual thinking has now been achieved. Adolescents can think abstractly about objects or concepts and consider various alternatives or outcomes.

2. Nursing Application of Piaget's theory is essential to pediatric nursing.

When the nurse has to care for a child in the hospital, the nurse must design activities and teaching plans based on the child's level of cognitive development. Nurses can offer manipulative toys, read stories, draw pictures, or provide reading materials to children to explain health care or invasive measures according to the child's cognitive development stage to create cooperation.

d. Kohlberg's Theory of Morals Development Theoretical Framework

Lawrence Kohlberg (1927–1987) was a German theorist who used Piaget's cognitive theory as a basis for his theory of moral development. He presented stories involving moral dilemmas to children and adults and asked them to solve the dilemmas. Kohlberg then analyzed the motives they expressed when making decisions about the best course to take. Based on the explanations given, Kohlberg established three levels of moral reasoning. Although he provided age guidelines, he stated that they are approximate and that many people never reach the highest (post-conventional)

1. Kohlberg's Stage of Morals development (Santrock, 2012).

a) Stages Preconventional (4 to 7 Years).

The desire to please others and avoid punishment is the basis of a decision

b) Conventional (7 to 12 Years).

At this stage, the child becomes obedient to the rules, "being a good" child is still an attempt to please others. Teaching about conscience, or internal standards is important.

c) Postconventional (12 Years and Older).

The decision to do good or bad deeds can be formed when values have been internalized and become the basis for decision making, in addition to considering a moral approach.

2. Nursing Application

In decision-making, children may appear to agree but it is only because they want to obey adults that they appear cooperative. They need to be helped to make decisions and consider alternatives where available. Parents play an important role in providing information to children in making judgments and considerations. encourage parents to be able to provide information, dialogue, and help learn, so that they can assist their children in making judgments and considerations in decision making. Children need time to progress towards more mature moral development, learn to understand the feelings of others, learn to use positive discipline techniques, and identify positive and negative behaviors, these are very important things (Erickson et al., 1983).

2.2.2 Epistemological Study of Children with Stunting

a. Causes of Stunting (Timnas, 2017)

Stunting is caused by multi-dimensional factors and is not only caused by poor nutrition experienced by pregnant women and children under five. The most decisive intervention to reduce the prevalence of stunting, therefore, needs to be carried out in the first 1,000 days of life (HPK) of children under five. In more detail, several factors that cause stunting can be described as follows :

1. **Poor parenting practices, including lack of knowledge of mothers about health and nutrition before and during pregnancy, and after giving birth.**

   Several facts and available information show that 60% of children aged 0-6 months do not receive exclusive breastfeeding, and 2 out of 3 children aged 0-24 months do not receive complimentary foods for breast milk (MP-ASI). MP-ASI is given/started to be introduced when toddlers are over 6 months old. In addition to functioning by introducing new types of food to babies, complementary foods can also meet the nutritional needs of babies' bodies that can no longer be supported by breast milk, as well as build body resistance and the development of children's immunological systems to food and drink.

2. **Limited health services including ANC-Ante Natal Care (health services for mothers during pregnancy) Post-Natal Care and quality early learning.**

   Information gathered from the publications of the Ministry of Health and the World Bank states that the attendance rate of children at Posyandu has decreased from 79% in 2007 to 64% in 2013 and children have not had adequate access to immunization services. Another fact is that 2 out of 3 pregnant women have not consumed adequate iron supplements and there is still limited access to quality early learning services (only 1 in 3 children aged 3-6 years has not been registered in PAUD/Early Childhood Education services).

3. **Lack of household/family access to nutritious food.**

   This is because the price of nutritious food in Indonesia is still relatively expensive. According to several sources (RISKESDAS 2013, IDHS 2012, SUSENAS), food commodities in Jakarta are 94% more expensive than those in New Delhi, India. Prices of fruit and vegetables in Indonesia are more expensive than in Singapore. Limited access to nutritious food in Indonesia is also noted to have contributed to 1 in 3 pregnant women who experience anemia.

4. **Lack of access to clean water and sanitation.**

   Data obtained in the field shows that 1 in 5 households in Indonesia still defecates (BAB) in open spaces, and 1 in 3 households do not have access to clean drinking water.

b. Impact of stunting

According to WHO, the impact of stunting can be divided into short-term and long-term impacts (Kemenkes RI, 2018).

