



DETERMINANT FACTORS OF SELF-EFFICACY AMONG NURSES ON IMPLEMENTATION OF DISCHARGE PLANNING IN PATIENT ROOM AT WANGAYA REGIONAL HOSPITAL

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ABSTRACT

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The self-efficacy of implementing nurses is a nurse's confidence and ability to carry out discharge planning to improve the quality of health that will affect the sustainability of sustainable care in patients. The study's goal was to identify determinants of self-efficacy of implementing nurses and analyze the most dominant factors for discharge planning implementation. The design used in this study was cross-sectional, with a sample number of 187 implementing nurses selected through simple random sampling using questionnaires as instruments. Data is univariate, bivariate with a chi-square test, and multivariate with a binary logistic regression test. The results of bivariate analysis of burnout variables (p-value 0.002) and self-esteem (p-value <0.001) have a significant influence on discharge planning implementation, while multivariate analysis results show that burnout and self-esteem variables have the most dominant influence on discharge planning implementation. It is expected that the implementing nurse can increase the value of self-efficacy in them selves by improving good self-function to impact the quality of service in the implementation of discharge planning.

Keywords:

Burnout, Discharge planning, Self-efficacy, Self-esteem

BACKGROUND

Self-efficacy is very important for nurses in carrying out discharge planning. Discharge planning aims to provide the best service to ensure the sustainability of quality nursing care (Nursalam, 2011). Self-efficacy can also be an essential aspect that supports the performance of nurse skills (Tyler, 2012). High self-efficacy decreases the fear of failure, improves the way problems are solved and good critical thinking skills that nurses have. Widodo (2016)

mentioned that self-efficacy is one of the sources of self-commitment and motivation. Self-motivation in nurses is also fostered by high self-efficacy. Diawati and Komaria (2019) mentioned that when providing nursing services, self-efficacy creates the motivation of nurses so that they desire to do nursing work. The difference in individual self-efficacy with other individuals is very different due to various factors that affect it. Gusnia and Saragih (2013) mention that age can affect perceptions of a person's abilities. In addition to age, the level of education also plays a role in

the development of individual self-efficacy. In addition to age, education also plays a role in the development of individual self-efficacy (Srihandayani, 2016). This significant influence is due to nurses with higher levels of education having more mature considerations because they already have broader insights. Gender is also a factor that can contribute to an individual's self-efficacy.

Chyung (2017) states that women better perceive their abilities. Various work experiences can cause a perception of self-ability. Work experience can be used as a learning process and can play a role in developing individual self-efficacy values (Kurnia, Trisyani & Prawesti, 2019). Physical and psychological conditions can also play a role in influencing a person's self-efficacy. Srihandayani (2016) mentions that high self-efficacy helps individuals complete tasks and reduce their workload psychologically and physically. In addition, the factor that affects a person's self-efficacy is Burnout. Irawati (2012) states that Burnout is when individuals experience physical, mental, and emotional fatigue due to prolonged stress. Imelda, Yulia & Muliyadi (2020) mentioned that the effect that occurs when the burnout rate is a decrease in motivation for performance, negative attitudes, feelings of rejection by the environment and low self-esteem.

Nurses with high self-efficacy will be able to control threats and stressors from within and from the environment, so nurses have effective coping strategies to reduce stress levels (Ariasti & Pawitri, 2016). Self-efficacy is also influenced by self-esteem. Self-esteem is defined as a belief in self-worth based on overall self-evaluation (Indrawati, 2014). High self-esteem will develop self-confidence, reward and self-efficacy towards self-esteem so that the view of success in work gets satisfaction in your self (Saam & Wahyuni, 2013).

Wangaya Regional General Hospital (RSUD) is one of the hospitals in Bali Province that has become a type B hospital and received the highest hospital accreditation title, namely The Five Star Plenary from the Central Hospital Accreditation Commission. Based on data from the Wangaya Hospital Nursing Committee, it was found that the number of inpatient visits increased every year, supported by Dinkes data (2019) obtained that in 2016 inpatient visits amounted to 8,313 patients, in 2017 as many as 13,565 patients and in 2018 as many as 13,970 patients.

