

(Research) Article

Predictors of Self-Efficacy in Therapeutic Communication among Novice Nurses vs. Experienced Nurses: A Study of 100 Nurses at Dr. Sudiran Mangun Sumarso General Hospital

Susana Nurtanti^{1*}, Sri Handayani², Putri Halimu Husna³

¹⁻³ Akademi Keperawatan Giri Satria Husada, Indonesia

*Corresponding Author: susan.alkuina@yahoo.com

Abstract : An overview of the object of research to are self-efficacy in therapeutic communication is a crucial competency for nurses to provide patient-centered care and ensure effective interactions during clinical practice. Differences in clinical experience can influence predictors of self-efficacy in therapeutic communication. Research objectives to analyze predictors of self-efficacy in therapeutic communication among novice and experienced nurses at dr. Soediran Mangun Sumarso General Hospital, Wonogiri. Proposed methods is A quantitative analytical cross-sectional study was conducted among 100 nurses selected using stratified proportional random sampling. Data were collected using the Self-Efficacy in Therapeutic Communication for Nurses (SETC-N) questionnaire and analyzed using multiple linear regression. Results: Predictors significantly associated with self-efficacy among novice nurses included work stress ($\beta = -0.312$, $p < 0.05$) and communication training ($\beta = 0.421$, $p < 0.01$). Among experienced nurses, organizational support ($\beta = 0.388$, $p < 0.01$) and empathy ($\beta = 0.274$, $p < 0.05$) were the strongest predictors. The total explained variance was 52.6% for novice nurses and 48.2% for experienced nurses. Conclusion: Predictors of communication self-efficacy differ between novice and experienced nurses. These findings underscore the need for targeted interventions based on experience level to strengthen communication competency.

Received: 20 December, 2025

Revised: 28 January, 2026

Accepted: 01 February, 2026

On Available: 04 February, 2026

Curr. Ver.: 04 February, 2026



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>)

1. Introduction

Therapeutic communication is a planned and conscious communication process aimed at building a trusting relationship between nurse and patient to support the healing process and provide effective nursing care. This communication includes the use of active listening skills, empathy, clear explanations, and a friendly and respectful attitude, so that patients feel valued, safe, and comfortable during treatment. (Nofriadi et al., 2021)

Nurses, as healthcare workers with the highest level of interaction with patients, are required to possess adequate interpersonal communication skills. The success of therapeutic communication is influenced by the nurse's mental readiness and awareness of the importance of building trusting relationships, adequate knowledge and training, and character traits such as friendliness, empathy, and patience. (Mahmudah et al., 2022). External factors such as a conducive work environment and minimal workload also play a role, as a high

workload can hinder the ability to communicate effectively. Motivation and ongoing experience in nursing practice contribute to increasing the effectiveness of therapeutic communication, enabling nurses to provide better care and satisfy patients. (Nofriadi et al., 2021). In nursing practice, self-efficacy plays a role in determining how nurses behave, face clinical challenges, and maintain quality communication in stressful work situations.(Indrawati et al., 2024)

High self-efficacy in nurses positively influences the quality of their therapeutic communication, as nurses with high self-efficacy tend to be more confident, empathetic, and able to convey information clearly and calmly to patients. They are better able to build trusting relationships and support the healing process through effective communication, thereby reducing anxiety and increasing patient comfort during treatment. (Salim et al., 2025). Conversely, nurses with low self-efficacy often feel anxious, lack confidence, and hesitate in interactions, which can hinder their ability to establish optimal therapeutic communication. As a result, the quality of nursing care provided can decline due to ineffective communication, resulting in an inability to optimally meet the patient's emotional and psychological needs, and this directly impacts the success of the healing process and patient safety. (Enjulopi et al., 2025). Therefore, self-efficacy is seen as an important predictor of the effectiveness of therapeutic communication.

Professional work experience is often associated with a nurse's level of self-efficacy. Novice nurses are generally in the transition phase from an educational environment to clinical practice, which is often accompanied by role uncertainty, limited experience, and the pressure of adapting to the hospital's work culture.(Al, 2019). These conditions have the potential to reduce nurses' confidence in communicating therapeutically.(Humairah & Nursanti, 2024). In contrast, experienced nurses have greater opportunities to develop communication skills through repeated clinical exposure and reflective learning.

However, work experience is not the only factor influencing self-efficacy. Other factors such as educational level, therapeutic communication training, organizational support, clinical supervision, and workload and stress also play a role as predictors that influence nurses' confidence in their ability to communicate effectively.(Handayani & Armina, 2020)(Ham & Tak, 2022).

