

Clinical Competence and Self-Efficacy on *Caring* Behavior with Work Attachment as an Intervening Variable

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Abstract

This research is based on the results of initial observations which inform about an increase in patient safety incidents in 2023 compared to 2022. The aim of this research is to reveal empirically the influence of clinical competence and self-efficacy on caring behavior with work engagement as an intervening variable. This type of research is quantitative with a cross sectional study design. The population used was inpatient nurses. The sampling technique used non-probability, with calculations using the Slovin formula with an error rate of 5%, so that a sample size of 133 respondents was found. The data collection technique uses a questionnaire, and the analysis method uses three box method analysis and SEM. The results of the analysis prove that simultaneously and simultaneously clinical competence, self-efficacy and work engagement influence caring behavior. Clinical competence and self-efficacy influence work engagement. Work engagement intervenes in the relationship between clinical competence and self-efficacy on caring behavior.

Keyword: *Clinical competence, self-efficacy, work engagement, caring behavior, nurses*

INTRODUCTION

Caring revealed that nursing services carried out by health workers must build patient trust, be meaningful, maintain togetherness, do meaningful things with patients, and be able to facilitate every patient's needs, so that patients are able to pass the nursing period well (Ashagere et al., 2023). Forms of behavior *caring* It is reflected in the attitude of wanting to help, pay attention, take care of and provide assistance that can build the patient's psychology stronger in undergoing the nursing period (Oluma & Abadiga, 2020). Behaviour *caring* related to service quality, which will avoid errors in nursing services that have the potential to cause injury (Hi Ukum, 2021), because of the behavior *caring* reflects nurses who care about the patient's condition, so that it is one of the bases for preventing patient safety incidents (Ambarika & Anggraini, 2021).

Behaviour *caring* must be implemented in every nursing service, through professional behavior that views patients as individuals who must be given deep attention during the nursing period (Surbakti et al., 2019) behaviour *caring* can only be done by nurses who have self-efficacy, where they are aware of their duties and responsibilities professionally (Bakar et al., 2020), and clinical competence determines behavior *caring* nurses while delivering nursing

services (Widiyaningsih et al., 2019), and the most important thing is the work attachment of nurses who are encouraged to provide quality nursing services, so that it greatly determines behavior *caring* (Mokodongan et al., 2021), and behavior *caring* consists of aspects of forming humanistic-altruistic values, instilling trust and hope, fostering sensitivity to oneself and others, developing relationships of mutual trust and mutual help, supporting and accepting expressions of positive and negative feelings, using systematic methods in problem-solving, improving teaching and learning in interpersonal relationships, creating a supportive environment, support in the fulfillment of basic needs, Appreciate the existential power and phenomenologic (Watson, 1985).

Clinical competence is the basic capital for nurses to master the wide field of work that is their responsibility and be able to carry out their duties professionally (Yu et al., 2021), and clinical competence affects self-efficacy (Albagawi et al., 2019), because with clinical competence will be formed their enthusiasm, dedication and appreciation to be able to deliver quality nursing services (Sari et al., 2023), and with clinical competence nurses will have positive thoughts about their duties and

responsibilities, forming their dedication as a delivery of professional nursing services (Aydin et al., 2023). Nurses with clinical competence will strive to implement *caring* When dealing with patients (Inocian et al., 2022), and clinical competence affects behavior *caring* (Sokola, 2023), because clinical competence is related to aspects of professional practice, nurturing, and developing personal and professional qualities (Potter et al., 2016).

Self-efficacy reflects the nurse's confidence to be able to accept and carry out the tasks given by the leadership (Surbakti et al., 2019), self-efficacy is one of the energies that can build nurses' work attachment as an introduction to quality nursing services (Dewanti, 2024), and efficacy affects nurses' work attachment (Dewanti, 2024). When nurses have self-efficacy that underlies their ability to master their duties and responsibilities, then they will show behavior *caring* while carrying out his role (Lukmanulhakim et al., 2019), self-efficacy is the level of nurses' ability to run professional nursing services, so that they are aware of the importance of behavior *caring* to build the patient's psychology (McCue, 2021), and self-efficacy affects behavior *caring* (Zhang et al., 2024), because self-efficacy consists of aspects of level, strength and generalization. (Bandura, 1997).

