



The Influence of Self-Efficacy and Effective Communication on Patient Education Practices Among Nurses with Nursing Supervision as Moderation at RSUP dr. Sitanala Tangerang

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Abstrak

Praktik pendidikan pasien pada perawat di RSUP Dr. Sitanala Tangerang sangat penting karena bertujuan untuk mempengaruhi perilaku pasien dan menghasilkan perubahan pengetahuan, sikap dan keterampilan yang diperlukan untuk mempertahankan atau meningkatkan kesehatan pasien. Faktanya, praktik edukasi pasien belum optimal karena kurangnya rasa percaya diri dan komunikasi yang tidak efektif, serta rendahnya dukungan supervisi keperawatan. Penelitian ini bertujuan untuk menganalisis pengaruh efikasi diri terhadap praktik pemberian edukasi pasien dengan supervisi keperawatan sebagai moderasinya. Metode penelitian kuantitatif karena menguji hipotesis yang telah ditentukan. Sampel dalam penelitian ini adalah total sampling yaitu seluruh perawat pelaksana di RSUP dr. Sitanala Tangerang sebanyak 155 orang. Teknik analisisnya menggunakan Structural Equation Modeling (SEM) dengan metode Partial Least Square (PLS). Hasil penelitian menunjukkan bahwa efikasi diri dan komunikasi efektif berpengaruh positif terhadap praktik pemberian edukasi pasien. Supervisi keperawatan mampu memoderasi pengaruh efikasi diri dan komunikasi efektif terhadap praktik pemberian edukasi pasien ke arah positif.

Kata Kunci: Self-Efficacy, Komunikasi Efektif, Praktik Edukasi Pasien, Supervisi Keperawatan.

Abstract

The practice of patient education among nurses at RSUP Dr. Sitanala Tangerang is very important because it aims to influence patient behavior and generate changes in knowledge, attitudes and skills needed to maintain or improve patient health. In fact, patient education practices have not been optimal due to lack of self-confidence and ineffective communication, as well as low nursing supervision support. This study aims to analyze the effect of self-efficacy on the practice of providing patient education with nursing supervision as moderation. Quantitative research method because it tests a predefined hypothesis. The sample in this study is a total sampling, namely all implementing nurses at RSUP dr. Sitanala Tangerang as many as 155 people. The analysis technique uses Structural Equation Modeling (SEM) with the Partial Least Square (PLS) method. The results showed that self-efficacy and effective communication positively influenced the practice of providing patient education. Nursing supervision is able to moderate the effect of self-efficacy and effective communication on the practice of providing patient education in a positive direction.

Keywords :Self-Efficacy, Effective Communication, Patient Education Practice, Nursing Supervision.

A. Introduction

Nursing care in the current era is very important because nursing services are required to be extensive. Professional nursing services are services that are primarily humanistic (Ernawati & Lusiani, 2019), which are patient-centered (Kuipers, Cramm, & Nieboer, 2019).

The Institute of Medicine (IOM) describes patient-focused services or commonly called PCC (Patient-Centered Care) as a new paradigm in providing services to patients. PCC is a healthcare approach that involves the exchange of information between doctors, patients and families to ensure that health services are delivered with respect for the patient's wants and needs. The goal of PCC is to empower patients by encouraging patients to participate more actively in the treatment process (IOM, 2001).

The primary goal of PCC is that care be provided in a timely, safe, and appropriate manner in accordance with professional standards, legal requirements, and statutory requirements. Care during this period will be based on the capabilities of the staff. Co-ordinated care to ensure patients get the best possible outcomes (Fix et al., 2018). The primary goal of PCC is that care be provided in a timely, safe, and appropriate manner in accordance with professional standards, legal requirements, and statutory requirements. Care during this period will be based on the capabilities of the staff. Coordinated care to ensure patients get the best possible outcomes (IOM, 2001).

Patient-centered care is now ubiquitous in healthcare research, and healthcare systems are moving forward with the adoption of patient-centered care. However, little is known about nurses, who are tasked with implementing patient-centered care, conceptualizing what is implemented, especially in terms of patient education (Kozier, Erb, Bergman, Snyder, & Frandsen, 2017).

Patient education is very important to research because of the importance of two-way communication between nurses and other staff who educate and inform as well as ask and listen with patients. Staff members play an important role in creating an atmosphere conducive to learning during patients' stays. Patients and families often need encouragement from staff to ask questions and seek information. The fear of looking indifferent or offending doctors or staff members keeps some patients quiet. Creating a positive relationship between staff and patient removes barriers to fear and uncertainty, thus setting the stage for patient learning and collaboration in care (Frampton & Charmel, 2009).

