ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สมรรถนะแห่งตน การเสริมสร้างพลังอำนาจด้านจิตใจ การสนับสนุนจากองค์การ กับพฤติกรรมความเป็นวิชาชีพของพยาบาลอินโดนีเซีย ในเวสจาวา ประเทศอินโดนีเซีย

นางสาวเลลี ไครานี่

บทคัดย่อและแฟ้มข้อมูลฉบับเต็มของวิทยานิพนธ์ตั้งแต่ปีการศึกษา 2554 ที่ให้บริการในคลังปัญญาจุฬาฯ (CUIR)
เป็นแฟ้มข้อมูลของนิสิตเจ้าของวิทยานิพนธ์ ที่ส่งผ่านทางบัณฑิตวิทยาลัย
The abstract and full text of theses from the academic year 2011 in Chulalongkorn University Intellectual Repository (CUIR)
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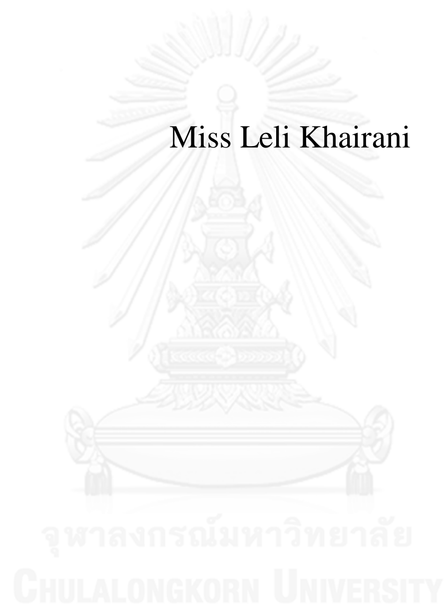
ปีการศึกษา 2559
ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

RELATIONSHIPS BETWEEN PERSONAL FACTORS, SELF-EFFICACY, PSYCHOLOGICAL EMPOWERMENT, ORGANIZATIONAL SUPPORT, AND PROFESSIONAL BEHAVIOR OF INDONESIAN NURSES, WEST JAVA PROVINCE, INDONESIA

Miss Leli Khairani



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เลลี ไคราน : ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สมรรถนะแห่งตน การเสริมสร้างพลังอำนาจด้านจิตใจ การสนับสนุนจากองค์การ กับพฤติกรรมความเป็นวิชาชีพของพยาบาลอินโดนีเซีย ในเวสจาวา ประเทศอินโดนีเซีย (RELATIONSHIPS BETWEEN PERSONAL FACTORS, SELF-EFFICACY, PSYCHOLOGICAL EMPOWERMENT, ORGANIZATIONAL SUPPORT, AND PROFESSIONAL BEHAVIOR OF INDONESIAN NURSES, WEST JAVA PROVINCE, INDONESIA) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ผศ. ดร.อารีย์วรรณ อ่วมตานี, 144 หน้า.

การวิจัยเชิงพรรณนานี้มีวัตถุประสงค์ เพื่อศึกษาพฤติกรรมความเป็นวิชาชีพและศึกษาความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สมรรถนะแห่งตน การเสริมสร้างพลังอำนาจด้านจิตใจ การสนับสนุนจากองค์การ กับพฤติกรรมความเป็นวิชาชีพ ของพยาบาลอินโดนีเซีย ในเวสจาวา ประเทศอินโดนีเซีย กลุ่มตัวอย่าง คือ พยาบาลวิชาชีพ จำนวน 160 คน เครื่องมือที่ใช้ในการวิจัย คือ แบบบันทึกข้อมูลส่วนบุคคล แบบสอบถามสมรรถนะแห่งตน การเสริมสร้างพลังอำนาจด้านจิตใจ การสนับสนุนจากองค์การ และพฤติกรรมความเป็นวิชาชีพ ซึ่งผ่านการตรวจสอบความต้องตามเนื้อหา และหาค่าความเที่ยง ได้ค่าสัมประสิทธิ์สหสัมพันธ์แอลฟาของครอนบาค ได้เท่ากับ .748 .888 .709 และ.971 ตามลำดับ วิเคราะห์ข้อมูลด้วยการใช้ค่าความถี่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ค่าสัมประสิทธิ์สหสัมพันธ์เพียร์สัน และ Chi-square

ผลการวิจัยสรุปได้ดังนี้

1. พยาบาลวิชาชีพมีพฤติกรรมความเป็นวิชาชีพ อยู่ในระดับดี (x = 4.00, SD = 0.47)

2. ปัจจัยส่วนบุคคล ได้แก่ ประสบการณ์การทำงาน และ ระดับการศึกษา พบว่า

2.1 ประสบการณ์การทำงานมีความสัมพันธ์ทางบวกระดับปานกลางกับพฤติกรรมความเป็นวิชาชีพ อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (r=.499).

2.2 ระดับการศึกษามีความสัมพันธ์ระดับต่ำกับพฤติกรรมความเป็นวิชาชีพ อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (x2 = 20.36).

3. การสนับสนุนจากองค์การมีความสัมพันธ์ทางบวกระดับต่ำกับพฤติกรรมความเป็นวิชาชีพอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (r=.210).

4. การเสริมสร้างพลังอำนาจด้านจิตใจมีความสัมพันธ์ทางบวกระดับปานกลางกับพฤติกรรมความเป็นวิชาชีพอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (r=.558).

5. สมรรถนะแห่งตนมีความสัมพันธ์ทางบวกระดับปานกลางกับพฤติกรรมความเป็นวิชาชีพอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 (r=.576).

จากผลการวิจัย จะเห็นได้ว่า การสนับสนุนจากองค์การ และการเสริมสร้างพลังอำนาจ มีความสัมพันธ์ทางบวกระดับปานกลางกับพฤติกรรมความเป็นวิชาชีพ ดังนั้นผู้บริหารการพยาบาลควรให้การสนับสนุนทรัพยากรต่างๆ ในการปฏิบัติงานและเสริมสร้างพลังอำนาจด้านจิตใจให้แก่พยาบาลวิชาชีพ เพื่อให้แสดงพฤติกรรมความเป็นวิชาชีพในระดับที่ดีขึ้น

จุฬาลงกรณ์มหาวิทยาลัย

สาขาวิชา พยาบาลศาสตร์ ลายมือชื่อนิสิต ....

ปีการศึกษา 2559 ลายมือชื่อ อ.ที่ปรึกษาหลัก ....

5777189836 : MAJOR NURSING SCIENCE
KEYWORDS: PROFESSIONAL BEHAVIOR / PSYCHOLOGICAL EMPOWERMENT / SELF EFFICACY / ORGANIZATIONAL SUPPORT / INDONESIA

LELI KHAIRANI: RELATIONSHIPS BETWEEN PERSONAL FACTORS, SELF-EFFICACY, PSYCHOLOGICAL EMPOWERMENT, ORGANIZATIONAL SUPPORT, AND PROFESSIONAL BEHAVIOR OF INDONESIAN NURSES, WEST JAVA PROVINCE, INDONESIA. ADVISOR: ASST. PROF. AREEWAN OUMTANEE, Ph.D., 144 pp.

The purposes of this descriptive research were to 1) study professional behavior and examine relationships between personal factors (educational level and working experience), self efficacy, psychological empowerment, organizational support, and professional behavior of Indonesian nurses, West Java province, Indonesia. Samples were 160 professional nurses included in this study. Study instruments were Personal factors, General Self Efficacy Scale (GSE), Perceived Organizational Support (POS), Psychological Empowerment Questionnaire (PEQ), and Professional Behavior Questionnaire (PBQ) examined content analysis by a panel of experts. The reliability with Cronbach's alpha of GSE, POS, PEQ, and PBQ were .748, .888, .709, and .971 respectively. Data analysis were by using frequency, percentage, mean, standard deviation, Pearson correlation, and Chi-square.

The study findings were as follows:

1. Professional behavior of professional nurses was at good level (x = 4.00, SD =0.47).

2. Personal factors including working experience and educational level were found:

2.1 Working experience was moderately and positively related to professional behavior at significance level of .05. (r=.499).

2.2 Educational level was moderately related to professional behavior at significance level of .05. (x^2 = 20.36).

3. Organizational support was lowly and positively related to professional behavior at significance level of .05. (r=.210).

4. Psychological empowerment was moderately and positively related to professional behavior at significance level of .05. (r=.558).

5. Self efficacy was moderately and positively related to professional behavior at significance level of .05. (r=.576).

The findings indicated that organizational support and psychological empowerment were positively related to professional behavior. Thus, nurse executive should support all materials for nursing practice and enhance psychological empowerment for professional nurses in order to increase professional behavior.

Field of Study: Nursing Science Student's Signature ______________
Academic Year: 2016 Advisor's Signature ______________

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CHAPTER I
INTRODUCTION

Background and significance of the study

Nursing professional behavior is described as the performance that is acted by the nursing profession's members, resulting in good nursing outcomes (Schwirian, 1998; Tanaka, Yonemitsu, & Kawamoto, 2014). In the nursing field, professional behavior requires that nurses in all roles demonstrate professional standards. The Registered Nursing Association Ontario (RNAO, 2007) stated that nurses should put into action their performance and values and attributes of professional behavior when providing nursing care and collaborating with patients, nurse colleagues, other members of the health care team and nursing students (RNAO, 2007).

Nowadays, in Indonesia, professional behavior has become a trending issue among Indonesian nurses and has been widely discussed since the publication of the new nursing act and legal protection. It demands that Indonesian nurses be more professional in their performance in order to provide excellent health services to patients. The new legislation/ nursing act mandate that nurses must act and behave righteously. In fact, the reality in Indonesia, especially in West Java, is that how nurses perform their job as professional nurses in health care facilities is still questionable.

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West Java is a province of Indonesia, located in the western part of the Java Island. The capital and largest urban center is Bandung. The province's population is 46.3 million (in 2014) and it is the most populous and most densely populated of Indonesia's provinces. West Java is one of the most popular destinations for medical education and medical treatment in Indonesia. The West Java government has classified government hospitals into 5 categories (A, B, C, D and E) based on the services and facilities (WHO, 2012).

Type A refers to hospitals that provide medical specialists and subspecialists. Type B refers to hospitals that provide comprehensive medical specialists but limited subspecialists and has professional nurses working for patients. Type C refers to hospitals that have a limited number of professional nurses; only the head ward is the

nurse professional and these hospitals are not provided with nurse specialist. Similar to the type C hospitals, type D hospitals also have limited number of professional nurses and only accommodate the service derived from health centers/community hospitals. Type E hospitals are special hospitals that organize only one kind of medical care.