Work attachment underlies the encouragement for nurses to be professional in carrying out their duties (Labrague, 2023), work attachment underlies nurses to apply behavior *caring* when serving patients (Wee & Lai, 2022), in addition to work attachment encourages nurses to always apply behavior *caring* because it recognizes the importance of taking care of the patient's feelings (Pohl et al., 2022), and with the existence of work attachment, the clinical competence possessed by nurses will be maximized to implement *caring* on nursing services (Thabet et al., 2020), in addition, with the existence of work attachment, the nurse's mastery of the area of duty will be more optimal in influencing behavior *caring* (Karagkounis et al., 2020), because motivation is related to aspects of enthusiasm, dedication and appreciation (Bakker & Leiter, 2015).

An interesting research object to be studied regarding the problem of *caring* behavior of inpatient nurses at Hospital X. The problems she faces are related to the ability of nurses in inpatient installations to provide safe nursing services for patients. Based on

information from the nursing quality section on April 4, 2024 through observation techniques, it was informed that there was an increase in patient safety incident cases in 2023 compared to 2022 with data as there was an increase in the number of patient safety incidents from 2022 to 2023 in total was 87 cases (62.14%), of which the condition of almost injury increased by 74 cases. the condition of not being injured was 4 cases and the unexpected incident was 9 cases. In addition, other information from the nursing quality section obtained on April 10, 2024, was informed that patient complaints in 2023 were 69 cases (8.4%) related to nurse friendliness, *response time*, infusion installation skills, communication failures, *hand hygiene*, care, monitoring, and processes when admitting new patients. It can be seen that every patient safety incident that occurs, is predicted to be related to the behavior of nurses who should be professional in providing effective nursing services, and this can be realized through *caring* behavior that seeks to provide positive support to patients during the nursing period, in addition to patient complaints related to services from nurses, describing the inability of nurses to implement *caring* behavior to patients.

Referring to the problem of increasing the number of patient safety incidents in 2023 and also patient complaints related to the friendliness of nurses, It can be seen that the improvement is based on the ability of nurses to be able to implement behavior *caring* on nursing services, as well as nurses' problems in implementing *Caring*, caused by their problems to be able to optimize their clinical competence, self-efficacy and attachment that underlie their work ethic, according to the results of the preliminary survey. In addition, the prediction is supported by several relevant studies that prove that several variables affect behavior *caring* as well as clinical competence (Widiyaningsih et al., 2019), self-efficacy (Bakar et al., 2020), and work attachment (Mokodongan et al., 2021). It can be seen that each study has been conducted related to the variables of clinical competence, self-efficacy and work attachment in an effort to improve behavior *caring* nurses, but no one has simultaneously conducted a complete study by including these variables, So that this study has a novelty that unites these variables in one whole study, with and it is necessary to conduct further research to prove the influence of clinical competence and self-efficacy on behavior *caring* with work attachment as an intervening variable.

Conceptual Framework

According to the results concluded by previous studies and the research objectives that have been set, several research hypotheses are formulated as initial assumptions that must be revealed through the results of the analysis:

H1: Simultaneously clinical competence, self-efficacy and work attachment affect *caring behavior*.

H2: Clinical competence affects nurses' work engagement.

H3: Self-efficacy affects nurses' work attachment.

H4: Clinical competence affects *caring behavior*.

H5: Self-efficacy affects *caring behavior*.

H6: Work attachment affects *caring behavior*.

H7: Work attachment intervenes in the influence of clinical competence on *caring behavior*.

H8: Work attachment intervenes in the influence of self-efficacy on *caring behavior*.

RESEARCH METHODS

Research Design

This research was conducted at Hospital X located in Tangerang. This study is included in the quantitative type with a *cross sectional study* design that aims to analyze *temporary* issues

through data collection, and a descriptive approach is used to describe the actual state of each variable studied.