1. **Short-Term Impact.**

   a) Increased incidence of morbidity and mortality;
   b) Cognitive, motor, and verbal development in children is not optimal; and
   c) increase in healthcare costs.

2. **Long-Termerm Impact.**

   a) Posture that is not optimal as an adult (shorter than usual);
   b) Increased risk of obesity and other diseases;
   c) The decline in reproductive health;
   d) Less than optimal learning capacity and performance during school years; and
   e) Productivity and work capacity that is not optimal.

c. Prevention

Stunting is one of the targets of the Sustainable Development Goals (SDGs) in Indonesia which is included in the 2nd sustainable development goal, namely eliminating all forms of malnutrition by 2030 and food security. The target set is to reduce the stunting rate to 40% by 2025. To achieve this, the government has established stunting as one of the priority programs. Based

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on the Minister of Health Regulation number 39 of 2016 concerning Guidelines for the Implementation of the Healthy Indonesia Program with a Family Approach, the efforts made to reduce the prevalence of stunting include the following:

1. **Pregnant and Maternity Mothers**
    a) Interventions in the first 1,000 days of life;
    b) Strive for integrated antenatal care (ANC) quality assurance;
    c) Increase deliveries in health facilities;
    d) Organizing high-calorie, protein, and micronutrient (TKPM) feeding programs;
    e) Early detection of diseases (infectious and non-communicable);
    f) Worm eradication;
    g) Improving the transformation of the Card to Health (KMS) into the MCH Handbook;
    h) Organizing early initiation of breastfeeding counseling (IMD) and exclusive breastfeeding; and
    i) Family planning counseling and services.
2. **Toddler and Pre School**
    a) Monitoring the growth of toddlers;
    b) Organizing Supplementary Feeding (PMT) activities for toddlers;
    c) Organizing early stimulation of child development; and
    d) Providing optimal health services.
3. **School-age**
    a) Revitalizing the School Health Business (UKS);
    b) Strengthening the institution of the UKS Guidance Team;
    c) Organizing the School Children's Nutrition Program (PRO GAS); and
    d) Treating schools as smoking and drug-free areas
4. **Teens**
    a) Increasing counseling for clean and healthy living behavior (PHBS), balanced nutrition patterns, not smoking, and taking drugs; and
    b) Reproductive health education.
5. **Young Adults**
    a) Family planning (KB) counseling and services;
    b) Early detection of diseases (infectious and non-communicable); and
    c) Improving counseling for PHBS, balanced nutrition pattern, and not smoking/consuming drugs (RI, PERMENKES, 2016)

2.2.3 Epistemological Study of Modeling and Role Modeling Theory

Nurse in general talk about the uniqueness of their clients, but we must also consider that everyone has something in common if we want to develop a theoretical basis for practicing nursing.

a. Individual similarities in Modeling and Role Modeling Theory (Erickson et al., 1983)

1. **Holisme**

Studies of anatomy, physiology, biochemistry, and microbiology, can illustrate how most people have similarities in various responses. The immune response system, stress response patterns, respiratory system, cardiovascular system, renal system, and so on, can be explained by the same processes normally.

This knowledge will enable nurses to detect deviations from normal that may indicate the need for treatment of their disease. The idea that humans are biophysical, psychosocial, and spiritual beings reinforces the concept that humans are holistic, multisystem beings. Also postulated is the idea that there is a connection between mind and body. When a need is not met in one subsystem (to some extent, and from that perspective), there is the potential for the individual to draw energy from other subsystems to sustain

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himself (maladaptation). As a result, individuals tend to become physically ill when experiencing psychosocial stressors or emotionally distressed when experiencing biophysical stressors.

Humans often express feelings through body language, when we don't feel safe or don't know how to express or describe our feelings directly. the most frequent example of data is "cold feet", which can describe "fear". not wanting to move can describe "heaviness," and so on. Feelings of desire affect our physiology and our physiological state seems to influence the mind. Humans have similarities in terms of these relationships.