According to data from the Indonesian Health Profile, Ministry of Health (MOH, 2014), West Java was the province with the lowest ratio of nurses in Indonesia. At the time there were 54.4 nurses per 100,000 people, followed by Banten amounting to 57.67 nurses per 100,000 and East Java at 65.73 nurses per 100,000. The Ministry of Health stated that low nurse to patients ratio in a hospital indicates a nursing shortage and affects the professional performance of nurses in providing maximum service to the patients (MOH, 2014).The literature review also showed that certain organizational characteristics in hospitals have been associated with a nursing shortage and levels of performance. These key characteristics include such elements as an emphasis on professional autonomy, respect for and value of professional nursing practice, and systematic support and communication between clinical nurses (Scott, Sochalski, & Aiken, 1999).

Based on the data above, phenomena from the result of management subject during internship April 2013 that observed by the researcher and their team was the reality in nursing fieldwork in 2 type A government hospital in West Java a lot of professional nurses could not perform professionally, and some nurses did not have nursing autonomy to care for their patients. They did not have the authority to make decisions to provide care for their patients based on their knowledge and their responsibilities. This is because many decisions in nursing care are still depended on physicians' decisions and medical examination. These conditions encourage nurses to give more attention to cure rather than caring.

There was another phenomenon from this result when practicing in an inpatient unit of a type A hospital in Bandung, May 2013: many nurses did not have time to make a full observation, and they also did not formulate questions about current practices and potential alternatives for the management of client care. In addition, for detail the researcher also interviewed 29 nurses in a type A hospital, (Hasan Sadikin Hospital, Bandung), in May 2013. The researcher enquired about their jobs and their

responsibilities as a nurse and their opinions concerning professional practice. Most nurses said that they merely do routine work such as patient visits or writing nursing assessments and patient reports. However, there is no practice evidence-based care delivery, and less autonomy to provide care because when they make any decision they are still under the physician's authority.

Inadequate knowledge regarding the new policies that impact on healthcare delivery, lack information on standards of practice, a lack of clarity regarding control over the work environment, and a lack of attention from their supervisors cause problems for nurses involving the development of professional behavior. Recent data was obtained by the researcher through online interviewed using *skype* on 6 October 2015: forty nurses who worked at a public hospital type A in West Java were interviewed. It was found that professional behavior is still a major problem and there has not been any solution to improve professional performance, although there has been newest legislation that requires nurses to be professional.

This phenomenon not only happen in Type A hospital in West Java but also a major problem in Jakarta and Central Java.The previous research by Hennessy et.al (2006) stated the situation with regard to nursing professional behavior in Indonesia was, however, further complicated by a number of factors. There were a number of different level of each profession, but those were defined inconsistently and the role responsibilities attached to each level were incosistantly. This problem was compounded by the fact that none of the levels (including those of nursing managers) had a clear job description regard to professional behavior. Consequently, it was difficult to monitor the range of work undertaken by these practitioners, its quality or who was discharging the role. The potential for clinical error in nursing practice, with all the associated health risks. Furthermore, the imperative for each government employee in Indonesia to had a satisfactory annual performance review was rendered impossible by the fact that no job descriptions existed against which to measure performance. If the performance reviews were completed, it was often by assessors without nursing training, who had little knowledge of the required standards of these groups, nor any objective criteria against which they could be assessed.

As described above, the data shows that Indonesian nurses in hospitals type A specially at two of the biggest type A hospital in West Java still have problems with

professional behavior. Furthermore, based on the data of provincial health service of West Java most of professional nurses in West Java worked at type A hospital (MOH, 2014). Thus, nurse executives should have realized this and promoted professional behavior for their nursing staff. According to the literature review, the RNAO (2007) proposed that professional behavior consists of these attributes (knowledge, spirit of inquiry, accountability, autonomy, advocacy, innovation and vision, collegiality and collaboration, ethics and values) how match to access Indonesian nursing professional behavior. The above factors are supported by literature reviews from previous studies that reveal a lack of professional behavior is not only caused by the nurses themselves but also because of weak policies, less empowerment and lack of support to work as a professional from hospital management (Husin, 2013).

Based on the literature review, the related factors influencing professional behavior are education, years of experience, self-efficacy, psychological empowerment, and organizational support. Education is to teach students how to live their life—by developing their mind and equipping them to deal with reality. The training he needs is theoretical, i.e., conceptual. He has to be taught to think, to understand, to integrate, to prove. They have to be taught the essentials of the knowledge discovered in the past—and they have to be equipped to acquire further knowledge by their own effort (Rand and Schwarts, 1999). In addition, education can improve knowledge and skills and then make people more confident to perform their job and improve their professional behavior (Tanaka, Taketomi, Yonemitsu, & Kawamoto, 2014).The second factor is years of experience. Wynd (2003) found that nurses, who had gained more experience, would acquire autonomy, and perform professionally with their colleagues. Another factor which influences professional behavior is self-efficacy. Self-efficacy has a positive effect on individual nurses influencing professional behavior when they endeavor to improve patient care on the whole. Scott, Sochalski, & Aiken (1999) showed that strong self-efficacy can improve nurse ability to develop, acquire autonomy and control over the working environment and be more involved in decision-making and act as a professional nurse (Scott et al., 1999). The third factor is psychological empowerment which can create and improve components of professional behavior: autonomy, innovation and collegiality and collaboration by given staff nurses empowered by their supervisor and motivates

them to perform more autonomously, and be more involved in decision making and act more professionally (Laschinger, 2008). The last factor is organizational support. This factor is very important because, based on literature reviews, it shows that staff nurses who feel supported by their organizations and supervisors tend to have greater participation in autonomous decision making. The staff nurse also has accountability in doing their job. Organizational support can increase the quality of nursing performance within the scope of professional behavior (Guan et al., 2014).

Objectives of the study

There were two objectives of this study:

1. To examine the professional behavior of Indonesian nurses in West Java province, Indonesia.

2. To examine relationships between personal factors (education and years of experience), self-efficacy, psychological empowerment, organizational support, and professional behavior of Indonesian nurses, West Java province, Indonesia.

Research questions

1. How was the professional behavior of Indonesian nurses in West Java Province, Indonesia?

2. Did personal factors (education and years of experience), self-efficacy, psychological empowerment, and organizational support have a relationship with the professional behavior of Indonesian nurses in West Java province, Indonesia, and how?

Rationale and research hypotheses

In the nursing profession, the word "professional behavior" cannot be separated from its entity but it plays a very integral role in every nurse's career development. Lusch (1997) stated that "professional behavior" is a behavioral orientation that individuals possess toward their occupation, such as thinking of it as a calling and using colleagues in the profession as major referents for work-related behaviors (Lusch, 1997). The RNAO (2007) proposed eight key attributes of nursing professional behavior including 1) knowledge, 2) spirit of inquiry, 3) accountability,

4) autonomy, 5) advocacy, 6) innovation and visionary,7) collegiality and collaboration, and 8) ethics and values. These attributes are important for professional nurses to care and perform for the best quality outcome of patients and hospital.

According to the literature review, factors related to nursing professional behavior were personal factors (education and year of experience), self-efficacy, psychological empowerment, and organizational support. Those factors would be described as follows;

Education. Education is to teach students how to live their life by developing their mind and equipping them to deal with reality. The training they need is theoretical, i.e., conceptual. They have to be taught to think, to understand, to integrate, to prove. They have to be taught the essentials of the knowledge discovered in the past—and they have to be equipped to acquire further knowledge by their own effort (Rand and Schwarts, 1999). In addition, education can improve knowledge and skill and then make persons have more confidence in performing their job (Tanaka, Yonemitsu, et al., 2014). Tanaka et al (2014) found that nurses with higher levels of education had higher professional behavior scores because by using their knowledge. Nurses can make the right decisions, be more creative, and apply some theory from their study into their practice. In the nursing profession, education is frequently identified as a necessary factor to enhance professional. Nurses will set new trends that will impact on their practice and will improve their confidence to perform nursing practice (Tanaka, Yonemitsu, et al., 2014). Tanaka et al. (2014) purposed that nursing education needs to consider the changing nature of the nursing profession. Another study found that the core of nursing education is the master's degree. Master's degree students would learn to be professional by increasing their confidence, improving cognitive functioning and developing an evidence-based practice (Tanaka, Taketomi, et al., 2014; Watkins, 2011).

The above indicated that education could develop nurses' professional qualities associated with drawing upon scientific knowledge, enhanced professional judgments, critical thinking and decision making. Watkins (2011) confirmed that having a master's degree in nursing has positive effects on a nurse's personal confidence, and cognitive functioning, Increased personal confidence, improved cognitive functioning,

evidence-based practice and enhanced professional behavior overall influences professional behavior when nursing. Moreover, the implications of education are enhanced accountability, autonomy in decision making, more logical thinking based on theory and higher credibility of nursing as a profession (Watkins, 2011). Therefore, educational levels relate to the professional behavior of Indonesian nurses as well.

Years of experience. Years of experience was defined as the number of years a nurse has worked in a hospital since graduating from a university/college (Miller, Adams, & Beck, 1993). Miller et al. (1993, p293) said, "Knowledge is not only gained in the university; a great deal is learned on the job by experience". Wynd (2003) added that after nurses had gained more experience, they would begin to view their work with the same level of professional behavior. The years of experience could be very essential for their development as professionals. Nurses with more years of practice would exhibit a higher level of professional behavior. Senior nurses with more experiences could collaborate with young interns and residents (Monning, 1978). As experienced nurses grow in their sense of heightened professional behavior, they may develop an enhanced partnership with physicians that only can improve communication toward shared goals of high-quality patient care (Monnig, 1978). Another study by Wynd (2003) examined professional behavior scores and the relation with nurses' years of experience and found that years of experience will be positively related to professional behavior. Therefore, years of experience would be positively related to the professional behavior of Indonesian nurses, West Java province, Indonesia.

Self-efficacy. Self-efficacy is a nurses' ability to develop and continue therapeutic relationships with patients, having autonomy and control over the practice environment and more involvement in decision-making (Scott et al., 1999). Bandura (2004) stated that self-efficacy could affect self-knowledge, self-reflection and improve professional practice. Manojlovij (2005) demonstrated that a relationship exists between nurses' self-efficacy and nurses' professional practice behaviors which ultimately may affect the quality of patient care provided. Studies revealed that self-efficacy had a positive effect on individual nurses and the care they provided which subsequently influenced the nursing unit as a whole. Therefore, self-efficacy would be

related to the professional behavior of Indonesian nurses, West Java province, Indonesia.