Participants and Data Collection Techniques

The population in this study is 198 inpatient nurses. The sampling technique uses *purposive sampling*. The determination of the number of samples used the slovin formula with an error rate of 5% so that the number of samples was obtained as many as 133 respondents. The sample criteria must meet the inclusion criteria and exclusion criteria, which are as follows: Inclusion Criteria: (1) Be a nurse on duty in an

inpatient installation. (2) Nurses with a working period of > 1 year. Exclusion Criteria: (1) Managerial nurses. (2) Nurses who are on leave. The data source was obtained from primary data by collecting data using a survey method through a questionnaire developed by itself based on the dimensions adopted from previous research on each variable, using a Likert point scale of 4 -1.

Instruments

Measurement of behavioral instruments *caring* It is aimed at measuring the attitude of nurses in helping patients cope with nursing problems, with the dimension of forming humanistic-altruistic values, instilling trust and hope, fostering sensitivity to oneself and others, developing relationships of mutual trust and mutual help, supporting and accepting expressions of positive and negative feelings, using systematic methods in problem solving, improving teaching and learning in interpersonal relationships, creating a supportive environment, support in the fulfillment of basic needs, valuing existential and phenomenologic strengths (Watson, 1985) and consists of 20 items of statements. The measurement of clinical competency instruments is aimed at measuring the level of nurses' ability to apply 12 basic clinical competencies, with the dimensions of professional practice, caregiving, and personal and professional quality development (Potter et al., 2016) and consists of 12 items of statements. The measurement of self-efficacy instruments is intended to measure The level of confidence of

nurses to master their field of work, with dimensions, levels and generalizations (Bandura, 1997) and consists of 9 items of statements. The measurement of the work attachment instrument is intended to measure Enthusiasm, dedication and appreciation of nurses in realizing behavior *caring*, with dimensions passion, dedication and appreciation (Bakker & Leiter, 2015) and consists of 6 items of statements. The pretest was carried out through the CFA test with the conclusion In the variables in the clinical competency variable, all indicators have a factor content of > 0.60. In the self-efficacy variable, there are 5 indicators that are invalid, namely in ED2, ED5, ED6, ED8, ED9 because they have a < factor of 0.6. In the work attachment variable, all indicators have a > factor of 0.60. Meanwhile, in behavioral variables *caring* there is 1 invalid indicator, namely in PC13 because it has a < factor of 0.6. Therefore, each indicator that has a factor content of < 0.60 is eliminated and all indicators that have a factor content of >0.60 are continued at the research stage.

Data Analysis Techniques

Descriptive statistical analysis is used to describe the actual state of each research variable with the approach *Three Box Method* referring to opinions (Ferdinand, 2014) which divides the interval scale is divided into three size ranges consisting of 33.25 – 66.5 low category (R), 66.5 – 99.75 medium category (S) and 99.76 – 133 high category (T). Test the hypothesis using Structure Equation Modelling (SEM) with the help of the Lisrel program. The decision to accept

the hypothesis by referring to the tvalue value > 1.96 (Hair et al., 2019). Data quality tests use validity and reliability tests. The reliability test uses Cronbach's Alpha measurement with a $>$ value of 0.6. The closer Alpha Cronbach's score to 1, the better (Hair et al., 2019). The Validity value refers to the VE value with the condition that if the VE value ≥ 0.5 , it is declared valid (Hair et al., 2019).

RESULTS AND DISCUSSION

Respondent Profile

Based on the results of the analysis of 133 respondents surveyed, in respondents by gender, the largest number of respondents were female as many as 97 respondents (54%). Among respondents based on age, the most aged 26 - 30 years were 56 respondents (31%). In respondents

based on the last education, the most D3 was 56 respondents (31%). In the category of respondents based on working period, the most with a working period span of 4-6 years were 79 respondents (33%).

Description of Research Instruments

Table 1
Results of Analysis of Research Instruments

Variable	Index			Behaviour
	R	S	T	
Clinical competence			*	Professional
Self-efficacy			*	Believe

The clinical competency variable is at a high level, this situation shows the behavior of nurses who are professional in delivering nursing services to patients, so they try to realize *caring behavior* when dealing with patients. The self-efficacy variable is at a high level, this situation shows the behavior of nurses who are confident in delivering nursing services, so they try to realize *caring behavior* when dealing with

Variable	Index			Behaviour
	R	S	T	
Work attachment			*	Consistent
Caring behavior			*	'Altruism

Source: Primary data processing, 2024

patients. The variable of work attachment is at a high level, this situation shows the behavior of nurses who consistently carry out their role as delivery of professional nursing services, so they try to realize *caring behavior* when dealing with patients. The variable of *caring behavior* is at a high level, this situation shows the behavior of nurses who are able to be altruistic, so they try to realize *caring behavior* when dealing with patients.