Humans are holistic individuals who have many interacting subsystems (see Figure 2-1). Body, mind, emotions, and spirit are a total unity and they act together. They influence and control each other interactively. The interaction of several subsystems and their inherent base creates holism. Holism implies that the whole is greater than the sum of its parts.

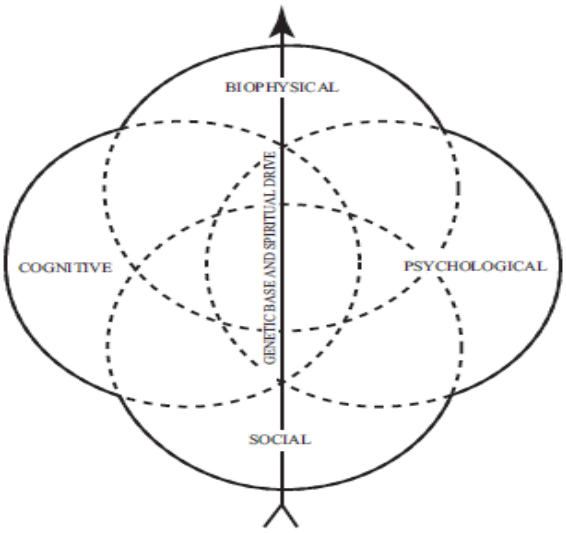

Fig. 2.1; A Holistic Model, source; (Erickson et al., 1983)

2. Lifetime Growth: Basic Needs

Abraham Maslow's formulation of the human needs growth principle and theory stated that everyone wants to be the best they can be; Unmet basic needs interfere with holistic growth while fulfilled needs promote growth. all humans have basic needs which, if ignored, can often lead to the initiation or exacerbation of stress and physical or mental illness. The average example of a heart attack patient states that there is too much pressure at work or "Things are not going well at home." The statement can conclude that unfulfilled psychosocial needs will result in unfulfilled physiological needs.

Fig. 2.2; Maslow's Hierarchy of need, source; (Amos et al., 1983)

According to Maslow's idea, when the basic survival needs are not met, then a person has difficulty progressing beyond the deficit of these needs or has difficulty dealing with invested growth needs. Generally, deficits in basic needs pose a threat to the individual, while a lack of satisfaction with growth needs generally poses a challenge to the person. Both cause anxiety, but threatening anxiety requires more resources than challenging anxiety. Challenging anxiety creates growth and defense activity.

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3. Lifetime Development: Psychological Stages

Erik Erikson describes eight stages of psychosocial development. Each stage represents a developmental task that creates the opposite behavior when left unresolved (e.g., trust versus mistrust or autonomy versus shame and doubt and others). When the individual can resolve any age-appropriate developmental crisis or task, the individual will acquire enduring strengths and attitudes that contribute to the character and health of the individual's personality. Erikson called this attitude a virtue. Like Maslow's hierarchy, Erikson's developmental tasks are listed from the bottom up, to illustrate that needs start at the bottom and progress upwards. A solid structure starts with a solid foundation.

Erikson said that each critical psychosocial development is systematically related to one another. Theoretically, young adults can achieve the developmental task of intimacy versus isolation. However, people over the age of 50 may still complete a chronologically younger stage of psychosocial development, for example still completing a developmental task of trust versus distrust or a task of autonomy versus shame and doubt. Erikson's theory of psychosocial development can serve as the basis for the diagnosis of "unfinished tasks" thereby providing insight into the period of ongoing development.

4. Lifetime Development: Cognitive Stage

Piaget explained four main concepts in cognitive development: schema, assimilation, accommodation, and equilibration. Schema is a cognitive structure in which individuals adapt and regulate their environment intellectually. Assimilation is a cognitive process by which the person integrates new perceptual stimuli into existing schemas or patterns. Accommodation is the formation of a new schema or modification of an old schema (or schemas) to accommodate new information. Equilibration is the balance between assimilation and accommodation. When an imbalance occurs, individuals are motivated to assimilate or accommodate further. Piaget explained that cognitive development develops sequentially in four periods: sensorimotor, preoperational, concrete operations, and formal operations. But in this period there are several substages, as in Piaget's description of cognitive development.