Dr. Sudiran Mangun Sumarso Wonogiri Regional General Hospital, as a regional referral hospital, serves patients with varying levels of health problems, thus requiring nurses to have optimal therapeutic communication skills. However, research specifically comparing predictors of self-efficacy in therapeutic communication between novice and experienced nurses in regional hospitals is still limited. Therefore, this study aims to identify predictors of self-efficacy in therapeutic communication and analyze the differences between novice and experienced nurses in 100 nurses at Dr. Sudiran Mangun Sumarso Wonogiri Regional General Hospital.

2. Preliminaries or Related Work or Literature Review

2.1 Therapeutic Communication in Nursing

Therapeutic communication is a form of professional communication conducted consciously and purposefully by nurses with the goal of helping patients express their feelings, understand their health conditions, and improve their ability to cope with their health problems. This communication emphasizes interpersonal relationships based on trust, empathy, and emotional support as an integral part of the nursing process (Nofriadi et al., 2021)(Mahmudah et al., 2022). Therapeutic communication plays an important role in the nurse's task of providing nursing care because it is the main tool for building a trusting relationship between nurses and patients, identifying patient needs and problems effectively, and conveying information clearly and empathetically. (Enni et al., 2023). With good communication, nurses can understand the patient's emotional and physical condition, increase patient comfort and satisfaction, and encourage optimal cooperation in the healing process.(Handayani & Armina, 2020). In addition, therapeutic communication helps nurses provide appropriate, effective care that is oriented towards the patient's overall recovery . Various studies have shown that effective therapeutic communication contributes to improving patient safety, satisfaction with services, and the quality of clinical decision-making. (Enni et al., 2023)(Enjulopi et al., 2025)(Nofriadi et al., 2021).

2.2 Self-Efficacy as a Psychological Foundation

Self-efficacy is a central concept in Social Cognitive Theory proposed by Bandura, which refers to an individual's belief in their ability to organize and carry out the actions necessary to achieve certain outcomes. This belief influences an individual's mindset, emotional responses, motivation, and behavior when facing challenges.(Rohman et al., n.d.). That self-efficacy develops through four main sources, namely direct experience of success, indirect experience through observation of others, verbal persuasion, and physiological and emotional conditions. (Halim & Wijayanti, 2022). Factors that influence the development of self-efficacy include direct experience in facing tasks or situations, previous successful experiences that increase self-confidence, the presence of models or role models to follow, social support from the surrounding environment, and perceptions of mastery and control over the situation faced.(Kim et al., 2020). In addition, positive feedback and encouragement from others can also strengthen a person's belief in their ability to succeed in various aspects of life.(Indrawati et al., 2024) In the context of nursing, which demands high emotional and interpersonal involvement, self-efficacy plays an important role in determining the quality of performance and the ability of nurses to adapt to complex work situations(Evenblij et al., 2019)(Ham & Tak, 2022)

2.3 Self-Efficacy in Nurses' Therapeutic Communication

Self-efficacy in therapeutic communication reflects a nurse's belief in their ability to interact effectively, empathetically, and professionally with patients and their families in various clinical settings. Nurses with high levels of communication self-efficacy tend to be more active in interactions, better able to manage patients' emotional responses, and more confident in conveying information and handling conflict situations.(Muhammad Naval & Tutut Chusniyah, 2025)(Evenblij et al., 2019). Several studies have shown that self-efficacy or self-confidence has a positive effect on nurses, because the higher the self-efficacy, the greater their ability and confidence in carrying out their duties, as well as coping with stress and pressure in the work environment. (Ham & Tak, 2022). This can significantly reduce the risk of burnout, because nurses who have high self-confidence tend to be better able to maintain good work enthusiasm and performance even when facing heavy workloads and challenging situations. (Jurnal & Mea, 2024). Therapeutic communication self-efficacy is positively related to patient satisfaction, adherence to care plans, and the quality of the therapeutic relationship between nurses and patients. Conversely, low self-efficacy is often associated with increased communication anxiety and decreased quality of nursing care. (Indrawati et al., 2024)(Cheng et al., 2021)