Psychological empowerment. Psychological empowerment was defined as a motivational construct manifested in four cognitions: meaning, competence, self-determination and impact. Together, these four cognitions reflect an active rather than a passive, orientation to a work role (Spreitzer, 1995). Psychological empowerment is fundamental to creating positive professional practice environments that can increase nurses' professional behavior. When staff nurses perceived psychological empowerment from their head nurse they felt highly motivated, less burnout, more autonomous, and more involved in decision making and acted more professionally (Laschinger, 2008)

Lasschinger (2008) reported that leaders can supply information about strategic or operational goals that allows staff to see the value of their work and thus enhance its meaningfulness. In addition, leaders may also allow their staff greater participation in collaboration, and autonomy in decision-making that will enhance the employees' feelings of self-determination and impact. Finally, leaders can act as role models and provide employees with feedback and coaching to act professionally. The results of this study are particularly salient for nurse managers who can empower conditions by promoting collaborative working relationships and providing support to staff, thereby fostering greater feelings of autonomy, and ultimately, augmenting nurses feelings of respect (Faulkner & Laschinger, 2008).

In summary, based on literature reviews psychological empowerment could create and improve a component of professional behavior, namely autonomy, innovation, collegiality, and collaboration. Therefore, psychological empowerment would be positively related to the professional behavior of Indonesian nurses in West Java province.

Organizational support. Based on the organizational support theory, organizational support was believed that perceived by an employee that organizations have generally either a positive or negative attitude concerning the extent to which they value employees' contributions and their growth and welfare (Eisenberger, Cummings, Armeli, & Lynch, 1997). Organizational support was also defined as decisions made by the organization to create favorable work experiences for its

employees. Employees who feel supported by their organizations and supervisors tend to be greater participate more in autonomous decision making and show flexibility when working, so enhancing professionalism (Benware & Deci, 1984).

Aiken and Patrician (2000) studied restructuring organizations and environments for the purpose of professional behavior. The organizational executive should support the initiation and development of new ideas and innovation of their employees. Organizational support can encourage the personal and professional development of its employees, thereby encouraging autonomy and creativity. In addition, if head nurses promote nurses to use professional autonomy, nurses could influence one's ability to practice autonomously.

In summary based on the literature review, perceived support from their organization could improve the many components of professional behavior for nurses. Therefore, organizational support would be positively related to the professional behavior of Indonesian nurses in West Java Province. To this date, there had not been any study regarding the relationships between personal factors, self-efficacy, psychological empowerment, organizational support and professional behavior of Indonesian nurses in West Java. The researcher assumed that the research needed to be done.

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Hypothesis

The hypotheses for this study:

1. Educational levels would be related to the professional behavior of Indonesian nurses, West Java Province, Indonesia.

2. Years of experience would be positively related to the professional behavior of Indonesian nurses, West Java Province, Indonesia.

3. Self-efficacy would be positively related to professional behavior of Indonesian nurses, West Java Province, Indonesia

4. Psychological empowerment would be positively related to the professional behavior of Indonesian nurses, West Java Province, Indonesia.

5. Organizational support would be positively related to professional behavior of Indonesian nurses, West Java Province, Indonesia

Scope of the study

The target population in this study were professional nurses who worked in Type A hospitals, West Java province. The dependent variable in this study was professional behavior in nursing, and the independent variables were educational levels, years of experience, self-efficacy, psychological empowerment, and organizational support. Data of this study were collected during May to July 2016.

Operational definitions

The operational definitions of the study variables are as follows:

1. **Professional behavior** was defined as Indonesian nurses' perception of their behavioral orientation when they performed nursing care for patients. This professional behavior was measured by a questionnaire based on the professionalism concept of RNAO (2007) consisting of eight components as follows:

1.1 **Knowledge** was defined as Indonesian nurses' perception of applying theoretical nursing in practical and clinical setting to provide care for patients.

1.2 **Accountability** was defined as Indonesian nurses' perception of applying and being commited to work with client and their families in their clinical practice includes providing input data into the decision to provide care for patients.

1.3 **Autonomy** is defined as Indonesian nurses' perception of exercising decision making wihin one scope of practice and independently to provide care for patients.

1.4 **Spirit of inquiry** was defined as Indonesian nurses' perception of demonstrating the high spirit to make the connection between presenting situations and a body of professional knowledge to provide care for patients.

1.5 **Advocacy** was defined as nurses' perception toward supporting their right to make informed choise and decision making for patients care in their nursing practice.

1.6 **Innovation and vision** was defined as Indonesian nurses' perception of finding and demonstrating a new idea or new method and ability to plan or form policy in far-sightedaway to provide care for patients and organization.

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1.7 Collegiality collaboration was defined as Indonesian nurses' perception toward acknowledging share power and authority with the colleagues to provide care for patients.

1.8 Ethics and values were defined as Indonesian nurses' perception of applying nursing behavior or attitude and values in clinical practice to provide care for patients.

2. Educational level is defined as the last formal educational level of the nurses.

3. Years of experience was defined as a number of years nurses have worked in a hospital since graduation.

4. Self-efficacy was defined as Indonesian nurses' perception toward involving their beliefs about their capabilities to produce or accomplish their tasks. This would be measured by adopting the questionnaire of General Self-efficacy Scale developed by Schwarzer and Jerusalem (1995).

5. Psychological empowerment was defined as Indonesian nurses' perception of a head nurse when supporting nursing staff with an increased a sense of meaning and controlling the cognitive state of power of the individual staff nurse. It would be measured by using an adapted questionnaire which was developed by Spreitzer (1995). The questionnaire consists of four components which, in this study, would apply to Indonesian nurses:

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The questionnaire consists of four components which, in this study, would apply to Indonesian nurses:

5.1 Meaning was defined as Indonesian nurses' perception of head nurses' behavior to support nursing staff refers to the fit between employee's behaviors and job requirements and systemic goals of staff nurses to provide care for patients.

5.2 Competence was defined as Indonesian nurses' perception of a head nurses' behavior to support nursing staff that increases the ablity and performance of individual staff nurses to provide care for patients.

5.3 Self-determination was defined as Indonesian nurses' perception of head nurses' behavior to support and control nursing staff related to individual perceive of staff nurses to provide care for patients in their work environment.

5.4 Impact was defined as Indonesian nurses' perception of how much a head nurses behavior to support nursing staff and influence nursing staff feel that they are important part of the system to provide care for patients.

6. Organizational support was defined as Indonesian nurses' perception of the nursing department regarding the creation favorable work experiences for them. It would be measured by a questionnaire developed by Eisenberger et al. (1986).

7. Hospital type A was defined as a central, referral and university hospital at the national level located in West Java. It has maximum facilities and extensive service capabilities of many professional nurses, and nurse specialists, such as hemodialysis nurses, NICU nurses, medical specialists and sub-specialists.

8. Indonesian nurses were defined as Indonesian professional nurses who worked in hospital type A, West Java.

9**. Staff nurses** were defined as Indonesian professional nurses who worked as nurses in charge, member of nusing team, or registered nurses in Hospital type A, West Java.

Expected benefits

1. Nurses would be able to use the findings of the research to develop themselves to have more professional behavior
2. Executive nurses could use these findings to enhance staff nurses to increase professional behavior.
3. These findings would serve as basic data for further studies

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CHAPTER II
LITERATURE REVIEW

This section focuses on a comprehensive literature review of study concepts and relevant information related to personal factors, self-efficacy, psychological empowerment and organizational support and professional behavior of Indonesian nurses in West Java. The contents of this literature review consist of four parts as follows:

1. Health care system in Indonesia
    - 1.1 An overview of the health care system
    - 1.2 Hospitals in West Java province
    - 1.3 Nursing profession
        - 1.3.1 History of the Indonesian Nursing Act
        - 1.3.2 Nursing services department
        - 1.3.3 Nurses in West Java
2. Professional behavior
    - 2.1 Meaning of professional behavior
    - 2.2 Concepts of professional behavior in nursing
    - 2.3 Instruments measuring professional behavior in nursing
3. Factor relating to professional behavior in nursing
    - 3.1 Personal factors
        - 3.1.1 Education related to professional behavior
        - 3.1.2 Years of experience related to professional behavior
    - 3.2 Self-efficacy
        - 3.2.1 Meanings of self-efficacy
        - 3.2.2 Concept/ theories of self-efficacy
        - 3.2.3 Measuring self-efficacy
        - 3.2.4 Self-efficacy and professional behavior relationship
    - 3.3 Psychological empowerment
        - 3.3.1 Meanings of psychological empowerment
        - 3.3.2 Concept/ theories of psychological empowerment

3.3.3 Measuring psychological empowerment

3.3.4 Psychological empowerments and professional behavior relationship

3.4 Organizational support.

3.4.1 Meanings of organizational support.

3.4.2 Concept/ theories of organizational support.

3.4.3 Measuring organizational support.

3.4.4 Organizational support and professional behavior relationship.

4. Conceptual framework

1. Health care system in Indonesia

This part presents an overview of Indonesian health care system including the background, the condition of hospitals in Indonesia, a history of the Indonesian Nursing Act, public hospitals in West Java province, roles of the nursing services department and roles of nurses at each level.

An overview of health care system

Indonesia's health service infrastructure includes government health services, foreign aid, non-profit health organizations (NGOs), religious organizations, and the private sector. The government health care system has three primary levels: 1) Minister of Health; 2) Provincial level health office; 3) District level health office. The organization structure administratively follows the governance levels i.e. the central level (Minister of Health), the province level and the district level. The most recent Indonesian National Health System (NHS), which is a profile of health resources, was released in the year 2009, with basic principles such as support human rights, synergism, and dynamic partnership among stakeholders, commitment and good governance (WHO, 2012).