5. Individual-Affiliates

The fifth human similarity is the human tendency to interdependence. The baby “needs” its mother; the mother "needs" the baby; the husband “needs” his wife; teens "need" their friends, and so on. This closeness and interdependence are the same need at the same time. Affiliation-individuation is an intrapsychic phenomenon and can occur without reciprocity. whereas Interdependence is a reciprocal relationship between two human beings and is a different phenomenon.

Theoretically, a baby has an attachment to his mother, but in addition, he also builds closeness with the caregiver after repeated positive contact with him. Similarly, as the child grows older, the child begins to move towards a process of separation-individuation in which the child develops a sense of autonomy from the mother. At this time children generally transfer some attachment behavior to typical inanimate objects (transition objects) such as blankets, diapers, pillows, bolsters, or dolls. This attachment is essential for a child's health and normal growth. This condition is called affiliation-individuation. Thus, affiliations are needed to depend on a significant other to enjoy individual autonomy.

This beautiful relationship between independence and dependence is a common need for all human beings. the loss of the object (the breaking of this attachment) can be real, threatened, or felt. it may not even be real but can be considered a loss. Even so, the consequences remain the same. A two-year-old child whose mother brings home a new baby may experience loss according to his developmental stage and may perceive his mother's absence as neglect and/or rejection. Likewise, when children lose their favorite doll or milk bottle. All loss produces a grief response. Grief is a process that occurs in five stages: denial and shock, development of awareness of anger, recovery, resolution of loss, and idealization. When the loss is not resolved, the state of mourning is unnatural.

The individual continues to grieve for an object that has been lost for a long time (although the individual may suppress the awareness of the loss). People in unnatural sadness fluctuate between feelings of anger-hostility and feelings of sadness-depression. They tend to spend time in aimless activities. In conclusion, everyone has the same innate need for affiliation and their innate response to loss. all human beings have the drive to do their best, including the drive for affiliated individuation so that they will succeed through successive and predictable life stages in both the cognitive and psychosocial domains.

b. Individual differences or uniqueness in Modeling and Role Modeling Theory (Erickson et al., 1983)

Apart from having a lot in common, everyone is different and unique in their way which can all be taken into account when providing nursing care. There are three uniques in question, including one's innate talent, one's ability to adapt, and one's model of the world.

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1. Inherent Endowment

Each individual is born with a set of genes that will to some extent determine their appearance, growth, development, and response to life events. This genetic basis will affect how individuals meet their needs, understand phenomena, and so on. For example, a child who seems to only know how to play the piano while others struggle, practice, and never reach the same level of skill. Some children seem to have no trouble focusing on what is causing them to feel anxious and others always seem unsure. And then there are children with grandmother's red hair or great uncle's cute noses, there are tall families, compared to short, stocky families, and so on. In addition to their genetic makeup, individuals have inherent characteristics that affect their health status. These include malformations, brain damage, or other pathophysiological conditions resulting from birth, prenatal disease, disease, or other factors. Both genetic and inherited characteristics affect growth and development. They may influence how a person perceives himself and his world. They make individuals different from one another, each unique in their way.

2. Adaptation

Differences and uniqueness between other humans are the processes of adaptation. There are two main ways to think about adaptation. The first is to consider the nature of the stimulus and response as it relates to the individual's ability to mobilize resources to deal with the stressor. A second way to think about adaptation is to consider the difference between stress and distress. these modes of adaptation are closely related, but are two distinct issues and need to be considered separately. Each process of adaptation shows how each person is different.

3. Adaptation Potential

A stimulus is something that produces an action or a change in action in an organism. Stimulus triggers response. Stress is a response that has special characteristics. The stimulus that triggers the response can be labeled as a stressor. Selye described the stress response from a biophysical perspective while Engel described it from a psychosocial perspective. everyone differs in their ability to mobilize their self-care resources.

4. The Body.

Hans Selye, who is called the father of stress theory, has shown that people have different abilities to respond to life's stressors, depending on the resources at their disposal. These resources as energy in the adaptation process. His research showed that general physiological changes occur in response to various specific stressors referred to as the generalized adaptation syndrome (G.A.S.). The stages in Selye's biological stress syndrome are named the alarm reaction, the resistance stage, and the fatigue stage. The stages are further broken down to include shock and countershock phenomena in the alarm reaction and complete stages.