Based on the results of the preliminary study, there was an increase in the number of inpatient visits each year so that patients who were treated ex-

ceeded capacity in the room; this impacted the implementing nurse holding responsibility for more than three patients in work so that there was an increase in the workload of nurses. Sometimes there is a feeling of fatigue and not working mood due to less than optimal personal conditions and the responsibilities and workload felt during work.

Pessimistic feelings at work arise when the implementing nurse conducts a self-evaluation and performs comparisons with colleagues. These feelings are often felt even though the managing nurse feels he has worked long and provides good nursing care. Similar conditions are expressed to arise when there is less than optimal emotional self-control due to various factors. This is behind researchers' research on the self-efficacy determinants of implementing nurses in discharge planning examination at Wangaya Regional General Hospital Inpatient Installation.

METHODS

The research design used in this research is quantitative, with a Cross-sectional approach. The population in this study was all the implementing nurses at Wangaya Regional General Hospital in Denpasar City, with a sample of 187 respondents. The study was conducted in the Inpatient Room of Wangaya Regional General Hospital, which began on April 27-May 17, 2021. The instruments used in the study were the Individual Characteristic questionnaire, the Kusioner Maslach Burnout Inventory-Human Service Survey (MBI-HSS), the Rosenberg Self-Esteem Scale Questionnaire and the self-efficacy questionnaire. Data analysis is univariate by looking for frequency values, bivariate using the Chi-square test with an alternative Fisher Exact Test and multivariate data analysis using a binary logistic regression test. The researcher obtained ethical clearance from Wangaya Regional General Hospital 070/1288/RSUDW.

RESULT

Table 1. Respondents in this study <32 years, as many as 80 respondents (42.8%), and the age? 32 years, as many as 107 respondents (57.2%). Male gender characteristics were 19 respondents (10.2%) and women 168 respondents (189.8%). The characteristics of the level of education are Bachelor Ners as many as 94 respondents (50.3%) and Diploma 3 as much as 93% (49.7%). The characteristics of work experience <11 years as many as 89 respondents (47.6%) >= 11 years as much as 98% (52.4%).

Table 1. Frequency Distribution Common Characteristics of Respondents

Variabel	n (%)
Age	
< 32	80 (42,8)
≥ 32	107 (57,2)
Gender	
Male	19 (10,2)
Female	168 (89,8)
Education	
Bachelor	94 (50,3)
Diploma	93 (49,7)
Work Experience	
< 11 Years	89 (47,6)
≥ 11 Years	98 (52,4)

Tabel 2. Variabel Distribution

Variabel	n (%)
Burnout	
Low	113 (60,4%)
High	74 (39,6%)
Self-Esteem	
Low	67 (35,8%)
High	120 (64,2%)
Self-Efficacy	
Low	40 (21,4%)
High	147 (78,6%)

Table 3. Influence of Age, Gender, Education Level, Work Experience, Burnout and Self Esteem In Discharge Planning Implementation

Independent Variables	<i>Self-efficacy of implementing nurses in discharge planning implementation</i>		
	Low (%)	High (%)	p-value
Age			
< 32 years	16 (20,0)	64 (80,0)	0,825
≥ 32 years	24 (22,4)	83 (77,6)	
Gender			
Men	6 (31,6)	13 (68,4)	0,249*
Women	34 (35,9)	134 (79,8)	
Level Of Education			
Bachelors	18 (19,1)	76 (80,9)	0,567
Diploma(D3)	22 (23,7)	71 (76,3)	
Work Experience			
< 11 Years	23 (25,8)	66 (74,2)	0,216
≥ 11 Years	17 (17,3)	81 (82,7)	
Burnout			
Low	15 (13,3)	98 (86,7)	0,002
High	25 (33,8)	49 (66,2)	
Self-esteem			
Low	33 (49,3)	34 (50,7)	<0,001
High	7 (5,8)	113 (94,2)	

Table 4. Showing that The Most Dominant Factors Affecting Self-Efficacy Of Implementing Nurses In Discharge Planning Are Burnout And Self-Esteem