Kosntruk Validity and Reliability Test

Based on the results of the analysis, it is known that all VE values have a $>$ value of 0.5 so that all instruments contained in the variables are declared valid, and all variables also show CR

values > 0.7 so it is concluded that the variables studied are reliable, and the research can be continued to the next stage.

Structural Model Fit Test

Table 2
Results of Structural Model Fit Test

GoFI	Standard Values	Result	Conclusion
AGFI	≥ 0.90	0.92	Good fit
CFI	≥ 0.90	0.98	Good fit
GFI	≥ 0.90	0.96	Good fit
IFI	≥ 0.90	0.98	Good fit
RFI	≥ 0.90	0.95	Good fit
NNFI	≥ 0.90	0.97	Good fit

GoFI	Standard Values	Result	Conclusion
NFI	≥ 0.90	0.95	Good fit
Probability	< 0.05	0,000	Good fit
RMSEA	< 0.08	0,070	Good fit

Based on the table above, all indicators that show good match results are, so the research model can be said to be a good fit to measure the

relationship between latent variables and observed variables. So that the state of *good fit* based on the results of the above analysis shows

that the model to be studied has a simultaneous linear relationship.

Results of Direct Impact Analysis

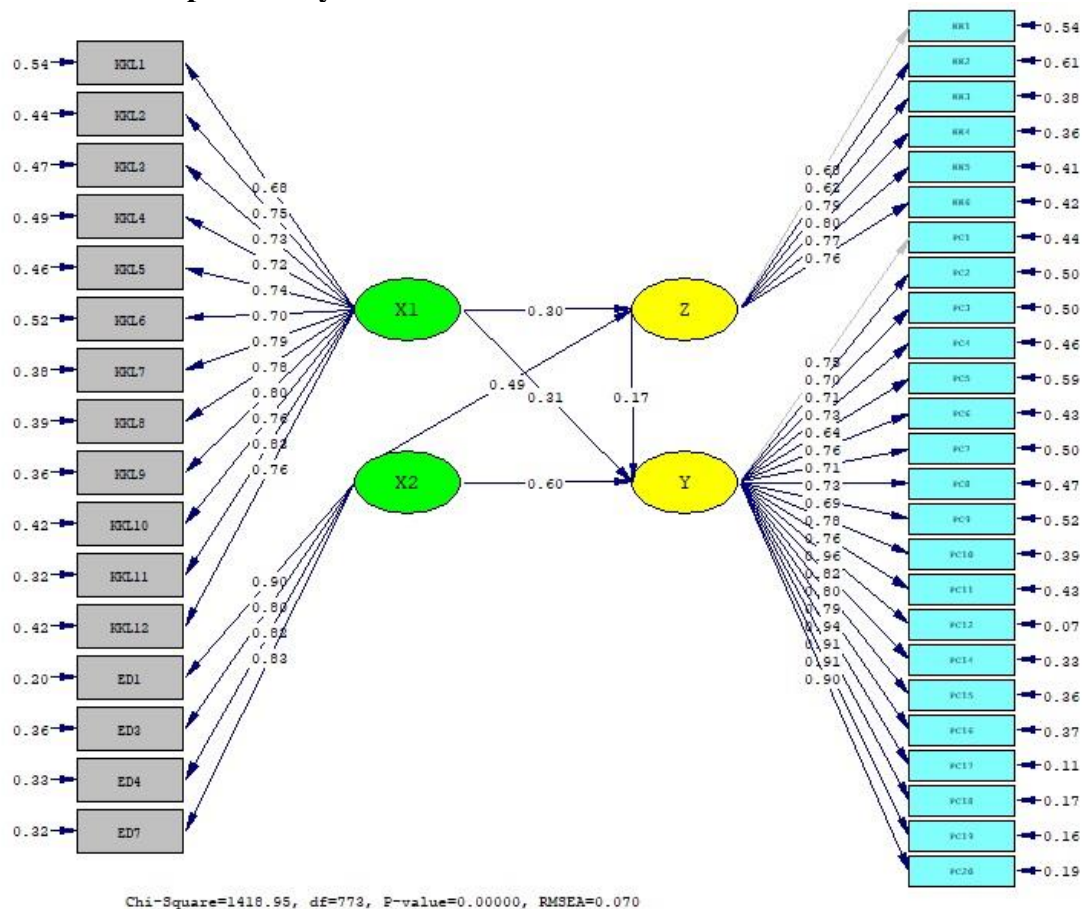


Figure 1
Coefficient Model Path Diagram
Source: Lisrel Output, 2024

In the analysis of substructure 1 produces the function of the direct influence equation $Z=0.30(X1)+0.49(X2)$, the results explain that clinical competence and self-efficacy have a positive effect on work attachment, so that with efforts to improve clinical competence and