Selye's identification of the triphasic nature of the body's response to stress provides evidence that the body's adaptability to stressors is limited. Selye compared adaptive energy to innate strength but there is no evidence to suggest that we can deposit energy. At some point in time, we have had tremendous energy overcoming a very draining experience, as if we were borrowing our stored energy from elsewhere.

But once the reserves of deep adaptive energy have been completely depleted, the body succumbs to the last resort of constant wear and tear; this is a complete stage. Illness, disease, and even death can occur. Stressors can cause positive effects. For example, children who are immunized are expected to be in the resistance stage when facing the same disease organism (stressor). A certain amount of stress can improve health, as in this case. But if we give too much of a certain immunizing substance, it will push the child's biophysical subsystem through the resistance stage to a complete stage which, unless removed, can eventually result in death.

5. The Mind

Humans are not just physiological organisms. Selye and other biophysical scientists demonstrated the effects of physical stress such as cold, heat, infection, bleeding, and nerve irritation, social scientists, including George Engel, also observed and documented the phenomenon of stress in humans. Angels are interested in psychosocial responses to stressors. Engel states that people can fall into one of two different categories of stress, depending on their response to psychosocial stressors, which is called the withdrawal or surrender stage.

6. The Mind-Body Connection.

Nurses can distinguish between stressful and non-stressful states, but do not have a model that would predict an individual's potential to cope with stress. The adaptive potential assessment model (APAM), Identifies three different potential coping states, including arousal (A), equilibrium (E), and impoverishment (I). Equilibrium (E) can occur in two possibilities: adaptive balance and maladaptive balance. Whereas arousal (A) and impoverishment (I) are both stressful conditions, impoverished people are individuals

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who are at greater risk when they try to deal with ongoing or new biophysical and psychosocial stressors. People in balance have good potential to mobilize coping resources.

APAM is different from G.A.S. because it represents a holistic perspective, in several ways. First, an individual can move directly from arousal to impoverishment, depending on the individual's ability to mobilize the resources needed to fight or deal with the stressor at hand. Movement between states is influenced by a person's ability to cope (with ongoing stressors) and the presence of new stressors. Because a person's ability to mobilize resources is affected by nursing interventions, a move from impoverishment to equilibrium is possible in APAM.

7. Stress Versus Distress

Stimulus produces a response. Stimulus/stressor can enhance a potentially healthy and growth-producing stress response, but when it becomes a stressor it depletes the individual of energy, it may result in maladaptation and illness. Selye stated that stressors that are prolonged or exceed the individual's ability will mobilize adaptation energy. The result from Selye's perspective was a distressing sickness.

Lazarus has given us another way to consider the problem of stressful versus distressing stimuli. That the way a person responds to an event or occurrence depends on whether the individual perceives it as a challenge or a threat.

In this context, we can assume that psychological stressors can be conceptualized as events or occurrences that are perceived as challenging and stressors are events or occurrences that are perceived as threats. A physiological stressor may be a condition in which the individual has adaptive energy available to deal with the stressor, while stress reduces or depletes adaptive energy stores.

In short, a stressor is a stimulus that is experienced as a challenge or that enhances an adaptive response; A stressor is a stimulus that is experienced as a threat or that increases (either directly or indirectly) a maladaptive response.

8. Self-Care Knowledge: Personal Model Of The World

Although humans share many perceptions in common, we each form our unique perceptions of individuals, events, and situations. These perceptions are formed from our experience with people so nurses need to avoid concluding things based on other people's comments or opinions. Most of us find this easy to understand when applied to abstractions like justice, mercy, freedom, politics, and so on. Rarely do we take into account cultural differences, subcultures, and life experiences that make a person connote words such as sick, healthy, easy, difficult, often, rarely, hurt, less, even always and never to be different from others. "Depressed" can mean anything from a half-hour of mood swings to a very debilitating state of inactivity and inattention.

One person's pain may be a challenge to another. Therefore all life events must be seen from the perspective of the individual. What may seem like a small incident to one person may be a major disaster to another. An unexpected pregnancy may be happy for one person, but suffering for another. Weight loss can be considered positive for one person and negative for another, or positive and negative for the same person at different times in that person's life. The way an individual perceives life, events, people, and situations, the way an individual communicates, thinks, feels, acts, and reacts, all of these factors form an individual's model of his or her world. Everyone's model is unique.