2.4 Work experience of novice and experienced nurses

Work experience is an important factor in the formation of self-efficacy because through this experience individuals gain evidence of success and ability in carrying out tasks, thereby increasing self-confidence and belief that they are able to face future challenges.(Humairah & Nursanti, 2024) Positive experiences will strengthen the perception of competence, while lack of experience can weaken confidence in carrying out tasks. Novice nurses are generally still in the transition stage from the world of education to clinical practice, so they often face a gap between theory and the reality of practice. This condition, known as transition shock , can trigger anxiety, stress, and uncertainty in carrying out professional roles.(Sarfika et al., 2020) In contrast, experienced nurses have been through various clinical situations and have accumulated successful experiences that strengthen their mastery experience . Experienced nurses (experts) are nurses who have very broad and in-depth knowledge and experience, are able to make decisions quickly and accurately based on intuition and understanding of clinical situations, and often serve as a reference source for other nurses and play an important role in the development of nursing practice. This makes them more confident and adaptive in facing complex communication challenges.(Akbar, 2023)(Setiawan & Erawan, 2025)

2.5 Work stress as an inhibiting factor

Occupational stress in nurses is a state of tension and pressure felt due to job demands, such as high workloads, unsupportive environments, and lack of adequate facilities. Its impact can lead to decreased performance, medical errors, decreased service quality, and physical and mental health problems for nurses themselves. If not managed properly, occupational stress can contribute to increased absenteeism, professional turnover, and reduced patient safety. Therefore, managing occupational stress is crucial to ensure the quality of care and the well-

being of nurses. (Budiyanto et al., 2019). From a self-efficacy theory perspective, physiological and emotional conditions such as stress and emotional exhaustion can reduce an individual's belief in their own abilities. (Prastyo & Stella, 2024). Previous research has shown that high levels of work stress are associated with decreased self-confidence, impaired concentration, and decreased communication effectiveness among nurses. (Azhari Devi, 2024)

2.6 Communication training as an effort to improve competence

Communication training is a professional development strategy aimed at improving nurses' interpersonal skills and self-confidence. Through training, nurses have the opportunity to learn, observe effective communication practices, and receive constructive feedback. (Luthfiyyah et al., 2025)(Simamora, 2020). Within the framework of self-efficacy theory, therapeutic communication training plays an important role in increasing nurses' self-efficacy in applying effective communication skills with patients. (Sarfika et al., 2020). Through methods such as lectures, discussions, and demonstrations, this training not only improves nurses' knowledge but also strengthens their belief in their ability to build good therapeutic relationships, which ultimately supports the success of the care process and improves the quality of nursing services. (Fatmawati & Zamli, 2025)(Harlina et al., 2023)

2.7 Organizational support in the work environment

Organizational support for nurses includes attention, appreciation, and concern for the well-being and needs of nurses, such as rewards, guidance from leaders, and attention to material and moral well-being. Positive perceptions of this support make nurses feel valued, secure, and able to cope with work stress, thereby increasing their motivation and performance. Therefore, good organizational support plays a significant role in reducing nurses' work stress levels. (Bravo, 2025) (Naini & Riyanto, 2023). Organizational support is a crucial factor in maintaining nurses' self-confidence and work engagement, especially for experienced nurses who often face the demands of more complex clinical responsibilities. Organizations play a role in providing support, recognition, and a positive environment for nurses, thereby increasing motivation, mental well-being, and reducing the risk of burnout, while improving the quality of care for patients. (Gurugala & Achmad, 2023).

2.8 Empathy in therapeutic communication

Empathy is the ability to understand and feel another person's experiences, feelings, and situations directly and sincerely, so that appropriate care and support can be conveyed. In the context of therapeutic communication, empathy plays a crucial role in building a relationship of trust between healthcare professionals and patients, enabling patients to feel understood, valued, and comfortable, as well as increasing the effectiveness of the healing process and patient satisfaction. (Ryanda, 2023). Various studies show that empathy is closely related to the quality of clinical communication and nurse self-efficacy, because empathy increases the sense of competence and confidence in establishing therapeutic relationships (Luthfiyyah et al., 2025).

2.9 Synthesis of theoretical studies

Based on previous theoretical studies and empirical findings, self-efficacy in therapeutic communication is influenced by the interaction between individual factors, organizational factors, and work experience. Differences in characteristics between novice and experienced nurses lead to variations in the factors most influential on self-efficacy in therapeutic communication. This theoretical study serves as a conceptual basis for research conducted at Wonogiri Regional General Hospital to identify predictors of therapeutic communication self-efficacy in nurses with different levels of experience, as well as providing a scientific basis for the development of nursing practices and policies.

3. Proposed Method

This study used a quantitative analytical cross-sectional study design conducted on 100 nurses at Dr. Sudiran Mangun Sumarso Wonogiri Regional General Hospital. The sample was selected using a stratified proportional random sampling technique based on the categories of novice nurses and experienced nurses. Data were collected using the Self-Efficacy in Therapeutic Communication–Nurses (SETC-N) questionnaire and supporting instruments to measure work stress, communication training, organizational support, and empathy. All instruments have been declared valid and reliable. Data analysis was performed using multiple linear regression separately on novice nurses and experienced nurses to identify predictors of

self-efficacy in therapeutic communication. The statistical significance level was set at $p < 0.05$.