self-efficacy, work attachment will increase by 30% through clinical competence and 49% through self-efficacy. The determination coefficient showed a value of 0.57, which means that both variables contributed 57% in creating work attachment, and it explained that clinical competence and self-efficacy had a moderate contribution in creating work attachment (Hair et al., 2019). In the analysis of substructure 2

produced the function of the direct influence equation $Y=0.31(X1)+0.60(X2)+0.17(Z)$, the results explain that clinical competence, self-efficacy and work attachment have a positive effect on behavior *caring*, so that with efforts to improve clinical competence, self-efficacy and work attachment, then the behavior of *caring* will increase by 31% through clinical competence, 60% through self-efficacy, and 17% through work attachment. The coefficient of determination showed a value of 0.98 which means that clinical competence, self-efficacy and work attachment contributed by 98% in creating behavior *caring*, and is in the category of strong influence (Hair et al., 2019).

Hypothesis Test

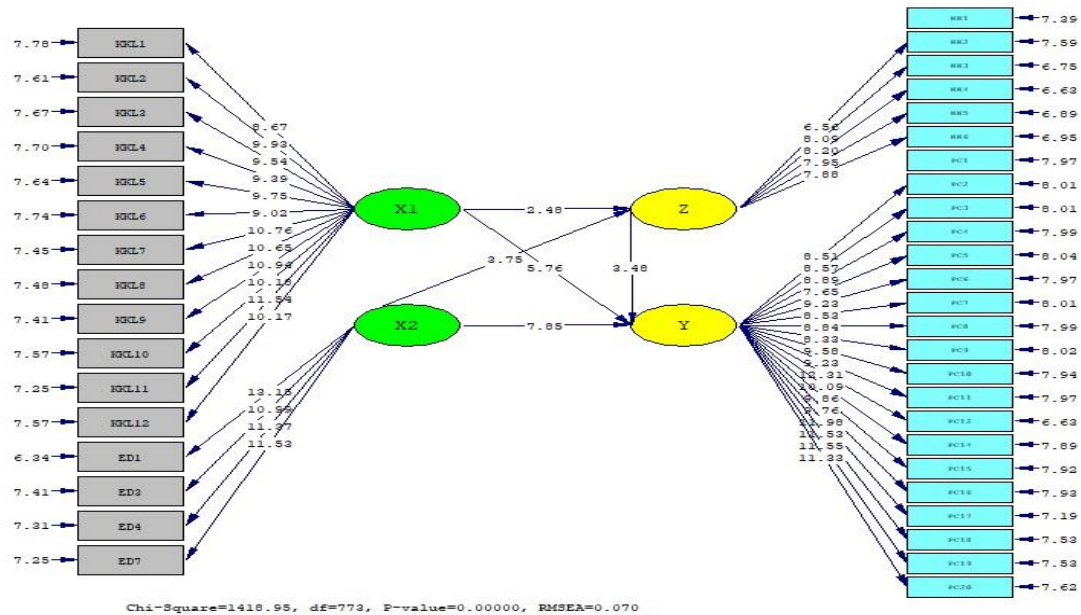


Figure 2
Coefficient Model Path Diagram
Source: Lisrel Output, 2024

Table 3
Summary of Hypothesis Test

Simultaneous Influence	Probabilitas	Conclusion
Clinical competence, self-efficacy and work attachment→caring behavior	0,000	H1 Accepted
Direct Influence	TValue	Conclusion
Clinical competence→work attachment	2,48	H2 Accepted
Self-efficacy→ work attachment	3,75	H3 Accepted