The practice of patient education among nurses is very important because it aims to influence patient behavior and generate changes in the knowledge, attitudes and skills necessary to maintain or improve patient health, in order to achieve better health outcomes for patients through the provision of information, knowledge and skills necessary for the management of patients' health problems and diseases (Oyetunde & Akinmeyer, 2015; Park, 2005). The purpose of patient education practices is to provide an understanding of the patient's health/illness, provide an understanding of post-hospital ongoing care, and reduce the likelihood of rehospitalization (Oermann, Harris, & Dammeyer, 2001).

When the application of optimal patient education will increase patient compliance and induce positive physiological and psychosocial outcomes of patients (Murali et al., 2019). When the application of optimal patient education will increase patient compliance and induce positive physiological and psychosocial outcomes of patients (Huesken, Hoffmann, & Ayed, 2021).

The problem is, the practice of patient education among nurses has not been optimal. In fact, the prevalence of low patient health literacy ranges from 10% to 50%, and low health literacy is associated with non-adherence, side effects, and death (Jung & Roh, 2021). The implementation of patient education is difficult for healthcare organizations, as it requires special efforts to create the right resources and tools relevant to actual patient needs (Meyers et al., 2018). The nurse's ability to do this is often questioned (Park, 2005), where it is largely unplanned and haphazard in its manner and effectiveness uncertain (Close, 1988).

The condition of patient education practices that have not been optimal is experienced by RSUP dr. Sitanala Tangerang. The hospital is one of the hospitals owned by the Ministry of Health which has been incorporated by BLU. The practice of providing information and education to patients and families is part of important policies and programs in hospitals. But in reality, the practice of providing information and education to patients and families is not optimal. The results of the recapitulation of the percentage of education delivery that did not reach patients in 2022 averaged the percentage of patient education delivery received at 92%, while those that did not reach 8%. Although the delivery of education provided by nurses is received above 90%, it has not reached the target set by the hospital, which is 95%. This illustrates that the practice of patient education among implementing nurses has not been optimal.

The results of a survey conducted on 10 nurses at RSUP dr. Sitanala regarding the practice of providing education among nurses is known from 11 indicators that reflect patient education practices, it is known that 7 indicators are implemented 100% by 10 respondents. However, there are several indicators that are not fully carried out, namely providing information and education to patients and / or families about the actions to be taken then providing information about estimated costs that may arise and information on patient preparation for discharge (90%), providing education including: room facilities, evacuation route directions, proper hand washing methods, patient rights and obligations, patient safety, and caregivers (80%), often have difficulty communicating with language and delivering patient education (30%), and ask patients to re-demonstrate needed self-care skills, for example, giving injections or changing pads, etc. (80%).

Patient education practices that are not optimal due to the number of nurses that dominate and the phenomenon of some new graduate nurses who lack confidence, feel less able to handle patients properly, make their profession a burden, easily stressed, and lack discipline, which in turn carries out educational practices that are less than optimal. Proven by age, dominated by nurses aged 21-30 years (56.8%) and the last highest level of education is D3 Nursing (66.5%). The phenomenon found by researchers directly obtained nurses who have just graduated and work still need supervision from senior nurses because they are a little less confident in providing nursing care independently. However, after a few weeks of work, nurses feel more confident to provide care to patients independently.

The results of questionnaires and interviews with eight room heads regarding the implementation of management functions, especially regarding the method of briefing supervision, 97% stated that there was no scheduled or structured supervision, the functions of the head of the management room were carried out. Based on the job description, but the implementation has not been optimal, the majority of room heads said they did not understand the importance of supervision directing skills.

In the initial observation and observation of daily activities and activities in the treatment room related to the accuracy of effective communication, it was still not optimal, especially the completeness of confirmation and verification of stamp re-in the format of an integrated patient progress record (CPPT). The ineffective communication at RSUP dr. Sitanala is an important phenomenon because it has an impact on patient education practices among nurses.

The phenomenon that occurs illustrates the lack of optimal management functions in the direction (clinical supervision) by nursing managers as the main driver in efforts to maintain clinical governance of nursing in hospitals.

Based on the problems faced by RSUP dr. Sitanala, it was identified that patient education practices among nurses have not been optimal, one of which is nurses who work not confident in the ability to provide patient education. This condition is in accordance with the theory of

self-efficacy developed by Bandura (1997). Self-efficacy can be attributed to the self-confidence of an individual who is able to control difficult circumstances and believes in the ability to overcome adverse circumstance (Bandura, 1997).