4. Results and Discussion

4.1. Research Results

Participant Characteristics

A total of 100 nurses participated in this study and were grouped into novice and experienced nurses. Analyses were conducted separately on both groups to identify predictors of self-efficacy in therapeutic communication.

Table 1. Demographic Characteristics of Respondents (n=100)

Characteristics	Category	n	%
Gender	Man	28	28.0
	Woman	72	72.0
Age	≤ 25	24	24.0
	26 - 25	46	46.0
	>35	30	30.0
Last education	D3 Nursing	54	54.0
	Bachelor of Nursing	36	36.0
	Nurses	10	10.0
Years of service	Beginner nurse (≤ 5 years)	50	50.0
	Experienced nurse (>5 years)	50	50.0
Work unit	Inpatient	58	58.0
	Outpatient	24	24.0
	Emergency Room/ICU	18	18.0

Table 1 presents the demographic characteristics of the 100 nurse respondents involved in this study. The majority of respondents were female (72.0 %), while male nurses accounted for 28.0%. The age distribution shows that most respondents were in the productive age range, with the 26–35 age group being the largest group (46.0%), followed by those aged 35 years and over (30.0%) and those aged ≤ 25 years (24.0%). Based on educational level, most respondents had a Diploma III in Nursing (54.0 %), followed by a Bachelor of Nursing (36.0%) and a Nurse profession (10.0%). In terms of work experience, respondents were evenly divided between novice nurses (≤ 5 years) and experienced nurses (> 5 years), each with 50.0 %. The distribution of work units shows that most nurses work in inpatient units (58.0 %), followed by outpatients (24.0%) and emergency/intensive units (18.0%). These characteristics indicate that the research sample represents nurses with diverse demographic backgrounds and work experiences.

Table 2. Descriptive Statistics of Research Variables

Variables	Mean \pm SD	Minimum	Maximum
Therapeutic communication self-efficacy	72.6 \pm 8.4	52	90
Work stress	28.9 \pm 6.7	15	45
Communication training	31.4 \pm 5.8	18	45
Organizational Support	34.7 \pm 6.1	20	48
Empathy	36.2 \pm 5.9	22	50

Table 2 illustrates the descriptive statistics of the research variables, including self-efficacy in therapeutic communication, work stress, communication training, organizational support, and empathy. The average score for self-efficacy in therapeutic communication was in the moderate to high category (mean = 72.6 ; SD = 8.4), indicating that respondents generally had fairly good confidence in their therapeutic communication skills. The work stress variable had a mean value of 28.9 (SD = 6.7), indicating that respondents' work stress levels were in

the moderate category. Meanwhile, communication training had a mean value of 31.4 (SD = 5.8), indicating that most respondents had experience participating in therapeutic communication training with varying intensity. Organizational support and empathy showed mean values of 34.7 (SD = 6.1) and 36.2 (SD = 5.9), respectively, reflecting respondents' perceptions of organizational support and empathic abilities at a relatively good level.

Table 3. Results of Multiple Linear Regression Analysis on novice nurses (n = 50)

Predictor variables	β	t	p-value
Work stress	-0.312	-2.45	0.018*
Communication training	0.412	3.68	0.001**
Organizational Support	0.112	0.89	0.378
Empathy	0.098	0.76	0.451

$R^2 = 0.526$

*Significant at $p < 0.05$

** Significant at $p < 0.01$

Table 3 displays the results of a multiple linear regression analysis conducted on the novice nurse group. The analysis results indicate that job stress and communication training are significant predictors of self-efficacy in therapeutic communication in this group. Job stress has a negative and significant relationship ($\beta = -0.312$; $p < 0.05$), indicating that the higher the level of job stress, the lower the novice nurse's self-efficacy in therapeutic communication. Conversely, communication training showed a positive and significant relationship and was the strongest predictor in the regression model ($\beta = 0.421$; $p < 0.01$). This finding indicates that novice nurses who received therapeutic communication training tend to have higher levels of self-efficacy. The variables of organizational support and empathy did not show a significant relationship in this group. Overall, the regression model for novice nurses was able to explain 52.6 % of the variation in self-efficacy in therapeutic communication ($R^2 = 0.526$).