2.3. Axiology Study of Modeling Implementation and Role Modeling Theory in Nursing Care

According to this theory, the five goals of nursing intervention are to build trust, promote a positive patient orientation, promote patient control, affirm and promote patient strengths, and set shared goals that are directed toward health. Modeling refers to developing an understanding of the patient's world, whereas role modeling is a nursing intervention, or nurturing, that requires unconditional acceptance. This model considers nursing as a self-care model based on the patient's perception of the world, as well as his adaptation to stressors. The individual's ability to deal with new stressors is directly related to the ability to mobilize the required resources. Individuals' ability to mobilize resources is directly related to their deficits in needs and assets.

2.3.1 **Interactive Nursing Process Is Primary** (Martha Raile Alligood, ….., RN, 2014)

Typically, the nursing process follows a rigid sequence, in which we first collect all the data, sit down to analyze it, plan each intervention, then perform the intervention, and finally evaluate. Whereas to be skillfully involved in a therapeutic process that is both purposeful and on-site, a nurse needs to internalize a comprehensive framework or paradigm for delivering care. Do not prioritize formal comprehensive data collection. Effective nursing occurs before any data is formally collected, analyzed, and recorded. Although the formal aspects of the nursing process are important scientific and therapeutic habits to develop. Internalizing this habit of thinking can break down and vary the nursing process well.

When we view the nursing process primarily as an ongoing, interactive interpersonal relationship that includes the use of formal scientific thinking, we can think of documentation of the nursing process primarily as a valuable way of communicating with

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others and keeping records. Primary nurses and consultants feel that systematic and clear records serve to convey to colleagues the reasons for their recommendations. This is important when promoting consistency in the nursing care provided by other nursing members on the team. Of course, also, careful documentation helps us formulate questions for nursing research, enabling us to compare and contrast our clients' experiences. There are times when we find it useful to assess, analyze, diagnose, and plan in that exact order. In highly complex or frustrating nursing care situations, the time and effort required to record data and then reflect on them have resulted in insights that are not immediately apparent during actual moments of client contact.

2.3.2 Implications Modeling And Role Modeling In The Nursing Process (Parker E Marilyn & Smith C Marlaine, 2009)

MRM (Modeling And Role Modeling) Practice Strategy is recognized by AHNA as one of the extant holistic nursing theories, used in a variety of settings including educational institutions as a framework for the entire program or specialized courses, hospitals to guide practice, and for independent practice. Nurses can't heal people, but they can help them heal and grow, even as they take their first or last breath. When people heal, they become more fully connected with multiple dimensions of their minds, bodies, and souls, and as a result, they become more fully actualized. Nurses use themselves to connect with clients so that can create a functional relationship of mutual trust with them, a purposeful relationship aimed at multiple outcomes. In the MRM model, this relationship aims to emphasize that the client is valuable/important, to help them mobilize and build resources needed to cope with their stressor/stress; nurture hope for the future, and promote taste affiliation-individuation. When people have this experience, a sense of well-being follows.

a. Initiating the Relationship

Initiation / Starting a Relationship There are three important strategies for the MRM model: (1) set a mindset, (2) create a nurturing space, and (3) facilitate the story. Understanding this strategy requires the ability to reflect on human nature and nursing. This strategy can be implemented to meet the needs of others with the prerequisite that they are willing to open up or understand individual values, unconditionally accepting that every human being has the right to be respected, treated with respect, and live with dignity.

1. Building a Mindset.

Building a mindset involves three strategies: centering, focusing, and open. Centering helps regulate energy so that can start passionate relationships with clients, putting aside worries and believing that at some level we can find what we need to help clients, and requires us to focus on nourishing their growth and facilitating their healing. Focus on client needs can be done with an energetic connection, as a form of healing support.

2. Creating a Nurturing Space

Creating a nurturing space is a form of mindset whose goal is to create a caring-healing environment. Although growth cannot be forced, however, create a nurturing environment Growth must still be carried out by reducing the harmful things, and by stimulating growth. Stimulation while increasing the positive. For example, the nurse facilitates the environment with beautiful pictures, leaves swaying in the breeze, soft music, or the gentle touch of a loving person. This action helps the nurse connect with your client in a way that builds a trusting relationship and creates a caring-healing environment. Of course, this is very important to keep in mind the individual cultural perspective and values as we consider how to make a nursery room; because good for one client may not necessarily work for other clients.