Self-efficacy determines the nurse can complete the task. The higher or lower the self-efficacy will affect the practice of patient education. When nurses have low self-efficacy, they tend to avoid tasks and are less able to give good results in the tasks at hand. This, will interfere with patient education practices (Forbes, Mandrusiak, Smith, & Russell, 2018).

Other studies report a significant effect of self-efficacy on job satisfaction and nurse performance (Indrawati, 2014; Jeeza, Hongkralert, & Sillabutra, 2015; McDonough et al., 2016; Putri & Febrian, 2021; Sinaga, Lubis, Linda, & Siregar, 2020), influence on nursing planning practice (Gilissen et al., 2020), educational performance (Abu Sharour et al., 2021; Djamaludin & Chen, 2021).

Another factor identified as causing suboptimal patient education practices is ineffective communication between nurses and colleagues, nurses with doctors, and nurses with patients. According to the theory of Adler & Rodman (2006), communication is said to be effective if the exchange of information conveyed by the sender can be received by the recipient clearly and understood according to its purpose. According to Sari, Kartikasari, & Herya Ulfah (2021), effective communication of nurses has positive effects on patients, including increased vital signs, decreased pain and anxiety, increased satisfaction, better treatment outcomes, and increased participation in treatment programs.

The results of previous studies revealed that effective communication can improve health outcomes, patient safety, and patient satisfaction (Arumsari, Emaliyawati, & Sriati, 2017; Lord, Loveday, Moxham, & Fernandez, 2021; Rivai, Sidin, & Kartika, 2016; Sari et al., 2021).

The study shows that self-efficacy and effective communication can positively influence patient education practices. However, the results of previous studies still show consistent conclusions. Like the research of Lainsamputty, Purnawinadi, Santoso, & Babu (2022), there is no significant correlation between self-efficacy and overall nurse preparedness. Research by Dewi, Sriningsih, & Winarni (2021) shows no meaningful relationship between compliance with the implementation of effective communication and patient safety.

Inconsistencies in the results of previous studies identified the absence of a supervisory role performed by the head nurse to strengthen the influence. The role of supervision is necessary because the implementing nurse does not have autonomy in conducting patient education practices. Nurses have superiors who can provide direction and guidance to carry out tasks. The logical argument presented is that confidence in the nurse's ability to provide patient education and the ability to deliver nurse communication that has not been effective can be strengthened by the role of supervision that provides support, direction, and guidance to nurses so as to improve patient education practices.

Many nursing staff believe that supervision is essential in supporting the implementation of quality nursing care (Tobias, Ives, & Garnham, 2016). An important factor in improving the quality of education is by supervising both formally and informally carried out by supervisors (Lele, Setiawan, & Sulhadi, 2018). The conceptualization of nursing supervision is essentially concerned with the professional development of nurses and always takes into account the concept of quality care provided to patients (Vaňková & Bártlová, 2015).

The results of Pratiwi, Yetti, & Mashudi (2020) research, show that the quality of nursing services can improve with the implementation of supervision of education according to SOPs. Research by Setiawan, Keliat, Rustina, & Prasetyo (2019) revealed that nursing supervision can significantly improve nurse performance, one of which is patient education.

Based on the foregoing, it is important to improve patient education practices among nurses through increased self-efficacy and effective communication and the role of supervision as moderation. The implication is that it is expected to provide benefits, especially in hospitals in an effort to improve nurse performance in providing nursing care to patients, especially providing patient education.

B. Methodology

Research Design

This study used quantitative research methods with survey methods. This study is to determine the relationship between variables based on previous hypotheses that have been put forward by previous researchers. The relationship between the variables referred to in this study is to determine the effect of self-efficacy, effective communication

on patient education practices The research constellation in this model is shown in the figure below:

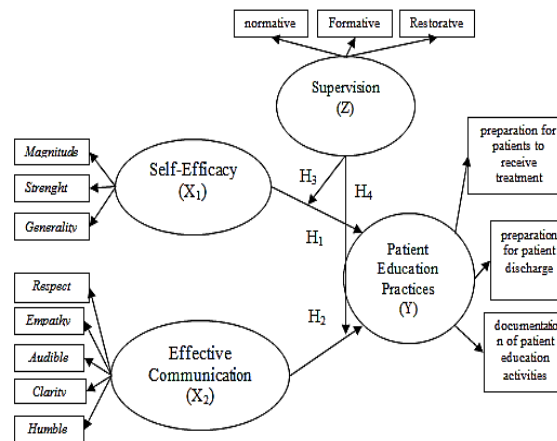


Figure 1. Research Constellation

Based on the dynamics of the relationship between these variables, the hypotheses in this study can be summarized:

H1 : There is a positive influence of self-efficacy on patient education practices

H2 : There is a positive influence of effective communication as an educator on the practice of providing patient education

H3 : Nursing supervision strengthens the influence of self-efficacy on patient education practices

H4: Nursing supervision strengthens the influence of effective communication on patient education practices.

Population and Sample

The target population in this study is all implementing nurses at RSUP dr. Sitanala Tangerang as many as 155 people. The sampling technique used in this study was total sampling. Total sampling is a sampling technique where the number of samples is equal to the number of populations. The reason of using this technique is because the population is small, so the entire population will be included in the research sample.

Data Collection Techniques and Research Instruments

The data to be collected in this study are primary data and secondary data. On the variables of self-efficacy, effective communication, nursing supervision, and patient education practices will be assessed using a closed questionnaire, where each statement item is provided with an answer choice in the form of a rating scale using the Likert scale with the lowest value is one and the highest value is four. The questionnaire to be distributed can be in physical or electronic form with google form.

Data Analysis Techniques

Analysis techniques are carried out by descriptive and inferential statistical analysis. Descriptive statistics using the Three Box Method and Inferential statistics using Structural Equation Modeling (SEM) analysis using the Partial Least Square (PLS) method. The reason for using the PLS method is because the relationships among variables are very complex, but the sample size of the data is small (Ghozali & Latan, 2015).

C. Finding and Discussion

1. Finding

Characteristics of Respondents

Based on the distribution of data obtained the characteristics of respondents from 155 respondents, most respondents have an age range of 21-30 years as many as 88 people (56.8%), with more women than men as many as 106 people (68.4%). The most education is D3 nursing as many as 103 people (66.5%), with the most employment status as civil servants as many as 153 people (98.7%) and the most length of work 5-10 years as many as 103 people (66.5%).

Analysis of respondents' Answer Index

Analysis of respondents' Answer Index using the three-box method. The use of the three-box method based on the number of 155 samples is divided into categories, namely low (38.75 - 77.4), medium (77.5 - 116.24) and high (116.25 - 155). The results of the Three-box Method analysis of workload variables, adversity quotient, work motivation, and nurse performance are as follows.

Table 1. Three Box Method Analysis Average Matrix

Variable	Dimensions/ Indicators	Average Index	Category	Behavior
Self-Efficacy	<i>Magnitude</i>	108,2	Moderately	Nurses' self-confidence in facing task difficulties, their strength abilities, and mastering several fields at once to complete a task are not entirely good
	<i>Strength</i>	101,2	Moderately	
	<i>Generality</i>	103,25	Moderately	
Effective Communication	<i>Respect</i>	98,10	Moderately	Nurse communication in terms of mutual respect and appreciation, being able to place oneself according to conditions, messages can be received, giving clear messages, and being humble is not fully effective
	<i>Empathy</i>	102,18	Moderately	
	<i>Audible</i>	110,12	Moderately	
	<i>Clarity</i>	107,87	Moderately	
Supervision	<i>Normative</i>	105,54	Moderately	The supervisory action carried out by the head nurse in providing supervision is not entirely good
	<i>Formative</i>	107,64	Moderately	
	<i>Restorative</i>	101,42	Moderately	
Patient Education Practices	<i>preparation for patients to receive treatment</i>	108,85	Moderately	Nurses in providing patient education in preparing patients to receive treatment, preparing patients to go home, and documenting patient education activities are not fully good
	<i>preparation for patient discharge</i>	109,45	Moderately	
	<i>documentation of patient education activities</i>	100,25	Moderately	

Based on the matrix, the average value can be seen that the lowest dimensional condition is in the respect dimension which is included in the effective communication variable with an average index of 98.1 in the medium category. The highest dimension is in the Audible dimension which is also included in the effective communication variable with an average index of 110.12 in the medium category.

Model Analysis

Outer Model Test Results

The results of the convergent validity test show that all constructs of each variable have a loading factor value of > 0.70 . This shows that overall the data collected is valid and has good convergent validity.