Table 4. Results of Multiple Linear Regression Analysis on experienced nurses (n = 50)

Predictor variables	β	t	p-value
Work stress	-0.145	-1.12	0.268
Communication training	0.176	1.38	0.173
Organizational Support	0.388	3.21	0.002**
Empathy	0.274	2.18	0.034*

$R^2 = 0.482$

*Significant at $p < 0.05$

** Significant at $p < 0.01$

Table 4 presents the results of multiple linear regression analysis in the experienced nurse group. The results indicate that organizational support and empathy are significant predictors of self-efficacy in therapeutic communication. Organizational support has a positive and significant relationship ($\beta = 0.388$; $p < 0.01$), indicating that perceptions of good organizational support contribute to increased self-efficacy in experienced nurses. In addition, empathy is also positively and significantly related to self-efficacy ($\beta = 0.274$; $p < 0.05$), indicating that the ability to understand and respond to patients' emotional states plays a role in strengthening nurses' confidence in their communication abilities. The variables of work stress and communication training did not show a significant relationship in the experienced nurse group. The regression model in this group explained 48.2 % of the variation in self-efficacy in therapeutic communication ($R^2 = 0.482$).

Table 5 Summary of Predictors of Therapeutic Communication Self-Efficacy

Nurse group	Significant predictors	Direction of relationship
Beginner nurse	Work stress	Negative
	Communication training	Positive
Experienced nurse	Organizational Support	Positive
	Empathy	Positive

Table 5 provides a summary of the comparison of predictors of self-efficacy in therapeutic communication between novice and experienced nurses. The results showed differences in predictor patterns between the two groups. In novice nurses, individual factors and formal learning, namely work stress and communication training, were the main predictors. In contrast, in experienced nurses, work environment factors and emotional competencies, namely organizational support and empathy, played a more dominant role. These findings indicate that interventions to improve self-efficacy in therapeutic communication need to be tailored to the nurses' work experience level to be more effective.

4.2. Discussion

This study aimed to identify predictors of self-efficacy in therapeutic communication and compare them between novice and experienced nurses. The results showed that the patterns of predictors of self-efficacy differed significantly based on the level of work experience, indicating that self-efficacy in therapeutic communication is dynamic and influenced by the context of nurses' professional development.

4.2.1 Self-Efficacy and Job Stress in Novice Nurses

The results of this study indicate that job stress is a significant negative predictor of therapeutic communication self-efficacy in novice nurses. This finding aligns with Bandura's (1997) self-efficacy theory, which states that negative psychological conditions, such as stress and anxiety, can reduce an individual's confidence in their ability to perform a task. Novice nurses in the transition phase from academia to clinical practice often face high work demands, professional responsibilities, and limited experience, making them vulnerable to job stress. (Indrawati et al., 2024) Several previous studies have also reported that job stress in novice nurses is associated with decreased self-confidence, increased communication errors, and a decreased quality of therapeutic relationships with patients. (Enjulopi et al., 2025). Therefore, managing job stress is a key factor in efforts to improve therapeutic communication self-efficacy in novice nurses.

4.2.2 The Role of Communication Training in Novice Nurses

Therapeutic communication training was found to be the strongest positive predictor of self-efficacy in novice nurses. This finding is consistent with the concept of mastery experience in Bandura's (1997) theory, which states that successful experiences through structured training and practice can significantly increase self-efficacy. Communication training provides opportunities for novice nurses to develop skills, obtain feedback, and increase confidence in interacting with patients. (Luthfiyyah et al., 2025). These results are supported by previous research showing that therapeutic communication training programs can improve communication competence, empathy, and self-efficacy in nurses, particularly in nurses with limited work experience. (Sarfika et al., 2020)(Harlina et al., 2023). Therefore, ongoing communication training is a strategic intervention for the professional development of novice nurses.

4.2.3 Organizational Support as a Predictor in Experienced Nurses

In the experienced nurse group, organizational support emerged as a significant predictor of self-efficacy in therapeutic communication. This finding is in line with the theory of organizational support, which states that perceptions of institutional support can increase the motivation, commitment, and self-confidence of health workers in carrying out their roles. (Gurugala & Achmad, 2023). Experienced nurses who feel valued, supported, and facilitated by the organization tend to have higher confidence in their professional abilities, including in therapeutic communication.(Bravo, 2025). Research by Bravo, 2025 also found that organizational support contributes to increased job satisfaction, performance, and self-efficacy of nurses. This suggests that interventions at the organizational level are crucial in maintaining and improving the quality of therapeutic communication in experienced nurses.