Variabel	Odds Ratio	95% CI		Nilai p
		Lower	Upper	
Burnout				
Low				
High	2,795	1,207	6,474	0,016
Self-esteem				
Low	14,585	5,801	36,673	<0,001
High				

Table 2. The distribution of respondent variables was mostly in the low burnout category, with as many as 113 respondents (60.4%), and in the rest of the high burnout category, as many as 74 respondents (39.6%). The self-esteem category was high at 120 respondents (64.2%), while self-esteem was high at 67 respondents (35.8%). While the managing nurse owned the high self-efficacy category, as many as 147 respondents (78.6%) and the rest had low self-efficacy, as many as 40 respondents (21.4%).

Table 3. Respondents' characteristics, including age, Gender, education level, and work experience, did not significantly affect self-efficacy in discharge planning. All variables have a $p > 0.05$, i.e., age variables (p -value 0.825), sex variables (p -value 0.249), education level variables (p -value 0.567), and work experience variables (p -value 0.216). In contrast, the burnout variables (p -value 0.002) and self-esteem (p -value <0.001) have a significant influence on self-efficacy in the implementation of discharge planning.

DISCUSSION

General Individual Characteristics of Respondents:

Age

The results of this study found that the majority of respondents aged ≥ 32 years were 107 (57.2%) respondents compared to nurses aged <32 years, which was 80 (42.8%). Bandura's theory (2008) mentions that with age, the individual can overcome all the challenges given in life. This is in line with the results of Reski's research; Hamzah & Andayani (2020) mention that the self-maturity in question is related to an increase in an age which then has an impact on understanding and perception of discharge planning implementation. The researchers' assumption of the results of this study is that the average age of the implementing nurse is in the range of minimum values of 21 years and a maximum value of 46 years

in this case, including productive age. Productive age is also the determining stage of individual success in increasing productivity, one of which is performance.

Gender

The results of this study found that the majority of respondents were female, 168 (89.8%) respondents compared to the male sex of 19 (10.2%). More females implement nurses according to the concept of caring mother nursing instinct. Deniati, Anugrahwati and Suminarti (2018) mentioned that women grow up and are raised with the direction to have a guiding attitude, compassion and empathy. The assumption of the researchers, regarding the results of this study, is that there is still no even proportion of implementing nurses based on Gender, so it can be an input that the addition of implementing nurses based on Gender is following the results of the research that researchers get.

Level of Education

Taylor's theory (2016) mentions that in carrying out discharge planning implementation, nurses are required to have broad insights in addressing patient nursing problems as well as critical thinking in determining nursing diagnosis so that a high level of education is a guideline owned by the implementing nurse in providing nursing care, especially discharge planning. The researcher's assumption regarding the results of this study is that the implementing nurse is required to have a variety of critical thinking in providing nursing care services to clients. Higher education can lead individuals to have good expectations and/or aspirations.

Work Experience

The results of this study based on the work experience of the majority of respondents have work experience of 11 years in the implementation of discharge planning which is 81 (82.7%) compared to implementing nurses who have <11 years of experi-

ence, which is as much as 98 (52.4%). Siagian (2014) mentions that when individuals have an increasingly mature age, individuals tend to mature based on experience. Sari (2015) mentions that the longer individuals work, the more work experience impacts work outcomes. The researchers' assumption regarding this study's results is that the longer the nurse works, the more work experience is obtained.

Respondent Variables:

Burnout

The results of this study of implementing nurse burnout showed that the majority of respondents experienced low Burnout, which is 113 (60.4%) respondents, compared to implementing nurses who experienced high Burnout, which is as much as 74 (64.2%) in the implementation of discharge planning. Abdul, Lindo & Stennett (2019) mentioned that a work environment with optimal function tends to reduce the risk of Burnout in each implementing nurse. This is in line with the opinion of Asmuji, Faridah & Handayani (2018) mention that the factors that cause Burnout are the work environment and individual factors. The researcher's assumption regarding the results of this study is that working nurses who experience low Burnout and have good coping Burnout are less likely to be felt at work.