The results of the discriminant validity test showed the AVE value of each variable was above 0.50 and the Composite Reliability and Cronbach's Alpha tests found that the value of Cronbach's Coefficient Alpha for all variables > 0.6 or even close to 1 and the value of Composite reliability > 0.7 , so that all variables in this study were declared reliable.

Inner Model Test Results

The coefficient of determination shows that the R-Square Adjusted value of 0.740 has been multiplied by 100%, resulting in a Patient Education coefficient of determination value of 74.0%. The value of the coefficient of determination is included in the good category. This value shows that the variation in the value of patient education variables can be explained by variables of self-efficacy, effective communication, supervision by 74%, while the remaining 26% is explained by other variables outside the analysis model.

Based on Figure 2 can be described the results of direct influence and moderation as follows:

Table 2 Hypothesis Test Results

Hypothesis	Path coefficient	T Statistics	P-Values	Result
H ₁ Positive influence of self-efficacy on patient education practices	0,167	3,976	0,000	Accepted
H ₂ The positive influence of effective communication as an educator on the practice of providing patient education	0,256	3,485	0,000	Accepted
H ₃ Nursing supervision moderates the effect of self-efficacy on patient education practices	0,087	1,897	0,029	Accepted
H ₄ Nursing supervision moderates the effect of effective communication on patient education practices	0,060	2,141	0,016	Accepted

Discussion

The effect of self-efficacy on patient education practices

The results showed that self-efficacy positively influenced the practice of providing patient education. That is, the better self-efficacy characterized by high self-confidence in facing task difficulties (magnitude, the ability of strength possessed (strength), and mastering several fields at once to complete a task (generality) will make the practice of providing patient education higher.

According to Bandura (1977), people who have beliefs or expectations about their ability to behave, engage in or carry out an action in a given situation will behave as well as they believe. Bandura (1997), adds that people process, weigh, and integrate various sources of information regarding their abilities, and organize their preferred behavior and expenditure of effort accordingly.

The relationship with these findings explains that an implementing nurse at Dr. Sitanala Hospital believes her own ability to effectively provide health education based on her knowledge of patient education will have a major influence on the quality of patient education practices among nurses. The nurse's self-efficacy affects the nurse's attitude and behavior. This is related to the nurse's knowledge of existing protocols and their actual implementation. Nurses' self-efficacy includes speaking up or expressing when patient safety is in jeopardy, by not adopting a culture of silence when there are adverse effects related to patient safety. It is important for nurses to have a high level of self-efficacy when educating patients.

The results of this study prove Bandura (1977). And Research of (Abu Sharour et al., 2021; Djamaludin & Chen, 2021; Forbes et al., 2018), that self-efficacy positively and significantly affects patient education practices among nurses. Respondents believe that with high self-efficacy, it can provide optimal patient education practices. The findings also support previous research that self-efficacy determines nurses can complete tasks. The higher or lower the self-efficacy will affect the practice of patient education

The effect of effective communication on patient education practices

The results showed that effective communication positively influenced the practice of providing patient education. That is, the more effective communication characterized by high respect means mutual respect and respect, empathy means being able to put oneself according to conditions, audible means the message can be received, clarity means a clear message (not multiinterpretation), and humble means humble will make the practice of providing patient education higher.

Good communication plays an important role in the effective functioning of the organization. Therefore, a nurse must constantly try to improve her communication skills because poor communication can be dangerous and cause confusion (Sibiya, 2018).

Nurses who have good communication skills are essential to improving patient education practices. Therefore, each contact can be an opportunity to improve care and patient relationships by using effective communication. These results support the theory of Adler & Rodman (2006) and research results (Arumsari et al., 2017; Lord et al., 2021; Rivai et al., 2016; Sari et al., 2021) that effective communication can improve health outcomes, patient safety, and patient satisfaction

Nursing supervision moderates the effect of self-efficacy on patient education practices.

The results showed that nursing supervision moderated the effect of self-efficacy on the practice of providing patient education in a positive direction. This means that the higher the value of supervision, the stronger the influence of self-efficacy on the practice of providing patient education.

Supervision is an important factor in strengthening nurses' confidence in carrying out their duties so as to provide optimal patient education practices. It is known that most working nurses are not confident in the ability to provide patient education. Self-confidence is supported by the education level of the total nurses, 66.5% are still D3 nursing. Distrust or self-confidence gives a decrease in morale when there is a lot of work to be done, as evidenced by the results of the Strength dimension in the item "I feel excited when I have a lot of work to complete" has the lowest index with an index of 93.5 in the medium category.