4.2.4 Empathy and Self-Efficacy in Experienced Nurses

Empathy was also found to be a significant predictor of self-efficacy in experienced nurses. As work experience increases, nurses tend to develop empathic abilities through repeated interactions with patients and families. Empathy enables nurses to understand patients' emotional needs, respond appropriately, and build effective therapeutic relationships, thereby strengthening their communication confidence.(Cheng et al., 2021)(Muhammad Naval & Tutut Chusniyah, 2025). This finding is consistent with previous studies showing that empathy is an important component of therapeutic communication and is positively related to self-efficacy and the quality of nursing care. Thus, strengthening empathic competence is an important aspect in the professional development of experienced nurses.(Ham & Tak, 2022)

5. Comparison

Differences in predictors between novice and experienced nurses indicate that the need to develop therapeutic communication competencies differs at each stage of work experience. For novice nurses, individual factors and formal learning, such as work stress and communication training, are more dominant. Conversely, for experienced nurses, contextual factors and emotional competencies, such as organizational support and empathy, are more influential. These findings underscore the importance of a career-development-based approach to nursing human resource development. Intervention strategies tailored to the needs of novice and experienced nurses are expected to continuously improve self-efficacy in therapeutic communication.

6. Conclusions

The results of this study indicate that self-efficacy in therapeutic communication is a key component in the implementation of quality nursing care and is influenced by a combination of personal and organizational factors. This study found differences in the level of self-efficacy in therapeutic communication between novice and experienced nurses, where nurses with longer work experience showed a higher level of self-confidence in carrying out therapeutic communication. In the novice nurse group, self-efficacy in therapeutic communication was mainly influenced by the level of work stress and involvement in communication training. High work stress tends to reduce nurses' self-confidence in interacting with patients, while communication training plays an important role in increasing the confidence and readiness of novice nurses in dealing with clinical communication situations.

In contrast, among experienced nurses, organizational support and empathy were the most significant contributing factors to therapeutic communication self-efficacy. A conducive work environment and a positive empathetic attitude strengthened experienced nurses' ability to build effective therapeutic relationships with patients. These findings suggest that factors influencing therapeutic communication self-efficacy differ depending on the nurse's level of work experience.

Hospital management is expected to design therapeutic communication development strategies tailored to the nurses' experience level. Communication training programs oriented toward practice, simulation, and mentoring should be prioritized for novice nurses, along with efforts to manage and prevent work stress. For experienced nurses, increasing organizational support through participatory leadership, constructive supervision systems, and strengthening a positive work culture are crucial. Furthermore, training on empathy and interpersonal skills should also be considered as part of ongoing professional development.

Nursing educational institutions are advised to strengthen therapeutic communication learning through an applied and reflective approach, as well as equip students with stress management and emotion regulation skills before entering the workforce. These efforts are expected to help nursing graduates develop better communication self-efficacy early in their careers. Future research is recommended to use longitudinal or intervention designs to continuously observe changes in therapeutic communication self-efficacy and assess the impact of various competency-building programs. Furthermore, expanding research locations and using qualitative or mixed methods approaches could provide a more comprehensive understanding of the process of developing therapeutic communication self-efficacy in nurses.

References

Akbar. (2023). Hubungan komunikasi terapeutik,sikap dan kinerja perawat terhadap kepuasan pasien. *Jurnal of Global and Multidisciplinary*, 1(4), 486–495. <https://journal.institutkom-edu.org/index.php/multiple/article/download/152/94/404>

Al, M. (2019). Hubungan Pengalaman Lama Bekerja Perawat Dengan Self Efficacy Dalam Melakukan Tindakan CPR Di Rsud Cibinong Kabupaten Bogor. *Jurnal Ilmiah Wijaya*, 11(2), 51–58. www.jurnalwijaya.com;

Azhari Devi. (2024). *Faktor yang berhubungan dengan Stress Kerja Perawat di Ruang Inap RSUD Pringsewu Tabun 2024*. 2024(4).

Bravo, S. (2025). Organizational Support of Nurses and Professional Work Attitudes: Basis for Improvement Plan. *International Journal of Innovative Research in Engineering & Multidisciplinary Physical Sciences*, 13(3), 1–15. <https://doi.org/10.37082/ijirmmps.v13.i3.232517>

Budiyanto, RATTU, A. J. M., & Umboh. (2019). Faktor-Faktor Penyebab Stress Kerja Perawat Pelaksana di Ruang Rawat Inap Rumah Sakit Umum Bethesda Gmim Tomohon. *Jurnal KESMAS*, 8(3), 57.