Clinical competence→caring behavior	5,76	H4 Accepted
Self-efficacy→caring behavior	7,85	H5 Accepted
Work attachment→caring behavior	3,48	H6 Accepted
Indirect Influence	TValue	Conclusion
Clinical competence→work engagement→caring behavior	1,98	H7 Accepted
Self-efficacy→work attachment→caring behavior	3,03	H8 Accepted

Source: Researcher Processing, 2024

The Influence of Clinical Competence, Self-Efficacy and Work Attachment on Caring Behavior

The results of the analysis concluded simultaneously that clinical competence, self-efficacy and work attachment have an effect on behavior *caring* which is evidenced by a comparison of probability values of $0.000 < 0.05$ so that by efforts to improve clinical competence, self-efficacy and work attachment, nursing ability embodies behavior *caring* increase. The situation shows that with professionalism, confidence and the ability of nurses to live their roles, they are able to realize behavior *caring* when serving patients. It can be seen from the results of the analysis *three box method*, Clinical competence is dominated by the professionalism of nurses in carrying out professional practice, and their self-efficacy is dominated by confidence in their strength in carrying out nursing services, as well as their ability to live the

role of service providers to patients, they embodying behavior *caring* When dealing with patients. But if you refer to the results of the analysis *three box method*, Nurses are constrained to be careful in measuring vital signs, constrained to have discussions with the nursing team before performing nursing actions, and constrained to be enthusiastic about providing support to patients during the nursing period, so that it becomes a problem for them to be able to calm patients when they are angry. These results are in line with studies that conclude behavior *caring* can only be done by nurses who have self-efficacy, where they are aware of their duties and responsibilities professionally (Bakar et al., 2020), and clinical competence determines behavior *caring* nurses while delivering nursing services (Widiyaningsih et al., 2019), and the most important thing is the work attachment of nurses who are encouraged to provide quality

nursing services, so that it greatly determines behavior *caring* (Mokodongan et al., 2021).

The Effect of Clinical Competence on Work Attachment

The results of the analysis concluded that clinical competence has an effect on work attachment as evidenced by the comparison of T Value $2.48 > 1.96$, so that with efforts to improve clinical competence, nurses' work attachment increases. The situation shows the behavior of nurses who professionals in delivering nursing services to patients, so that they live their role well. It can be seen from the results of the analysis *Three Box Method* that nurses are able to carry out professional practice because they know how to apply the principles of nursing ethics professionally, so that they are always on standby when patients are needed and worried when patients express complaints. But if you refer to the results of the analysis *three box method*, The weakness lies in the ability of nurses

The Effect of Self-Efficacy on Work Attachment

The results of the analysts concluded that self-efficacy has an effect on work attachment as evidenced by the comparison of T Value $3.75 > 1.96$, so that with efforts to increase the self-efficacy of nurses, their work attachment will increase. The situation shows that nurses feel confident to be passionate about carrying out their role as a delivery of nursing services for patients, so they live their role well. It can be seen from the results of the analysis *three box method*, Nurses feel confident in carrying out their roles, so they always document every development of the patient's health, which directs them to always be on standby when the patient is needed and to feel worried when the patient expresses complaints. But from the analysis *Three Box Method* It can be seen that there are obstacles for

The Effect of Clinical Competence on Caring Behavior

The results of the analysts concluded that clinical competence has an effect on behavior *caring* which is evidenced by the comparison of T Value $5.76 > 1.96$, so that by improving the competence of nurses, it can improve the ability of nurses to realize behavior *caring* on nursing services. The situation shows the behavior of nurses who professionals in delivering nursing

to provide care, especially in trying to take measures to prevent injuries to patients, thus making nurses less lack of enthusiasm for implementing behavior *caring* on nursing services, and lack of enthusiasm for providing support to patients during nursing. For this reason, it is important to build the ability of nurses to provide care to patients, so that they are enthusiastic about providing support to patients during the nursing period. These results are in line with research that concludes that clinical competence will shape their passion, dedication and appreciation to be able to deliver quality nursing services (Sari et al., 2023), and with clinical competence nurses will have positive thoughts about their duties and responsibilities, forming their dedication as a delivery of professional nursing services (Aydin et al., 2023).