Self-Esteem

The results of this study of self-esteem-implementing nurses showed that the majority of respondents experienced high self-esteem of 120 (64.2%), compared to nurses who had low self-esteem, which was 67 (35.7%). Hamzah (2016) mentioned that one of the factors that can increase the sense of self-esteem of the implementing nurse regarding the existence of himself in the work environment is that it can lead to good self-acceptance for the implementing nurse. Self-esteem is an image of self-image or self-assessment. The researchers' assumption regarding this study's results is that the low self-esteem owned by the implementing nurse is caused by various factors, one of which is a personal factor that varies in each implementing nurse.

Self-Efficacy

The results of this study of self-efficacy implementing nurses showed that the majority of respondents experienced high self-efficacy of 147 (78.6%), compared to implementing nurses who had low self-efficacy of 40 (21.4%). Wulandari & Hariyanti (2019) mentions that the support obtained by individuals can increase their level of confidence of individuals about

their abilities. This aligns with statements by Anggareni, Widayati and Sutawardana (2020), mentioning that individuals who receive good support from internal and external tend to have a level of belief regarding good capabilities. The researcher's assumption about this study's results is that the implementing nurse's self-efficacy is caused by many factors, including the personal condition of the implementing nurse, who may have a poor coping mechanism that can affect the height and low self-efficacy in the implementing nurse. However, the researchers did not examine how the coping mechanism affects self-efficacy.

Factors That Affect Self-Efficacy in Discharge Planning Implementation:

Age

The results showed no significant effect between age and self-efficacy of implementing nurses, with a significant p-value of 0.825. Pompey, Mulyadi & Hamel (2016) mentioned that good nursing performance is caused by good self-efficacy. Similarly, we found a study conducted by Iqbal (2017) that found no significant influence between age and self-efficacy in nurses. The researchers' findings in this study differ from previous studies results. The results of Reski's research, Hamzah & Andayanie (2021) mention that age that tends to be more mature can lead to individual perceptions of ability and self-confidence. Implementing nurses with a high age will be more understanding and tend to anticipate events in their lives (Wirdah & Yusuf, 2016). The assumption of researchers about the study results is that age is one of the personal factors that influence individual behavior that will cause perceptions about their abilities that impact good performance.

Gender

The results showed no significant influence between Gender and self-efficacy of implementing nurses, with a significant p-value of 0.249 (?0.05). Anggoro and Aeni (2019) said there was no significant influence between total self-efficacy scores and Gender. However, different research results were found. Purwaningsih 's research results (2018) mention differences in self-efficacy in men and women. This is in line with Sitorus's research (2020), which found that men tend to have better self-efficacy than women. The researcher's assumption about the results of this study is likely due to several other factors that influence the results, such as personality factors and individual perceptions. However, this can be an input for further researchers to explore other

factors that may be influential and related to the self-efficacy of implementing nurses in implementing discharge planning.

Level of Education

This study showed no significant influence between education levels and self-efficacy of implementing nurses, with a significant p-value of 0.567 (alpha 0.05). Similar research (Mustikasari (2013) mentions no significant influence between knowledge and self-efficacy. However, the results of a different study by Tsai (2014) found differences in self-efficacy levels based on different educational backgrounds. This opinion is supported by research by Gloudemans (2016), which states that nurses with nursing education have better critical thinking value than nurses with a diploma. The researcher's assumption about this study is the possibility of differences in perception in addressing a problem faced.

Work Experience

The results showed no effect between work experience and self-efficacy of implementing nurses, with a significant p-value of 0.216 (>0.05). Research conducted by Suroso (2015) states that the experience factor of failure to a task tends to make individuals have pressure on themselves, affecting self-efficacy. In addition, based on sources of self-efficacy, not only the individual's experience can affect self-efficacy. This is due to the growth of self-efficacy in the individual when the individual develops themselves in a better direction based on the representation of the experience of others (Saam & Wahyuni, 2013). The researchers' findings in this study, apparently with the results of the Soudagar study (2015), mentioned that nurses with long work experience tend to report self-efficacy scores in better clinical order. Similar research conducted by Roffi, Hariyanti and Pujasari (2013) mentions that the learning gained by individuals makes the experience of facing a challenge. The researchers' assumption about this study is that there may be other factors, one of which is the difference in experience of each study subject.