Cheng, Q., Liu, X., Li, X., Wang, Y., Lin, Q., Qing, L., Wei, D., & Chen, Y. (2021). Spiritual care competence and its relationship with self-efficacy: An online survey among nurses in mainland China. *Journal of Nursing Management*, 29(2), 326–332. <https://doi.org/10.1111/jonm.13157>

Enjulopi, I., Sari, V. P., & Azizah C A Fakultas, A. N. (2025). Hubungan Self-Efficacy Dengan Penerapan Komunikasi Terapeutik Mahasiswa Keperawatan Anestesiologi. *Jurnal Fisioterapi Dan Ilmu Kesehatan Sisthana*, 7(2), 32–37.

Enni, L., Lamri, & Diah, S. (2023). hubungan komunikasi teurapetik dengan tingkat kepuasan Politeknik Kesehatan Kalimantan Timur. *Jurnal Sains, Teknologi Dan Kesehatan*, 2, 195–203.

Evenblij, K., Ten Koppel, M., Smets, T., Widdershoven, G. A. M., Onwuteaka-Philipsen, B. D., & Pasman, H. R. W. (2019). Are care staff equipped for end-of-life communication? A cross-sectional study in long-term care facilities to identify determinants of self-efficacy. *BMC Palliative Care*, 18(1), 1–11. <https://doi.org/10.1186/s12904-018-0388-z>

Fatmawati, F., & Zamli, Z. (2025). Peningkatan Kompetensi Perawat Puskesmas Mehalaan melalui Pelatihan Berbasis Praktik dan Pendampingan. *Jurnal Pengabdian Masyarakat Bangsa*, 3(5), 2286–2290. <https://doi.org/10.59837/jpmba.v3i5.2707>

Gurugala, H. S. S., & Achmad, S. (2023). Pengaruh Persepsi Dukungan Organisasi Dan Tuntutan Pekerjaan Terhadap Stres Kerja Pegawai Dengan Motivasi Kerja Sebagai Variabel Mediasi. *Jurnal Multidisiplin Indonesia*, 2(10), 3474–3489. <https://jmi.rivierapublishing.id/index.php/rp>

Halim, M. R., & Wijayanti, C. D. (2022). Self-Efficacy dan Karakteristik Perawat Terhadap Penerimaan Teknologi Electronic Medical Records. *Carolus Journal of Nursing*, 4(2), 154–168.

Ham, H. J., & Tak, S. H. (2022). Factors Influencing Transcultural Self-Efficacy Among Nurses With Foreign Patient Care Experience. *Journal of Transcultural Nursing*, 33(1), 87–95. <https://doi.org/10.1177/10436596211016514>

Handayani, D., & Armina. (2020). Faktor-Faktor yang Berhubungan dengan Penerapan Komunikasi Terapeutik oleh Perawat pada Pasien di Ruang Rawat Inap Rumah Sakit Umum Daerah Raden Mattaher Jambi. *An-Nadaa*, 6(2), 1–11.

Harlina, Irwan Hadi, Lalu Dedy Supriyatna, Dewi Nur Sukma Purqotri, & Gusti Ayu Putu Intan. (2023). Pengaruh Kompetensi Komunikasi Interpersonal Perawat terhadap Tingkat Kepuasan Pasien Rawat Inap di Puskesmas. *Jurnal Kesehatan Qamarul Huda*, 11(2), 419–424. <https://doi.org/10.37824/jkqh.v11i2.2023.536>

Humairah, F., & Nursanti, I. (2024). *PENERAPAN DAN ANALISIS PHYLOSOPHICAL THEORY PATRICIA BANNER “NOVICE TO EXPERT ” PADA ASUHAN KEPERAWATAN CHF* Magister Akademi Keperawatan Muhammadiyah Jakarta Article Information Article history : Keywords : ABSTRAK Kata Kunci : PENDAHULUAN Congestive Hea. 01, 80–85.

Indrawati, L., Kiki Deniati, Dinda Nur Fajri Hidayati Bunga, & Erni Kurniasih. (2024). Self Efficacy dalam Komunikasi Terapeutik Perawat dengan Kepatuhan Kemoterapi pada Pasien Kanker di RS Hermina Kota Bekasi. *Professional Health Journal*, 5(2), 638–644. <https://doi.org/10.54832/phj.v5i2.692>

Jurnal, J., & Mea, I. (2024). BURNOUT DITINJAU DARI PERSEPSI DUKUNGAN JIMEA | Jurnal Ilmiah MEA (Manajemen , Ekonomi , dan Akuntansi). *Jurnal Ilmiah MEA (Manajemen, Ekonomi, Dan Akuntansi)*, 8(2), 770–781.