3. Facilitating Stories

Facilitating the story is the third strategy used by MRM nurses. Disclosure of the client's self-care knowledge provides the basic information needed before we can decide what nursing action is needed. Need to learn insight into their view of themselves, their perceptions and beliefs about their current situation, what they hope will happen, what resources they have, and what they would like to do to change the situation. It is possible to apply life experiences in the right way.

Clients are better off telling their stories in their way. While nurses listen actively to facilitate the client’s story. May begin with a statement such as, “Tell me about your situation” followed by “Why do you think? Has this happened?” Or what do you think has caused it?” And “How do you feel about that?" and so on. The data are then organized into four distinct but interrelated categories: description situation, expectations, potential resources, and goals. Information from the client must be interpreted, collected, and analyzed before planning an intervention.

b. Stages of Understanding Data

There are three phases to understanding information: obtained in the MRM practice model. In interpreting the data, philosophical and theoretical foundations were used about influencing factors, words and nonverbal cues, coping potential (i.e., adaptive potential), needs status, and developmental stages, to prevent misinterpretation. The results of interviews and observations will provide information about the interaction between dimensions of a holistic person, therefore the nurse needs to explore what is not known or never heard of. For example, when someone says they are sick from being overly stressed, it is necessary to think

about the cause and disease effects. MRM is a model that supports a holistic perspective; keep in mind that psychosocial stress stimulates the hypothalamus-pituitary-adrenal axis interaction, sacrificing the immunity system. Making it difficult to resist bacterial invasion. Psychosocial stress has the potential to cause signs and symptoms of physical illness and/or illness.

The second phase, data aggregation, is where it is necessary to interpret the data coming from the main source (ie, the client). To collect data accurately, it is necessary to consider secondary data and tertiary sources as well as data from clients. Although data can be collected only with client stories and clinical knowledge nurses need to also listen to family perspectives as tertiary data, but it is necessary to consider the consistency and inconsistency of all sources of information. This phase helps determine what needs to be done when moving into the intervention phase of the nursing process.

Data analysis is the next stage. This requires the ability to interpret, combine, and analyze simultaneously. In the analysis phase, the theory of the relationship between the data and the formulation of the diagnosis must be sought.

c. Proactive Nursing Care

The client's perspective can serve as a therapeutic intervention. People often feel much better after speaking. Some require minimal assistance, others require full assistance. Planned nursing care within the context of the principles of MRM care, aims to facilitate the well-being of the client. Using non-judgmental language, a caring attitude, and conveying needed information will provide a sense of security and a feeling of being cared for. Hypnotherapy techniques can also promote growth and facilitate healing. Nurses use themselves as a channel of healing energy, the principle is that knowing there is concern from others will help a person to grow and heal.

The principle of MRM care is to accept unconditionally the value of other human beings and intensely facilitate health and healing. A nurse does not have to talk much, because the attitude and non-verbal communication, behavior, and touch, are often enough to show important attention and caring that can help heal patients (Watzlawick et al., 2014).

III. Conclusion

Nurses who use modeling and role modeling (MRM) believe that humans are holistic, grow and develop, dynamic, there is an interaction between mind-body-spirit, and clients are the primary source of information; while the nurse is an instrument of healing. Modeling is the process used to gain an understanding of their client's perceptions and understanding their condition, health needs, and possibilities of therapeutic intervention.

During the modeling process, the nurse gains an understanding of their client's perception of what causes their health problems, what hinders their healing, and what will facilitate healing and growth. The client's view of the "Model" or example of behavior/significant person as well helps nurses to understand the client's relationship to the role and related factors, identify factors that hinder health and well-being, and factors that meaningful and facilitate healing and growth.

Role modeling helps clients find alternative ways to fulfill their desired roles in life. Unconditional acceptance of the client's values intensively, facilitating health and healing, attitudes and nonverbal communication, behavior, and touch, is a concern and care that can help the patient's healing is an important prerequisite in the use of MRM.

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