The governance of National Health System (NHS) consists of six subsystems as follows: 1) Health Efforts These health efforts include promotion, prevention, curative and rehabilitation; 2) Health financing health financing for community health service is public good under the responsibility of the government, while health financing for individual health care is private good under the responsibility of individual, except

health financing for poor people covered by the government through Universal Health Coverage (UHC) / BPJS through social health insurance; 3) Human Resources for Health (HRH) the development and empowerment of HRH emphasize on four strategies i.e. strengthening the HRH planning, increasing HRH supply (production), improving HRH management (distribution and utilization), and strengthening supervision and control the quality of HRH; 4) Supply of pharmacy, health equipment, and food. This subsystem is to include aspects of quality, efficacy, distribution, rational drug usage, etc; 5) Management and health information. This subsystem covers health policy, health administration, health regulation and health information; and 6) Community Participation, the last subsystem within the NHS, is community participation including the private sector, which is the subject to play important roles in health development (WHO, 2012).

According to Ministry of Health of the Republic of Indonesia Number 1204 / Menkes / SK / X / 2004 concerning the health system requirements of the hospital environment, it is stated that the hospital as a health-care facility, a gathering place for the sick and healthy people, or it can be a place of disease transmission and allow the pollution environmental and health problems (MOH, 2014). Data collection undertaken by the Agency for Health Statistics, a total number of hospitals in Indonesia in 2014 is 2,406. The highest number of health personnel is in the position of nurses and specialists. The number of nurses on duty at the hospital is 122.689 nurses, with an average of 51 nurses per hospital and 22.598 midwives in hospitals with an average of nine midwives per hospital (MOH, 2014).

Classification of hospitals in Indonesia.

Indonesian Ministry of Health classified two types of hospitals based on ownership and operation. There are government hospitals (public hospital) and private hospitals. A private hospital is a hospital run by a private foundation or other. It is generally based on social and economic (profit). An organized private hospital is based on the principle of independence with entrepreneurs to continue to implement a social function. A public hospital is a hospital which is financed, maintained, and monitored by the Ministry of Health, local government, the armed forces and other departments, including state-owned companies, such as a general hospital, provincial, district and local. The government general hospital classification is determined based

on the level of facilities and service capabilities and areas of specialization and stipulated separately by the Ministry of Health.

The Ministry of Health has classified public hospitals into 5 types including A, B, C, D and E types.

1) **Hospital type A.** Hospital type A refers to a hospital that can provide medical specialists and subspecialists widely. This hospital has been set as the highest referral service or top referral hospital and is also known as the central hospital, academic or university hospital. In addition, this hospital serves 1000 to 1500 hospital beds, manages by the government (Ministry of Health). Hospital type A has the facilities and extensive service capabilities of many professional nurses and specialists such as nurse hemodialysis, NICU nurses, medical specialist and sub-specialist.

2) **Hospital type B.** Hospital type B refers to a hospital that can provide comprehensive medical specialists but has limited subspecialists and has professional nurses working for patients sometimes. Type B hospitals are located in every capital of the province and they also are known as provincial hospitals that hold the referral service from district hospitals. The academic hospitals that do not include the type A hospital are also classified as type B. Type B hospitals beds are 400 to 1000 hospital beds. This hospital type is also managed by the government. Type B hospitals have the facilities and capabilities of at least 11 types of specialties at the provincial level.

3) **Hospital Type C.** Hospital type C is a hospital that can provide limited medical subspecialty. There are four kinds of specialist services, including internal medicine, surgical services, child health services, obstetrics and gynecology services. In Hospital type C there are limited number of professional nurses, the nurse professional just as headward and do not have nurse specialists. It is planned that a hospital type C will be established in each district/city (regency hospital) which accommodates referral services from health centers. It has 100 to 300 hospital beds, the owner and manager are the Government of Dati II / III (district level), and has at least four branch specialists. Hospital type C has the facilities at least complete basic medical services.

4) **Hospital Type D.** Hospital type D is a transition hospital because at some point it will be increased to a hospital type C. At this time, the hospital's capability in providing services encompasses only general medicine and dentistry. A

professional nurse heads the ward and there is no specialist nurse. Similarly, hospital type c and hospital type D also accommodate the service derived from health centers/community hospitals. Hospital type D has 25 to 100 hospital beds, the owners and managers are the Government of Dati I / II / III, general. Type D has the facilities and capabilities to provide basic medical services.

5) Hospital Type E. Hospital type E is a specialty hospital (special hospital) which organizes only one kind of medical care only. At this time a lot of type E hospitals have been established by the government, such as mental hospitals, a leprosy hospital, a lung hospital, heart hospital, and mother and child hospital.

Hospitals in West Java province

The number of hospitals in West Java in 2014 was 293 hospitals, which include the general and specialty hospitals belonging to the central government, provincial government, city districts, military / police, state and private Five types of public institutions own public hospitals in West Java province. They are the Ministry of Health, provincial, district, army, and police. The Ministry of Health directly owns 62 hospitals , the provincial and district government together owns 62 hospitals.

In West Java, the government has categorized type E hospital as type A hospitals, they are a referrals hospital in national level. In West Java there are 4 hospitals type A, 32 hospitals for type B, 90 hospitals for type C, and 22 hospitals for type D.

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Nursing profession

This part presents the details of the Indonesian Nursing Act, and the nursing services department, including its roles, and the roles of nurses at each level.

History of Indonesian Nursing Act

The Nursing Act in Indonesia has come a long way since it was first proposed in 1989 which later proved to be a beginning for the current nursing draft bill. The nursing draft bill is based on the idea of the importance of the legal basis to regulate the nursing profession as a whole which includes education, professional services, nursing research, and professional matters. The Faculty of Nursing from Indonesian University, Ministry of Health, and WHO supports all of these factors. In 2000, the effort to the formulate nursing act had started altogether with study samples from the Ministry of Law (MOLAW), Ministry of Health (MOH), Indonesian Nurses

Association unit, along with the WHO which provide specific support with its consultant. Dr. Tassana Bontoong, the president of Thailand Nursing Council and Midwifery.

Therefore, since the laws of nursing are vital and urgent in providing a legal cover for a nurse to act in a professional manner. The national leadership meeting by Indonesian National Nursing Association (INNA) in Semarang in 2008, agreed to undertake national action to urge the bill of nursing practice immediately addressed to the initiative of the parliament, it took six years to fight in parliament and finally the nursing bill was passed on September 25, 2014. The only one nursing law as a legal basis to act professionally applicable to nursing in Indonesia.

After the nursing act had been passed, professional behavior became an issue among Indonesian nurses. Indonesian nurses widely discussed the publication of the new nursing act and legal protection. It demanded Indonesian nurses to be more professional in order to provide excellent health services to patients. One important thing of that new legislation is that it mandates that nurses are professionals who must act and behave righteously. The Law of the Republic of Indonesia, Ministry of Law (MOLAW) number 38th, the year 2014 of the Nursing Act Chapter II; Article 4.1, stated that there are two categories of nurses: 1) professional nurse and 2) vocational nurse. The professional nurse category covers two titles namely: a. Ners; and b. ners spesialis. The title of “ners” is for nurses who accomplished a bachelor degree and attended internship program at the hospital. Ners spesialis is for nurses who accomplished a master’s degree and attended a specialist program from the graduate program. Vocational nurse refers to nurses who obtained a diploma degree (MOLAW, 2014).

As the summary, Indonesia has just recently managed to pass the updated Nursing Act in 2014 and has been struggling to create proper policy regarding nurses so far. It is apparent that the main problem is due to the lack of clarity in giving meaning towards the perception of professional behavior it self.

Nursing services department

This part presents the details of the roles of the nursing service department and the roles of nurses at each level including the roles of a chief nurse, a head nurse, and a staff nurse.

1) Roles of nursing service department

Nursing is a profession recognized by the constitution. This profession is still in the process of improvement towards performances of professional nurses. Indonesia does not have a nursing council that regulates the nursing profession as a whole. Indonesian nursing is currently in the development stage in order to develop nursing competence as a cornerstone in the profession of nursing. So far, the professional organization engaged actively in Indonesia is the Indonesian National Nurses Association (INNA). This organization has begun formulating a draft design of competency standards for nurses, but it has not as yet endorsed competency standards because the nursing council is in the process of formation in parliament. Therefore, during the nursing council has not been formed, the role of nursing and nursing administration management are under the auspices of the Indonesian National Nurses Association.

Since the draft legislation is still in the process of being discussed in parliament, there has been no standardization of nursing service department roles in every hospital. Their roles vary according to the hospital's policy. Roles and responsibility facilitated by nursing administration department in Hasan Sadikin Hospital West Java Province are; (1) Productivity (2) Ethics (rights of a nurse), (3) Equipment, (4) Risk management, (5) Staff satisfaction, (6) Leading strategy of nursing department, (6) Communication and cooperation (multidisciplinary and consumer), (7) Human resource management, (8) Handle performance and management system (9) HR development, and (10) Nursing care delivery system.

2) Roles of nurses in each level

Indonesia does not have standardized nursing roles for each nurse level. According to law, Indonesia only recognizes three levels of nurses which are a chief nurse, head nurse, and staff nurse.

(1) Roles of a chief nurse.

There are roles of a chief nurse: (a) Managing nurse department, staff, fiscal and other resources needed to manage clinical practice and patient care. They take responsibility in facilitating cooperative and collaborative relationship among discipline/departments to ensure effectively, quality patient care delivery; (b) Strategic planning as it relates to the unit area, ward, and organization as

a whole. Another role is facilitating the development of licensed and licensed nursing and care personnel and supervision to another department.

(2) Roles of a head nurse

There are roles of a head nurse: (a) Head nurses manage all the administrative duties of the departments which they are assigned to work in and make a schedule shifts for the nurses and assign duties to them; (b) Collect work reports from all the nurses regarding their day-to-day activities and maintain a record of them**.** Present the records collected from all the nurses to the respective doctors who are handling cases of those patients; (c) Assist and conduct training programs for the nurses who are new and need help. They also solve any issues related to the patients. Head nurses come in direct contact with the patients and diagnose their health problems. Inventory management is also one of the responsibilities of the head nurses; (d) Head nurses often accompany the doctors when they go on their rounds to check the patients where they present the reports collected by them. They provide necessary help to the doctors such as carrying diagnostic equipment, etc., to the doctors while they are on round for check-up; (e) Head nurses also look for the hygiene in the hospital and in the rooms and make sure that the patients are provided with enough facilities and entertain all types of complaints from the patients.