Kim, J. S., Kim, J., & Gelegjamts, D. (2020). Knowledge, attitude and self-efficacy towards palliative care among nurses in Mongolia: A cross-sectional descriptive study. *PLoS ONE*, 15(7 July), 1–15. <https://doi.org/10.1371/journal.pone.0236390>

Luthfiyyah, A., Ekohandito, R. S., Purbaningrum, D., & Masful, M. F. (2025). Peningkatan Skill Komunikasi Terapeutik Perawat kepada Pasien Berpendidikan Rendah Melalui Kegiatan PkM di RS Mitra Keluarga Deltamas. *Jurnal Karinov*, 8(1), 1–11.

Mahmudah, G. D. R., Sofia, L., & Dwivanani, K. D. (2022). Komunikasi terapeutik tenaga kesehatan dalam meningkatkan kualitas pelayanan. *Dunia Komunikasi Prodi Lmu Komunikasi*, 10(4), 40–54.

Muhammad Naval, & Tutut Chusniyah. (2025). Scoping Review: Faktor dan Dampak Efikasi Diri pada Tenaga Kesehatan. *Flourishing Journal*, 5(1), 58–68. <https://doi.org/10.17977/um070v5i12025p58-68>

Naini, N. F., & Riyanto, S. (2023). The Influence of Perceived Organizational Support and Work-Life Balance on Turnover Intention Through Job Satisfaction. *International Journal of Islamic Business and Management Review*, 3(2), 183–193. <https://doi.org/10.54099/ijibmr.v3i2.814>

Nofriadi, N., Dewi, D. R., Demur, N., & Albuni, A. (2021). Komunikasi Terapeutik terhadap Perilaku Caring Perawat. *Seminar Prosiding*, 4(2), 2622–2256. <https://jurnal.upertis.ac.id/index.php/PSKP/article/view/707>

Prastyo, T. M., & Stella, S. (2024). Analisis Faktor-Faktor Yang Berhubungan Dengan Tingkat Stres Kerja Pada Perawat Kamar Operasi Rumah Sakit X Di Jakarta Tahun 2023. *Jurnal Kesehatan Tambusai*, 5(2), 2567–2582.

Rohman, N. F., Imallah, R. N., & Kurniasih, Y. (n.d.). *Hubungan Self-Efficacy dengan Burnout pada Perawat di Ruang IGD dan ICU*.

Ryanda, N. (2023). Hubungan Penerapan Komunikasi Terapeutik Dengan Kepuasan Pasien Terhadap Pelayanan Kesehatan Gigi Dan Mulut Di Puskesmas Jaya Baru Kota Banda Aceh Tahun 2025. *Jurnal Of Global Multidisciplinary*, 3(9), 5914–5922. [https://journal.institercom-edu.org/index.php/multiple_Volume_3_Issue_9_\(2025\)_E-ISSN_2988-7828%0AINSTITERCOM](https://journal.institercom-edu.org/index.php/multiple_Volume_3_Issue_9_(2025)_E-ISSN_2988-7828%0AINSTITERCOM)

Salim, R. A., Suri Wardhani, A., Syahidah, R., & Rochman, K. L. (2025). Self Efficacy sebagai Tolak Ukur Kinerja Perawat: Library Research. *AL-MUSTAQBAL: Jurnal Agama Islam*, 2(2), 72–86. <https://doi.org/10.59841/al-mustaqbal.v2i2.139>

Sarfika, R., Maisa, E. A., Yuliharni, S., Putri, D. E., Erwina, I., Wenny, B. P., Fatmadona, R., & Novrianda, D. (2020). *PENGETAHUAN PERAWAT DALAM CARING PENDAHULUAN* Profesi perawat merupakan kombinasi dari pengetahuan , sikap , dan keterampilan yang terwujud dalam bentuk perilaku caring . Perilaku ini dibutuhkan dalam interaksi sosial yang alamiah terbentuk antara perawat . 3(1), 79–87.

Setiawan, A., & Erawan, A. N. (2025). *Pengalaman Perawat dalam Melaksanakan Tugas Pokok dan Fungsi di Puskesmas Babakan Sari*. 2.

Simamora, R. H. (2020). Pelatihan Komunikasi Efektif untuk Meningkatkan Efikasi diri Perawat dalam Pelaksanaan Identifikasi Pasien. *JURNAL ILMIAH KESEHATAN MASYARAKAT: Media Komunikasi Komunitas Kesehatan Masyarakat*, 12(1), 49–54. <https://doi.org/10.52022/jikm.v12i1.62>