Self-efficacy determines the nurse can complete the task. The higher or lower the self-efficacy will affect the practice of patient education. When nurses have low self-efficacy, they tend to avoid tasks and are less able to give good results in the tasks at hand. This will interfere with patient education practices (Forbes et al., 2018), so supervision is very important in supporting the implementation of quality nursing care (Tobias et al., 2016). Nurses have varying levels of confidence in caring for patients, especially in newly graduated nurses, this can have an impact on patient education practices. The results of previous studies showed that self-efficacy affects nursing care practices, but there are contradictory results shown by the research of Lainsamputty et al. (2022), there is no significant correlation between self-efficacy and overall nurse preparedness.

An important factor in improving the quality of education due to low levels of self-efficacy is by conducting supervision both formally and informally carried out by supervisors / supervisors (Lele et al., 2018). The conceptualization of nursing supervision is essentially concerned with the professional development of nurses and always takes into account the concept of quality care provided to patients (Vaňková & Bártlová, 2015). The results of research by Pratiwi et al. (2020), the quality of nursing services can improve with the implementation of supervision of providing education according to SOP. These results support the theory of Proctor (2010) and previous research (Pratiwi et al., 2020; Vaňková & Bártlová, 2015).

Nursing supervision moderates the effect of effective communication on patient education practices

The results showed that nursing supervision was able to moderate the influence of effective communication on the practice of providing patient education in a positive direction. This means that the higher the value of supervision, the stronger the influence of effective communication on patient education practices.

Supervision is an important factor in strengthening nurses in the ability of respect (mutual respect and respect), empathy (able to put themselves according to conditions), audible (messages can be received), clarity (clear messages or not multiinterpretation), and humble (humble) will improve optimal patient education practices.

Clear communication means that information is conveyed effectively among people (Sibiya, 2018). When communicating effectively, both sender and receiver are satisfied (Wood, 2015). The satisfaction of the recipient of information will be strong if there is a supervisor role who has the right supervision model according to the abilities and needs of his subordinates.

Nurses will face various characters, levels or positions, and heterogeneous demographics, so it is important to supervise the application of normative functions to develop patient care related to professional nursing practice. Application of formative functions for the development of staff knowledge and skills so as to enable staff to work in accordance with applicable standards as an

aspect of responsibility in conducting practice. The restorative function focuses on providing support. Supervisors must ensure the readiness of staff to receive support or motivation provide (Proctor, 2010).

These findings support theory of Proctor (2010) and research (Arumsari et al., 2017; Lord et al., 2021; Rivai et al., 2016; Sari et al., 2021).

D. Conclusion

Theoretically, this research has implications for supporting the theory of self-efficacy and the concept of Patient-Centered Care, effective communication, and patient education practice that patient-centered care is care dedicated to patients, where nurses must have high self-efficacy and effective communication skills with strengthened head nurse supervision skills so that they are able to work together with patients and families to identify and address a variety of patient needs and preferences.

These results support to self-efficacy theory from Bandura (1977), effective communication from Adler & Rodman (2006), supervision from Proctor (2010) and self-efficacy research (Abu Sharour et al., 2021; Djamaludin & Chen, 2021; Forbes et al., 2018), effective communication (Arumsari et al., 2017; Lord et al., 2021; Rivai et al., 2016; Sari et al., 2021), supervision (Ali, Elmolla, & Banan, 2021; Malawat, Pratiwi, & Gayatri, 2020), moderation of nursing supervision (Pratiwi et al., 2020; Vaňková & Bártlová, 2015; Arumsari et al., 2017; Lord et al., 2021; Rivai et al., 2016; Sari et al., 2021).

The results showed that self-efficacy, effective communication, and supervision had a positive effect on patient education practices, supported by supervision as moderation among nurses at RSUP dr. Sitanala Tangerang. Thus, strategies are needed so that patient education practices among hospital nurses are more optimal by increasing nurses' confidence in providing patient education and improving effective communication skills with the support of head nurses who have strong normative, formative, and restorative supervision. Hospital management can also develop strategies to optimize patient education practices by: (1) management further increases the ability of nurses to confidently complete difficult work by increasing the level of nurses' abilities, can be through training, workshops or scholarship support to continue higher education. (2) Provide communication media in accordance with the audience or interlocutors, then majamen needs to maintain that ability, if necessary improved by providing public speaking training. (3) Management needs to improve the ability to supervise normative applications. (4) Management needs to increase further training on demonstrations in terms of administering injections or necessary measures on an emergency basis.

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