(3) Roles of a staff nurse

Based on the final draft of standard competency by the Indonesian National Nursing Association (INNA, 2012) there are two levels of a staff nurse : vocational nurse and professional nurse. The roles of each staff nurse has three domains:

(a) Vocational nurse. The roles of vocational nurse are 3 domains, the first domains consist of professional practice, legal, ethical and cultural sensitive including accountability, ethical practice, legal practice. The second domains consist of care provision and nursing management including principles of caregiving (nursing process and therapeutic communication-interpersonal relations), and leadership and management of nursing such as service / care, nursing delegation inter-professional-supervision, and environmental safety. The third domains consist of quality personal & professional development including Professional development, the quality improvement, and education

(b) **Professional nurse.** The roles of professional nurse are 3 domains; the first domains consist of professional practice, legal, ethical and cultural sensitive including accountability, ethical practice and the legal practice. The second domains consist of care provision and nursing management including 1. The principle of caregiving, the responsibility to provide health promotion such as services/nursing care inter-professional, a delegate-supervision and environmental safety. The third domains consist of quality personal & professional development including professional development, quality improvement, and education.

The roles of each level of nurses and nursing competency in Indonesia does not show a fundamental difference between competency of vocational nurses professional nurses and this sometimes is a major problem for Indonesian nurses working in the field because the description of competency for vocational nurses is almost the same as professional nurses.

Nurses in West Java

According to data from the Indonesian Health Profile, Ministry of Health (MOH, 2014), West Java was the province with the lowest ratio of nurses in Indonesia. At the time there were 54.4 nurses per 100,000 population people. The ratio condition of nurses per 100,000 populations and their geographical distribution among West Java province have improved over time but the imbalance distributions still remain as a big challenge in this province. Rural and remote areas which are type C or type D hopitals suffer from shortage professional nurses.Most of those nurses are not interested in serving those areas, even if they would, mostly in a very short term. The reasons are many; transport and communication problems, lack of basic and social facilities, low salary, low or no compensation, lack of security and unclear career and job description options (WHO, 2012). The data based on provincial health service of West Java reported the total of professional nurses in West Java province until 2012 were 254 nurses that consist of 26 nurses spesiallist/ expert and 234 professional nurses (MOH, 2014), which most of them worked in type A hospital in West Java.

There are no different criteria of job description and role of nurses in West Java province compare with the other provinces in Indonesia.Otherwise, any different kind in the recruitment of civil servant who will work in each province. The

nursing staff varies widely based on the disease conditions that stand in the area. Based on data from Ministry of Health (2014) provinces with the highest prevalence of the disease is DKI Jakarta and West Java. Both provinces require generalist and specialist nurses more than any other region in Indonesia. The type of specialization most needed in West Java is psychiatry nurses. This is because the incidence of mental disorders in adults as much as 20% as the highest in Indonesia are found in this province.

2. Professional behavior

This part presents the meaning, concepts/theories of professional behavior in nursing and instruments measuring professional behavior of nurses.

2.1 Meaning of professional behavior

A profession and its professionals are defined regarding a particular body of knowledge acquired through formal education, an advanced level of skills, some form of entry certification, and a set of behavioral norms known as professional behavior (Hampton & Hampton, 2000). Miller et al. (1993) defined professional behavior as the degree of commitment by individuals to the values and behavioral characteristics of a particular career identity. Lusch et al. (1997) stated that "Professional behavior" is an attitudinal and behavioral orientation that individuals possess toward their occupation, such as thinking of it as a calling and using colleagues in the profession as major referents for work-related behaviors.

In summary, professional behavior is defined as attitudinal and behavioral orientation that individuals possess toward their occupation, such as thinking autonomously, great innovation and vision, as a calling and using colleagues to work together/ collaboration, have accountability, work base on ethic and value, and have strong knowledge in their scope of practice.

2.2 Concepts/theories of professional behavior in nursing

The development of the science of nursing has an impact in as much as those nurses must disclaim the traditional analysis of profession and professional behavior by other disciplines as the only method to determine definitions and characteristics of professional behavior in nursing. There are many concepts about

professional behavior in nursing. The popular concepts are from Hall (1968) and RNAO (2007) are explained as follows:

2.2.1 A concept of professional behavior by Hall (1968)

Hall (1982) contended that each profession develops a model to evaluate and concern behaviors necessary for the status of professional behavior. The Hall professional behavior concept has been widely used, including use for nursing research. Hall (1968) asserted that individuals may be tested for degrees of professional behavior by their attitude.

Hall's model identifies five attitudinal attributes of professional behavior. The first attribute, "use of the professional organization as a major referent," addresses individual support of a professional association by attending professional meetings, reading professional journals, and serving on professional committees" (Snizek, 1972, p. 109). The second attribute, "belief in public service," supports the idea that the profession is beneficial and indispensable to society, which a practitioner fosters (Hall, 1967).The third attribute, "belief in self-regulation," endorses control of the work and the evaluation of work by colleagues who are fellow professionals. The fourth attribute, "a sense of calling" to the field, represents a commitment to the profession beyond economic incentives. Finally, "autonomy," the fifth attribute of professional behavior, allows a practitioner to make decisions and judgments about the services that they provide with minimal pressure from external sources (Hall, 1967, 1968).

2.2.2 A concept of professional behavior in nursing by RNAO (2007).

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system and influenced decisions that affect nurses and the public they serve. In July of 2003 the Registered Nurses' Association of Ontario (RNAO), with funding from the Ontario Ministry of Health and Long-Term Care, working in partnership with Health Canada, Office of Nursing Policy, commenced the development of evidence-based best practice guidelines in order to create healthy work environments for nurses (RNAO, 2007). The RNAO defined professional

behavior as essential for healthy work environments for nurses; in a practice setting that maximizes the health and well-being of nurses, quality patient outcomes, and organizational performance. There are eight components of professional behavior in nursing according to RNAO (2007);

1) Knowledge

Knowledge is understanding of or information about a subject which has been obtained by experience or study (a central aspect of professional behavior). Knowledge in nursing can define the nature of the problem and solutions, facilitate autonomous decisions and the use of discretion within the practice (RNAO, 2007). Professional behavior includes: (1) A body of knowledge that is theoretical, practical, and clinical. (2) Being able to apply that knowledge. (3) Using theoretical and/or evidence-based rationale for practice. (4) Synthesizing information from a variety of sources. (5) Using information or evidence from nursing other disciplines to inform practice. (6) Sharing or communicating knowledge with colleagues, clients, family, and others to continually improve care and health outcomes (RNAO, 2007).

2) **Accountability**

Nurses' accountability for their practice includes providing input into decisions that affect their practice, such as staffing levels, scheduling and setting of quality standards and being committed to work with clients and their families to achieve desired outcomes. Accountability as attributes of professional behavior includes: (1) Understanding the meaning of self-regulation and its implications for practice. (2) Using legislation, standards of practice and a code of ethics to clarify and guide one's scope of practice. (3) Being committed to work with clients and their families to achieve desired outcomes. (4) Being actively engaged in advancing the quality of care. (5) Recognizing personal capabilities, knowledge base and areas for development (RNAO, 2007).

3) Autonomy

Autonomy is working independently and exercising decision making within one's scope of practice. Autonomy in professional behavior is fulfilling all responsibilities as defined in the scope of practice, including independent and interdependent activities that demonstrate knowledge of boundaries and collaboration (RNAO, 2007).

4) Spirit of inquiry

Spirit of inquiry is defined as an inquisitive, inquiring approach to one's own practice. The practitioner who has the spirit of inquiry will gather data, make inferences, and test alternate explanations allowing the practitioners to make the connection between present situations and a body of professional knowledge (RNAO, 2007). Spirit inquiry as attributes of professional behavior includes: (1) Being open-minded and having the desire to explore new knowledge. (2) Asking questions leading to the generation of knowledge and refinement of existing knowledge.(3) Striving to define patterns of responses from clients, stakeholders and their context. (4) Being committed to lifelong learning (RNAO, 2007).

5) Advocacy

Advocacy suggests the nurse involved in daily practice provide the patients with the information needed in order to make informed choices, support their right to make informed choices, support them throughout the decision-making process and outcome, and is knowledgeable about policies that impact on the delivery of health care. Advocacy as an attribute in professional behavior includes: (1) Understanding the client's perspective. (2) Assisting the client with their learning needs. (3) Being involved in professional practice initiatives and activities to enhance health care. (4) Being knowledgeable about policies that impact on the delivery of health care (RNAO, 2007).

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6) Innovation and visionary.

Innovation refers to bringing in new methods or creating new ideas involving action, vision, ability to plan or form policy in a far-sighted away. In nursing, innovation includes showing initiative for new ideas and being involved through taking action. Innovation and visionary as attributes in professional behavior include: (1) Fostering a culture of innovation to enhance nursing practice and client/family outcomes. (2) Showing initiative for new ideas and being involved through taking action. (3) Influencing the future of nursing, delivery of health care and the health care system (RNAO, 2007). These innovations and visionary are the concepts that fit perfectly with the current conditions. Nurses are required to be enthusiastic to discover new ideas that could be implemented in evidence-based

practices and which have a meaningful impact on nursing outcomes or patient' satisfaction.

7) Collegiality collaboration

Collegiality is defined as a shared power and authority vested among colleagues. Collaborate means to work jointly and it goes beyond individual requirement and includes other health professionals. In collaboration, positive patterns of communication enhance teamwork. Collegiality and collaboration as attributes of professional behavior include: (1) Developing collaborative partnerships within a professional context. (2) Acting as a mentor to nurses, nursing students and colleagues to enhance and support professional growth. (3) Acknowledging and recognizing interdependence between care providers (RNAO, 2007). Many studies have shown that through the cooperation among colleagues positively affect the behavior or attitude of nurses in providing care for patients.

8) Ethics and values

Nursing ethics is reasoned reflection and inquiry about the ethical dimensions of nursing practice as it impacts on the lives of patients, colleagues, and society. Safe, competent ethical care and quality practice environments are critical to professional behavior. Nurses value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve. Ethics and values as attributes of professional behavior include: (1) knowledgeable about ethical values, concepts, and decision-making. (2) being able to identify ethical concerns, issues and dilemmas. (3) applying knowledge of nursing ethics to make decisions and to act on decisions. (4) being able to collect and use information from various sources for ethical decision-making. (5) collaborating with colleagues to develop and maintain a practice environment that supports (6) engaging in critical thinking about ethical issues in clinical and professional practice (RNAO, 2007).