Burnout

This study showed a significant influence between Burnout and self-efficacy of implementing nurses, with a significant p-value of 0.002 (<0.05). The ineffectiveness of coping in nurses is also one indicator of Burnout. The research results by Wirati and Saraswati (2020) mentioned that nurses with low self-efficacy scores tend to have a negative coping

style. Asi research results (2014) mentioned that coping can positively affect the relationship between clinical self-efficacy and Burnout in nurses. The ineffectiveness of coping in nurses is also one indicator of Burnout. Nevertheless, the results of this study turned out to be different from the results of previous research findings. Harnida's research (2015) states that there is no effect of Burnout on the self-efficacy of nurses. Similar research results also obtained by Pajares & Urdan (2016) said self-efficacy is the view of individuals in achieving certain goals. Asumi researchers, the results of this study are Burnout is a state of a person who experiences physical and psychological fatigue coping that can affect nurses while providing services to patients. But the researchers should have conducted a deeper study of the coping mechanisms that can affect high-low Burnout in the implementing nurse.

Self-Esteem

This study showed a significant influence between self-esteem and self-efficacy of implementing nurses, with a significant p-value <0.001 (<0.05). Supratman (2020) mentions a relationship between self-efficacy and self-esteem. This is supported by the results of Sinaga's research (2016) mentioned there is a significant influence based on the statistical analysis between self-esteem and self-efficacy. Other studies have also been conducted that positive self-esteem can affect good self-efficacy in the self (Martia & Indriana, 2020). This is in accordance with the results of Saam and Wahyuni's (2014) research mentioned that high self-esteem could indicate that the implementing nurse feels received both by the internal and external environment. Individuals' Positive behavior will lead to courage in decision-making that is open to face activities (Pajares & Urdan, 2015). The researcher's assumption about the results of this study is that the high self-esteem owned by nurses is likely influenced by personality factors owned by each implementing nurse, so it has an impact on the self-efficacy of nurses in the implementation of discharge planning. However, researchers examined more deeply what personality factors can affect self-efficacy in nurses.

Dominant Factors Affecting Self-Efficacy of Implementing Nurses in Discharge Planning Implementation:

Factor Burnout

Burnout affects the self-efficacy of the implementing nurse in discharge planning (AOR=2,795; 95%CI 1,207-6474;p 0.016). The AOR value on the

burnout factor of 2,795 indicates that the implementing nurse with a high burnout is 2,795 times more likely to have lower self-efficacy than the implementing nurse with a low burnout in discharge planning. The burnout variable can affect self-efficacy in the range of 1.207 to 6.474 (95%CI) times with a p-value of 0.016. P value results were found to be <0.05 , so the burnout factor is a significant determinant affecting Burnout with self-efficacy of implementing nurses in discharge planning implementation.

Factor Self-Esteem

Self-Esteem influenced the self-efficacy of the implementing nurse in implementing discharge planning. This study found an Adjusted Odds Ratio (AOR=14,585;95%CI5,80136,763;p<,001). AnAOR (Adjusted Odds Ratio) of 14,585 indicates that implementing nurses with high self-esteem are 14,585 times more likely to have self-efficacy in carrying out higher discharge planning than implementing nurses with low self-esteem. Variable self-esteem can affect self-efficacy in the 5.801 to 36.763 (95% CI) times with a value p value $<.0001$ The result of the p-value was found to be <0.05 , so the self-esteem factor is a significant determinant affecting the self-efficacy of the implementing nurse in implementing discharge planning.

CONCLUSIONS

The dominant self-efficacy factor of implementing nurses in discharge planning was only burnout and self-esteem factors. Further research to conduct research with qualitative methods can be the development of science related to self-efficacy of implementing nurses in discharge planning.

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