nurses in discussing with the nursing team before taking nursing actions, so that they are less enthusiastic about implementing caring behavior in nursing services, and less enthusiastic about providing support to patients during the nursing period. For this reason, it is important to build the confidence of related nurses in understanding the breadth of the field of work for which they are responsible, so that they are enthusiastic about implementing caring behavior in nursing services, and enthusiastic about providing support to patients during the nursing period. These results are in line with research that concludes that Self-efficacy is one of the energies that can build nurses' work attachment as an introduction to quality nursing services (Dewanti, 2024), and efficacy affects nurses' work attachment (Dewanti, 2024).

services to patients, so that they embody behavior *caring* When dealing with patients. It can be seen from the results of the analysis *Three Box Method* Nurses know how to practice professionally because they know how to apply the principles of nursing ethics professionally, so they understand what patients feel during nursing and work to calm patients down during nursing. But the analysis *Three Box Method* showing weaknesses in the aspect of providing care, where nurses are

constrained to take actions to prevent injuries to patients, so that they are constrained to build the patient's psychology when accepting reality, and are constrained in helping patients to pass the nursing period well. For this reason, it is important to build the competence of nurses in providing care, so that they are able to build the

The Effect of Self-Efficacy on *Caring Behavior*

The results of the analysis concluded that self-efficacy has an effect on behavior *caring* which is evidenced by the comparison of T Value $7.85 > 1.96$, so that by efforts to improve behavior *Caring*, then the nurse's ability to realize behavior *caring* increase. The situation shows that nurses feel confident in carrying out their duties and responsibilities, so that they embodying behavior *caring* When dealing with patients. It can be seen from the results of the analysis *Three Box Method* Nurses always try to document every patient's health development, so that they understand what the patient feels during the nursing period and try to calm the patient during the nursing period. But the analysis *Three Box Method* showing weakness in the nurse's confidence in discussing with the nursing team before carrying out nursing

The Effect of Work Attachment on *Caring Behavior*

The results of the analysis concluded that work attachment has an effect on behavior *caring* which is evidenced by the comparison of T Value $3.48 > 1.96$, so that by trying to increase the work attachment of nurses, their ability to realize behavior *caring* increase. The situation shows nurses who live their role as delivery of nursing services, so that they embody behavior *caring* When dealing with patients. It can be seen from the results of the analysis *Three Box Method* Nurses are always on standby when patients are needed, and worried when patients express complaints, so they always try to understand what patients feel during the nursing period and try to make patients calm during the nursing period. But the analysis *Three Box Method* showing weakness in the spirit of nurses in implementing

patient's psychology when accepting reality, and help patients to pass the nursing period well. These results are in line with research that concludes that clinical competence will strive to implement *caring* When dealing with patients (Inocian et al., 2022), and clinical competence affects behavior *caring* (Sokola, 2023).

actions, so that it becomes an obstacle for nurses to always try to build the patient's psychology when accepting reality, and is constrained in helping patients to get through the nursing period well. For this reason, it is important to build the confidence of related nurses in understanding the breadth of the field of work that they are responsible for, so that they always try to build the patient's psychology when accepting reality, and are able to help patients to get through the nursing period well. These results are in line with research that concludes that Self-efficacy is the level of nurses' ability to carry out professional nursing services, so that they are aware of the importance of behavior *caring* to build the patient's psychology (McCue, 2021), and self-efficacy affects behavior *caring* (Zhang et al., 2024).

caring behavior in nursing services, and in providing support to patients during the nursing period, so that it becomes an obstacle for nurses to always try to build the patient's psychology when accepting reality, and is constrained in helping patients to pass the nursing period well. For this reason, it is important to build the spirit of nurses in carrying out their roles, so that they always try to build the patient's psychology when accepting reality, and be able to help patients to get through the nursing period well. These results are in line Research that concludes that work attachment underpins nurses to implement *caring* when serving patients (Wee & Lai, 2022), in addition to work attachment encourages nurses to always apply behavior *caring* because it recognizes the importance of taking care of the patient's feelings (Pohl et al., 2022).