In summary, the professional behavior in this nursing best practice guideline by RNAO is built on a conceptual model which shows that establishing a professional role is a prerequisite for establishing control over practice. Professional behavior requires that nurses in all roles demonstrate professional standards. Nurses put their values and attributes of professional behavior into action when providing

nursing care and collaborating with patients, nurse colleagues, other members of the health care team and nursing students (RNAO, 2007). That is why all of the eight components of professional behavior in nursing will guide administrators in providing environmental support that reinforces the attributes of professional behavior.

2.3 Professional behavior of Indonesian nurses at West Java province

Professional behavior has become a trending issue among Indonesian nurses including among nurses in West Java province. It has been widely discussed since the publication of the new nursing act and legal protection. It demands that Indonesian nurses be more professional in their performance in order to provide excellent health services to patients. The new legislation/ nursing act mandate that nurses must act and behave righteously. In fact, the reality in Indonesia, especially in West Java, is that how nurses perform their job as professional nurses in health care facilities is still questionable. Several type A hospitals had made their own policy regarding professional behavior its self, but the policy and the competency it self still not the same from one hospital with the others. The policy and conceptual of professional behavior it self still did not implement yet, this because this new regulation still needs improvement from Indonesian Nursing Accosiation.

According to data from the Indonesian Health Profile, Ministry of Health (MOH, 2014), West Java was the province with the lowest ratio of nurses in Indonesia. At the time there were 54.4 nurses per 100,000 people, followed by Banten amounting to 57.67 nurses per 100,000 and East Java at 65.73 nurses per 100,000. The Ministry of Health stated that low nurse to patients ratio in a hospital indicates a nursing shortage and affects the professional performance of nurses in providing maximum service to the patients (MOH, 2014). In summary, the professional behavior in West Java province still needs an Improvement to built on a conceptual model which shows that establishing a professional role is a prerequisite for establishing control over practice. The goal of West Java nurses' professional behavior requires that nurses in all roles demonstrate professional standards. Nurses put their values and attributes of professional behavior into action when providing nursing care and collaborating with patients, nurse colleagues, other members of the health care team and nursing students (RNAO, 2007). These key characteristics

include such elements as an emphasis on professional autonomy, respect for and value of professional nursing practice, and systematic support and communication between clinical nurses (Scott et al., 1999).

2.4 Instruments measuring professional behavior in nursing

Many researchers have created professional behavior instruments. One of the instruments created and developed by Hall has been used extensively to determine professional behavior in nursing in the past decade; however, the concept of Hall has not been specific to professional behavior. Hall's professionalism instrument (HPI) scale (as revised by Snizek, 1972) was a 25-item scale used to measure a total score for professional behavior and the five attributes of professional behavior in five subscales (five items for each subscale). Scores for the entire scale may range from 25 to 125, with higher scores indicative of professional behavior. The overall reliability of the scale has been reported as 0.78 (Snizek, 1978), .84 (Hall, 1968), and 0.80 (Wynd, 2003).

Miller et al. (1993) created a model depicting the essential characteristics and behaviors of professional nursing. The model includes educational preparation, use of theory, adherence to a code of ethics, participation in the professional organization (the American Nurses Association (ANA), education and competence, communication and publication, autonomy, community service, and research. The tool measures the degree of nursing professional behavior within the past two years through dichotomous responses to 48 items divided into nine main categories. These categories are education preparation,competence and education, research, theory, self-regulation and autonomy, participation in professional organizations, publication and communication, adherence to the ANA Code of Ethics, and community service. Weightings for specific behaviors within each of the nine categories equal 3, and thus a total composite score of 27 is possible. Higher mean scores indicate more professional behaviors. The instrument cannot be used in this study because the components are not suitable for the problem of professional behavior of Indonesian nurses at this time.

Based on the literature above, there are no appropriate instruments to measure the professional behavior of Indonesian nurses, therefore the researcher would develop an instrument from the RNAO guideline. The instrument would

contain Likert scale questions prepared in English and would then be translated into Bahasa (Indonesian language). The questionnaire would be validated by experts in the profession and a pre-test was done also to assess the reliability of the questionnaire. The Likert scale responses allow subjects to describe how well their opinions and attitudes about nursing agree with the item statements with the item statements 1 = not at all true 2 = hardly true 3 = not sure 4= moderately true 5 = exactly true.

Although diverse characteristics of professional behavior were proposed in the literature, the professional behavior in nursing practice guideline by the RNAO was chosen for the current study. The researcher used these guidelines as the main concept of professional behavior in nursing; because this concept is the updated concept and appropriate with the condition and situation of Indonesian health care that involves professional behavior.

3. Factors relating to professional behavior in nursing

According to the literature review, the factors related to professional behavior in nursing are personal factors (education and years of experience), self-efficacy, psychological empowerment, and organizational support. Detail each factor are as follows;

3.1 Personal factors

There are two personal factors that relate to professional behavior in this study, which are education, and years of experience The definition of each variable based on the literature review is described as below.

3.1.1 Education related to professional behavior

Education is a process of acquiring general knowledge, developing the power of reasoning and judgment and generally of preparing oneself or other intellectuality for mature life (Dictionary.com, 2015). In addition, education can improve knowledge and skill and then make a person have more confidence in performing their job (Tanaka et al., 2014). Education is an important factor for improving professional behavior in nursing because a professional continues to be developed through a socialization process that begins with formal, entry-level education to acquire knowledge and skills (Wynd, 2003). According to Miller et

al.(1993), formal education in a university setting and education with a scientific background are critical for professional behavior in nursing.

In the previous study, there was much literature that implied higher education related to professional behavior. Tanaka et al. (2014) found that the nurses with higher levels of education had higher professional behavior scores. There were significant differences based on educational preparation for total professional behavior. A one-way ANOVA with post hoc analysis demonstrated a highly significant relationship ($F = 138.62$, $p < 0.001$) between educational preparation and the total score of professional behavior; the nurses with higher levels of education had higher professional behavior scores.

Wynd (2003), found that the relationship between education and professional behavior was confirmed by establishing that nurse with graduate degrees had significantly higher total professional behavior scores ($p < .001$), higher scores for use of professional organizations ($p < .001$), and greater autonomy ($p < .001$). Therefore, the educational background has a positive relationship with professional behavior in nursing.

3.1.2 Years of experience

Experience is another personal factor that relates to professional behavior in nursing. Miller et al (1993) said: “Not all knowledge is gained in a university; a great deal is learned on the job by experience”. Many studies found the relation between years of experience and professional behavior in nursing. One of them conducted by Hall (1968), showed by using Hall’s Professionalism Inventory Scale that the nurses with more years of experience had significantly higher professional behavior scores (Hall, 1968). Several studies showed that nurses’ increased length of experience was significantly correlated with increased knowledge (Tanaka, Yonemitsu, et al., 2014). Although the value of education and the value of training/ experience might differ, it is a given that nurses are required to be both intellectually and technically competent (Andrew & Robb, 2011). The previous study did a research among the groups divided by with years of experience; nurses with over 21 years of experience had the highest mean score of 9.53 for total professional behavior. The one-way ANOVA revealed an extremely significant $P < 0.0001$

variances in years of experience with the total score of professional behavior (Tanaka, Yonemitsu, et al., 2014).

3.2 Self-efficacy

This part presents the meanings concept/theories of self-efficacy, measuring tool of self-efficacy and relationship of self-efficacy and professional behavior

3.2.1 Meanings of self-efficacy.

Self-efficacy refers to a self-perception of one's ability to perform competently and effectively in a particular task or setting (Bandura, 1982, 1989). Bandura (1989) has identified self-efficacy as central to the understanding of individuals' transactions with their environments and a core construct that mediates between knowledge and behavior. A strong sense of self-efficacy allows for persevering in efforts towards success. According to the theory, behavior is dependent on one's efficacy beliefs, which determine which behaviors one chooses to perform, the degree of perseverance and the quality of the performance (Bandura, 1997).

In the nursing profession, self-efficacy refers to a precursor for skill performance. Research by Harvey and McMurray (1994) determined that individuals who lack the self-efficacy necessary to perform a skill are more likely to perform it incorrectly. Self-efficacy is commonly defined as having a belief in one's capability to succeed. One feels up to the challenge of difficult tasks and is therefore intrinsically motivated by them. Those with strong self-efficacy have an enhanced personal well-being and an increased ability to accomplish goals (Bandura, 1994; Schunk & Pajares, 2002).

3.2.2 Concept/theories of self-efficacy

The theoretical foundation of self-efficacy is a social cognitive theory (Bandura, 1986). Social cognitive theory includes the construct of self-efficacy. Bandura (1986) developed social cognitive theory, which is the foundation upon which the construct of self-efficacy is built. The social cognitive theory proposes that people are self-reflective, self-regulating, self-organizing and proactive.

Bandura (1991) wrote in his research about the self-efficacy mechanism that self-efficacy beliefs function as an important set of proximal determinants of human self-regulation. People's beliefs in their efficacy influence their decisions, their aspirations. Not only that but it also affects how much effort they

mobilize in a given endeavor, how long they can persevere in the face of difficulties and setbacks, whether their thought patterns are self-hindering or self-aiding, the amount of stress they experience in coping with taxing environmental demands, and their vulnerability to depression. Self-beliefs of efficacy in some part determine how the various sub-functions of a self-regulatory system operate. Such beliefs affect the self-monitoring and cognitive processing of different aspects of one's performances and the outcomes that flow from them (Bandura, 1991). People who regard themselves as highly efficacious tend to ascribe their failures to insufficient effort, whereas those who see themselves as inefficacious view the cause of their failures as stemming from low ability (Collins, 1982; Silver, Mitchell, & Gist, 1989). The effects of causal attributions on motivation and performance attainments are mediated almost entirely through changes in self-efficacy beliefs (Relich, Debus, & Walker, 1986; Schunk & Gunn, 1986). As will be shown shortly, the impact of social comparison on performance attainments is similarly mediated through its' effects on self-efficacy beliefs (Bandura,1991).

Self-beliefs of efficacy also affect the goal-setting sub-function of self-regulation. The more capable people judge themselves to be, the higher the goals they set for themselves and the more firmly committed they remain to them (Bandura, 1991a; Locke & Latham, 1990; Wood & Bandura, 1989). Bandura (2004) had redirected his research to include a greater focus on the concept of self-efficacy. He studied the effect of self-efficacy and most importantly for practice professionals, such as nurses and nurse educators, he studied the modes of influence by which self-efficacy can be developed, enhanced and strengthened for personal and social change, as well as how it might be diminished or destroyed unintentionally.