The Role of Work Attachment Mediates the Influence of Clinical Competence on *Caring Behavior*

The results of the analysis concluded that work attachment intervened in the relationship of clinical competence to behavior *caring*

significantly as evidenced by T Value comparison of $1.98 > 1.96$, so that with the formation of work attachment, clinical competence is able to improve the ability of nurses to realize behavior *caring* higher than without work attachment. The situation shows that with the ability of nurses to live their roles, the competence of nurses in carrying out professional practices, makes nurses are better able to embody behavior *caring* when dealing with patients. It can be seen from the results of the analysis *three box method*, By always being on standby when the patient is needed and feeling worried when the patient expresses complaints, making the nurse's competence to carry out professional practice, directing him to always understand what the

The Role of Work Attachment Mediates the Effect of Self-Efficacy on *Caring Behavior*

The results of the analysis concluded that work attachment intervened in the relationship of self-efficacy to behavior *caring* significantly as evidenced by T Value comparison of $3.03 > 1.96$, so that with the formation of work attachment, self-efficacy is able to increase the ability of nurses to realize behavior *caring* higher than without work attachment. The situation shows that with the ability of nurses to live their roles, the confidence of nurses to be able to master their duties and responsibilities, makes nurses are better able to embody behavior *caring* when dealing with patients. It can be seen from the results of the analysis *three box method*, By always being on standby when the patient is needed and feeling worried when the patient expresses complaints, making the nurse's self-efficacy in mastering the breadth of the field and

patient feels during the nursing period, and trying to make the patient calm during the nursing period. Although from the results of the analysis *Three Box Method* The existence of obstacles for nurses to be professional in providing care, still makes them able to understand what patients feel during the nursing period and always try to make patients calm during the nursing period. These results are in line with research that concludes that work attachment underlies the drive for nurses to be professional in carrying out their duties (Labrague, 2023), and with the existence of work attachment, the clinical competence possessed by nurses will be maximized to implement *caring* on nursing services (Thabet et al., 2020).

responsibility as a nursing service provider, directing him to always understand what the patient feels during the nursing period, and trying to make the patient calm during the nursing period. Although from the results of the analysis *Three Box Method* The existence of obstacles for nurses to discuss with the nursing team before performing nursing actions still makes them able to understand what patients feel during the nursing period and always try to make patients calm during the nursing period. These results are in line with research that concludes that work attachment underlies the drive for nurses to be professional in carrying out their duties (Labrague, 2023), and with the existence of work attachment, the nurse's mastery of the breadth of the field of duties will be more optimal in influencing behavior *caring* (Karagkounis et al., 2020).

CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS

The results concluded that simultaneously and partially clinical competence, self-efficacy and work attachment had an effect on *caring* behavior. Clinical competence and self-efficacy have an effect on work attachment, Work attachment significantly intervenes in the relationship between clinical competence and self-efficacy on *caring* behavior. Self-efficacy is the dominant variable that is able to increase *caring* behavior with a coefficient of 0.60, so it

is necessary to increase self-efficacy so that nurses' *caring* behavior increases. Some of the managerial implications that can be suggested are improvements to the training system by providing training on patient safety culture and goals, so that nurses are able to create and maintain a safe nursing environment through quality assurance and risk management, conducting interpersonal communication in nursing care to prevent potential risks to patient safety, taking measures

to prevent injuries to patients and attempting to analyze, accurately interpret and document data on nursing services. Improvements to the teamwork system with the concept of patient safety culture, so that nurses always try to have discussions with the nursing team before taking nursing actions. Improvement in the supervision system by trying to foster empathy so that nurses are enthusiastic about implementing caring behavior in nursing services, and enthusiastic about providing support to patients during the nursing period. Improvement in the service system with the concept of *patient-centered care*,

so that nurses are able to build the patient's psychology when accepting reality and are able to help patients to get through the nursing period well. The limited research only included the analysis unit of inpatient nurses, and did not include nurses in other units, while in carrying out their role as nurses, *caring* behavior is needed when providing services to patients, so it is recommended for further research to include nurses in other work units, in order to be able to compare the abilities of nurses in different units in realizing caring behavior.

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