In the nursing field, for nurses, the concept of a strong nursing role efficacy may embrace what nurse managers hope staff will achieve during work; they will believe that they have choices available to them and also that they must take responsibility for their actions and their decisions. Nurse managers want to enable staff and all nurses to make the best choices for their patients as well as for themselves. Self-efficacy is commonly defined as having a belief in one's capability to succeed. One feels up to the challenge of demanding tasks and is, therefore, is intrinsically motivated by them. Those with strong self-efficacy have an enhanced

personal well-being and an increased ability to accomplish goals (Bandura, 1994; Schunk & Pajares, 2002).

Conversely, those who have a low sense of self-efficacy doubt their capabilities and shy away from difficult tasks and do not have confidence in their decisions. Such difficult tasks or activities are perceived as personally threatening and therefore to be avoided (Bandura, 1993, 1994; Pajares, 2002). They set fewer goals and have a decreased commitment to those they do set. They see failure as a personal deficiency and therefore not within their control. When faced with adversity they will tend to slacken their efforts and give up quickly. People with low self-efficacy are also, unfortunately, slow to recover what sense of self-efficacy they have and therefore may quit prematurely. Unless people believe they can produce the effects they desire, the incentive to act is obliterated. They are also, therefore, more likely to feel stressed and depressed (Bandura, 1993, 1994; Margolis & McCabe, 2004; Pajares, 2002).

3.2.3 Measuring self-efficacy

Based on the literature review, the researcher will present measurement instruments that relate to self-efficacy. The section includes studies that apply general self-efficacy measurement to various nursing scenarios; and studies that apply general self-efficacy measurement to nursing practice. Manojlovich (2005) used the Caring Efficacy Scale (CES) which measures nurses' beliefs in their ability to express caring attitudes and behaviors. Thus the CES is not appropriate for this study since it lacks the specificity strongly recommended by Bandura (2006). The author reported on content and concurrent validity but indicated that at least at the time of writing, the CES overlaps with the concept of professional behavior that would be measured by the researcher.

The other scale most closely matched to this study is by Cheraghi et al., (2009).The study includes a rigorous methodology, which resulted in the development of the Self-Efficacy for Clinical Performance (SECP) measurement scale. The tool went through revisions that resulted in 69 Likert-format items using a 1-100 answer scale. Five subscales were developed based on the five steps in the nursing process (assessment, diagnosis, planning, implementation, and evaluation)(Cheraghi, Hassani, Yaghmaei, & Alavi-Majed, 2009). Therefore the

researcher agreed that this scale might not be appropriate for use in this study because the population is specific to nursing education and competence.

Finally, several other measurement instruments were found that measure nursing and efficacy for nursing practice in some manner. It is worth noting that many researchers have resorted to using instruments that measure general self-efficacy. In this case, the best option may be using a general self-efficacy instrument because it has been proved reliable and valid in various field studies which are described elsewhere (Schwarzer, 1993). General self-efficacy assesses a broad and stable sense of personal competence to deal effectively with a variety of stressful situations. The instrument that used in this study approach based the concept of Bandura's (1977) which measuring situation- specific beliefs (the belief in one's ability to perform a specific action).The scale has been translated into 33 languages. The empirical data sets are available for German, Spanish, and Chinese and many versions including Indonesia too. The general self-efficacy scale aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations. The German version of this scale was originally developed by Jerusalem and Schwarzer in 1981, first as a 20-item version and later as a reduced 10-item version (Jerusalem & Schwarzer, 1986, 1992; Schwarzer & Jerusalem, 1989). The general self-efficacy scale has been used in numerous research projects, where it typically yielded internal consistencies between alpha = .75 and .90. The scale is parsimonious and reliable and it has proved valid in terms of convergent and high validity.

General self-efficacy scales are appropriate for use in this studies because the purpose of this study is to ascertain the feelings the staff nurses have toward their self-efficacy regarding professional behavior. Pajares (1996) explains this further when he suggests that general self-efficacy measurement scales ask test takers to think about feeling efficacious and to base their answers thus. That is why the researcher chose a general self-efficacy measurement scale as an appropriate instrument because there is no specific measurement that measures specific self-efficacy toward to professional behavior in the literature review.

3.2.4 Self-efficacy and professional behavior relationship

There is no specific research covers self-efficacy related to the concept of professional practice. However, some studies conducted research about the relationship of self-efficacy related to components of professional behavior and that is mentioned by the RNAO such as the relationship between self-efficacy with nursing autonomy, self-efficacy and innovation etc. One example of nurse self-efficacy according to Manojlovich (2005) is directly related to professional autonomy and empowerment. Nurses with high levels of self-efficacy view obstacles as opportunities rather than threats (Manojlovich, 2005). Findings from a non-experimental survey design indicate that self-efficacy partially mediated the relationship between structural empowerment and professional behaviors (Manojlovich 2005). Five hundred randomly selected practicing nurses were invited to respond to the survey, resulting in a participation rate of 75% (*n*=376).

The results demonstrated that self-efficacy partially mediated the relationship with professional behaviors. The author suggests, “It is a belief in one’s ability to get the job done or self-efficacy that must be fostered in order for nursing to have a more powerful influence in healthcare”. They conclude that nurse managers should consider opportunities to enhance the practice self-efficacy of nurses through strategies such as positive role modeling and positive verbal persuasion.

Findings from Schoessler and Farish’s (2007) grounded theory study expand upon the results of the quantitative studies. Study samples were selected at random from a convenience sample of registered nurses who had a minimum of seven years of nursing experience at one site. Nurses who enjoyed their work described it as “challenging, intriguing, endlessly fascinating and full of variety with something new to learn, to gain and to teach”. These words correlate closely to descriptions and definitions of well-developed self-efficacy and of workplace practices that support self-efficacy and improve professional behavior.

3.3 Psychological empowerment

This part presents the meanings, concept/ theories of psychological empowerment, measuring psychological empowerment and the relationship of psychological empowerments and professional behavior.

3.3.1 Meanings of psychological empowerment

Spreitzer (1995) defined empowerment as motivation obtained or arising from within oneself by stimuli from the outside such advice or guidance to the organization or leader. Therefore, psychological empowerment is defined as a motivational construct manifested in four cognitions: meaning, competence, self-determination and impact. Together, these four cognitions reflect an active rather than a passive, orientation to a work role (Spreitzer, 1995).

3.3.2 Concept/theories of psychological empowerment

Empowerment is one crucial factor for professional behavior. Spreitzer (1995) defined empowerment as motivation obtained or arising from within oneself by stimuli from the outside such advice or guidance to the organization or leader. In addition, Psychological empowerment is defined as a motivational construct manifested in four cognitions: meaning, competence, self-determination and impact. Together, these four cognitions reflect an active, rather than a passive, orientation to a work role (Spreitzer, 1995). In that study, Spreitzer (1995) defined competence is related to individual's job performance and the confidence they express in performing to their best ability. Meaning refers to the fit between employee's behaviors and job requirements and systemic organizational goals. Impact describes how much influence employees feel they have over important organizational outcomes. Self-determination refers to the control individuals perceive in their work environments. Empowering working conditions are fundamental to creating positive professional practice environments that increase nurses' satisfaction with their work and positive evaluations of the care they are able to provide in these work settings. When staff nurses perceived their workplace as empowering, they also felt that their managers were good leaders (Laschinger, 2008)

Thomas and Velthouse (1990) described in the detail about four dimensions of psychological empowerment: a sense of meaning is "the value of the task goal or purpose, judged in relation to the individual's own ideas or standards" (Thomas & Velthouse, 1990). Hackman and Oldham (1980) describe meaning in the workplace as a critical psychological component for work effectiveness. Meaningfulness determines the amount of psychological energy invested in the activity (Thomas & Velthouse, 1990). A sense of competence is the second dimension

of psychological empowerment. Competence is "the degree to which a person can perform task activities skillfully when he or she tries" (Thomas & Velthouse, 1990). The individual believes that he or she has control over the situation due to previous accomplishments or experience observing others (Bandura, 1977). This belief in the efficacy of self is one of the determinants of motivation to act in the situation (Bandura, 1986; Conger & Kanungo, 1988; Thomas & Velthouse, 1990).

The third dimension of psychological empowerment is a sense of self-determination. Self-determination is "a sense of choice in initiating and regulating one's own actions" (Deci, Connell, & Ryan, 1989). The individual must have the capacity for self-action (competence). The action follows as the competent individual uses opportunities to make decisions and implement action (Staples, 1990). The result is an enhanced sense of control (Denmark, 1993; Keller, 1991; Parker & Price, 1994). Spreitzer (1995) explains "empowered individuals believe they have personal discretion concerning the methods used to perform their role in the system". Self-determination is different from the participative role in decision-making described earlier in the relational literature. Self-determination is an internal experience. It may need a relational process, such as participative management philosophy, to occur. However, the impetus comes from the individual's volition.

A sense of impact is the fourth dimension of psychological empowerment. The impact is the degree of success that an individual perceives from expanding work effort toward goal accomplishment (Ashforth, 1989; Spreitzer, 1992; Thomas & Velthouse, 1990). Bandura (1977) associated instrumentality of behavior with impact in relating performance to the outcome. A common way of expressing impact is the belief that one can make a difference. Competence and self-determination are conceptual prerequisites to change. Moreover, all three are necessary for the individual to determine that the desired effect can occur as a result of work efforts (Thomas & Velthouse, 1990).

3.3.3 Measuring psychological empowerment

The psychological empowerment scale by Spreitzer (1992, 1995) would be used in this research. Spreitzer' (1992) stated that the empowerment scale provides a measurement of the empowerment gestalt and dimensions. Spreitzer developed the instrument from empowerment construct research conducted in 1992.

Spreitzer reviewed empowerment literature from interdisciplinary databases and identified 150 themes of empowerment. Two independent raters then Q sorted these themes into content categories. Then, the next step was the integration of these two independent sorting activities. The level of agreement in the integration of generating was a reliability of 0.72. Integration revealed four common themes that reflected the theme of empowerment in the literature. The themes are competence, self-determination, and impact. Thomas and Velthouse (1990) identified that each theme is almost identical and named them with the assessment task: that of meaningfulness, competence, choice, and impact. This concept is a central concept to create Spreitzer conception.

The step that explains part in constructing the validation stage of the work will be shown below. The findings of the categorization theme of literature indicate the actual examination of the managerial population in a division of the company's manufacturing technology. This is executed through telephone interviews, open-ended questions asked about the interviewee's definition of empowerment, and personal experiences of empowerment as well as lack empowerment. The interviews confirmed the four themes of empowerment. Spreitzer (1995) designed a twelve-item scale to capture the four dimensions and provide a measurement of the gestalt of empowerment. Three items assessed each dimension. A seven-point Likert scale determined the numerical value for the self-assessment of all items.

For the developed empowerment construct, Spreitzer (1995) reported convergent and discriminant validity for the measurement of the four dimensions of empowerment. There is evidence of a higher order construct of empowerment, consisting of the four dimensions. Cronbach's alpha reliability coefficients range from 0.79 to 0.88 for the individual four dimension scales. A second order factor analysis was done by Spreitzer to provide empirical evidence of empowerment, as composed of four dimensions. The result was a good fit, with an adjusted goodness of fit score of 0.93 (Spreitzer, 1995). Finally, based on literature reviews and validity and reliability checks of psychological empowerment the researcher argue that this measurement tool would be appropriate to this study.

3.3.4 Psychological empowerments and professional behavior relationship

The following review of the nursing literature presents the dimensions of empowerment as a means of providing a context for the study of professional behavior and psychological empowerment of nurses. The nurse needs knowledge and experience in areas such as decision-making, communication, and management to perceive the self as having self-direction. Informants identify the primary elements of the psychological empowerment process as interaction with clients, families, and other health providers. The impact is the fourth dimension of psychological empowerment. The sole study related to impact is Chandler's (1992) work. The impact is the second theme in her research. Empowered nurses express the theme of an impact as the ability to work with clients to meet health goals and act professional behavior.

Other studies have linked empowerment in general to important outcomes related to professional practice, such as autonomy, (Sabiston & Laschinger, 1995), and perceived control over nursing practice (Laschinger & Havens, 1996). Others have linked empowerment to job satisfaction (Laschinger, 2008). Greco et al found that staff nurses were more empowered when their leaders encouraged autonomy, facilitated participative decision making, and expressed confidence in employee competence (Greco, Laschinger, & Wong, 2006)

Physiological empowerment is positively related to innovative behavior $p<.001$ (Spreitzer, 1995). Informal power through networking and effective collaborative relationships and support from managers, colleagues, and other health professionals are important to nurses perceptions of respect, as is professional autonomy. The results of this study are particularly salient for nurse managers who can create empowering conditions by promoting collaborative working relationships and providing support to staff, thereby fostering greater feelings of autonomy, meaning, and impact, and ultimately, augmenting nurses feelings of respect (Faulkner & Laschinger, 2008). By linking empowerment with professional practice environment characteristics found in magnet hospitals, they gain a broader understanding of how empowering work conditions may facilitate professional practice and lead to positive nurse and patient outcomes.

3.4 Organizational support

This part presents the meanings, concept/ theories of perceived organizational support, measuring organizational support and relationship of organizational support and professional behavior.

3.4.1 Meanings of organizational support

Organizational support is assumed to increase the employee's effective attachment to the organization and the employee's expectancy that greater effort toward meeting organizational goals will be rewarded (Einserberger, et.al, 1986). According to organizational support theory, organizational support reflects the degree to which employees believe that their work organization values their contribution and cares about their well-being (Rhoades & Eisenberger, 2002).

3.4.2 Concept/ theories of organizational support.

According to the organizational support theory, the development of organizational support is encouraged by employees' tendency to assign the organization humanlike characteristics (Eisenberger et al., 1986). Levinson (1965) noted that actions taken by agents of the organization are often viewed as indications of the organization's intent rather than attributed solely to the agents' personal motives. This personification of the organization, suggested Levinson, is aided by the organization's legal, moral, and financial responsibility for the actions of its agents; by organizational policies, norms, and culture that provide continuity and prescribe role behaviors; and by the power, the organization's agents exert over individual employees. By the organization's personification, employees view their favorable or unfavorable treatment as an indication that the organization favors or disfavors them.

Eisenberger et al. (1986) used the social exchange theory to explain the relationship between these two forms of commitment, they suggest that an employee's inferences about the organization's commitment to the employee lead to the employee's subsequent commitment to the organization. The social exchange theory suggests that organizational commitment reflects employees' perceptions about the nature of the relationship between themselves and the organization. Social exchange theorists argue that resources received from others are more highly valued if they are based on discretionary choice rather than circumstances beyond the donor's control. Such voluntary aid is welcomed as an indication that the donor genuinely

values and respects the recipient (e.g., Blau, 1964; Cotterell, Eisenberger, & Speicher, 1992; Eisenberger, Cotterell, & Marvel, 1987; Gouldner, 1960).

The strength of this relationship depends on the degree to which employees identify the supervisor with the organization, as opposed to viewing the supervisor's actions as idiosyncratic (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, in press). The organizational support theory also addresses the psychological processes underlying consequences of organizational support. First, on the basis of the reciprocity norm, organizational support should produce a felt obligation to care about the organization's welfare and to help the organization reach its objectives. Second, the caring, approval, and respect connoted by perceived organizational should fulfill socio-emotional needs, leading workers to incorporate organizational membership and role status into their social identity. Third, organizational support should strengthen employees' beliefs that the organization recognizes and rewards increased performance (i.e., performance-reward expectancies). These processes should have favorable outcomes both for employees (e.g., increased professional behavior and heightened positive mood) and for the organization (e.g., increased affective commitment and performance, reduced turnover).

3.4.3 Measuring organizational support

Eisenberger et al. (1986) developed a measurement of organizational support called Survey of Perceived Organizational Support (SPOS). Eisenberger et al. (1986) noted that organizational commitment appeared to be very similar to the construct of SPOS, they developed a list of 36 commitment statements that were incorporated into the SPOS measurement. Employees used a 5-point Likert Scale (1= strongly disagree to 5 = strongly agree) to indicate the extent of their agreement with each item. In order to control for an agreement response bias, half the statements were positively worded and the other half were negatively worded. There were 361 employees from various companies responded to the survey with a return rate of 52% across all respondents. The analysis indicated that the perceived support factor accounted for 93.9% of the common variance and that a possible minor second factor accounted for only 6.1 %. The proportion of total variance accounted for by the perceived support factor was quite high considering the diverse content of the items.

A factor analysis with varimax rotation, Kaiser normalization with a 2-factor variation showed that the perceived support factor loaded higher on every one of the 36 statements than did the possible minor factor. A reliability study and item analysis was performed on the survey, resulting in a Cronbach alpha of .97 with item-total correlations ranging from .42 to .83. The mean and median item-total correlations were .67 and .66 respectively. These studies suggest that organizational support is a unique construct that SPOS measures with high internal consistency reliability.

The majority of studies on SPOS used a short form developed from 17 of the 36 original items, which were the highest loading items in the SPOS (Eisenberger et al, 1986). For practical reasons, however, in order to be used in conjunction with other tests, many studies used an even shorter survey of eight items. According to Rhoades and Eisenberger (2002), the original scale was "one-dimensional" and had high internal consistency reliability, therefore the use of the shorter version was not problematic. A meta-analysis of more than 70 studies concerning employees' general or global beliefs that their organization values their contribution and cares about their well-being indicated that SPOS was the measure of choice (Rhoades & Eisenberger, 2002).

The types of institutions used for the sample were as follows: 17 private industries, 13 manufacturing industries, 12 educational institutions, 10 governmental institutions, 6 health care organizations, 2 farm businesses, and 13 other institutions. The average number of SPOS items used with each sample was 13 with a high internal reliability (average Cronbach alpha = .90). Scale reliabilities were also acceptably high. The 73 studies contained a total of 117 assessments of associations between antecedents and SPOS and 166 assessments of association between SPOS and consequences. Because of the high internal consistency reliability and the "unidimensionality" confirmed by factor analysis of the SPOS, these researchers used each study's average SPOS score as a measure of organizational support (Rhoades & Eisenberger, 2002). Finally, based on literature reviews and validity and reliability checks of organizational support the researcher argued that this measurement tool would be appropriate to this study.

3.4.4 Organizational support and professional behavior relationship

The organizational support that permits greater participation in autonomous decision-making and flexibility in doing one's job is positively associated with employee satisfaction, an increase of quality of performance in professional practice, and work life (Benware & Deci, 1984). Many studies have been done in restructuring organizations and environments for the purpose of increasing satisfaction and performance level of the employees. What they did in their studies based on the notion that when the workplace is personally pleasant and socially satisfying, people will be more productive, perform better and be more professional in their given tasks and responsibilities. The notion of organizational support is used to explain how work environments influence employees. The organization will support the initiation and development of new ideas and innovation of their employee. Organizations that tend toward decentralization encourage the personal and professional development of its employees, thereby encouraging autonomy and creativity.

From the perspective of organizational support theory, employees believe that organizations have a general positive or negative attitude concerning the extent to which they value employees' contributions and their growth and welfare, which is called Perceived Organizational support (POS) (Eisenberger, Cummings, Armeli, & Lynch, 1997). Organizational support is strengthened by decisions made by the organization to create favorable work experiences for its employees. Employees who feel supported by their organizations and supervisors tend to be more committed, autonomy, and grow a sense of belonging and accountability. Hence, the will increase their involvement (both with the organization and their own professional behavior), pursue personal and organizational goals more fully, and have the desire to remain with the organization (Eisenberger et al., 1997).

There are few studies regarding factors of organizational support associated with the professional practice. The previous study found that nurses functioning in such an organization support could apply resources as appropriate for best meeting patient needs and for communicating problems to the physician promptly (Aiken & Patrician, 2000). There is also a positive relationship between nursing autonomy and the characteristics of positive organizational support. For

example, organizational support for professional autonomy could influence one's ability to practice autonomously. This is important because knowledge of motivational factors that are associated with the development of expertise would allow nursing leaders, educators, and managers to provide environments in which autonomy, competence, and self-efficacy are encouraged and fostered professional behavior. It is clear that people may come to work more regularly and remain in an organization longer if they are satisfied and committed, the organizational context satisfying, and pleasant employees try harder to perform better and professional (Scott et al., 1999). Therefore, organizational support would be positively related to the professional behavior of Indonesian nurses in West Java.

Therefore personal factors, self-efficacy, psychological empowerment, organizational support have a relationship to professional behavior in nursing, as illustrated in the conceptual framework.

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4. Conceptual framework

Based on the literature review personal factors, self-efficacy, psychological empowerment, and organizational support have a relationship to professional behavior in nursing, as illustrated in the conceptual framework in figure 1.

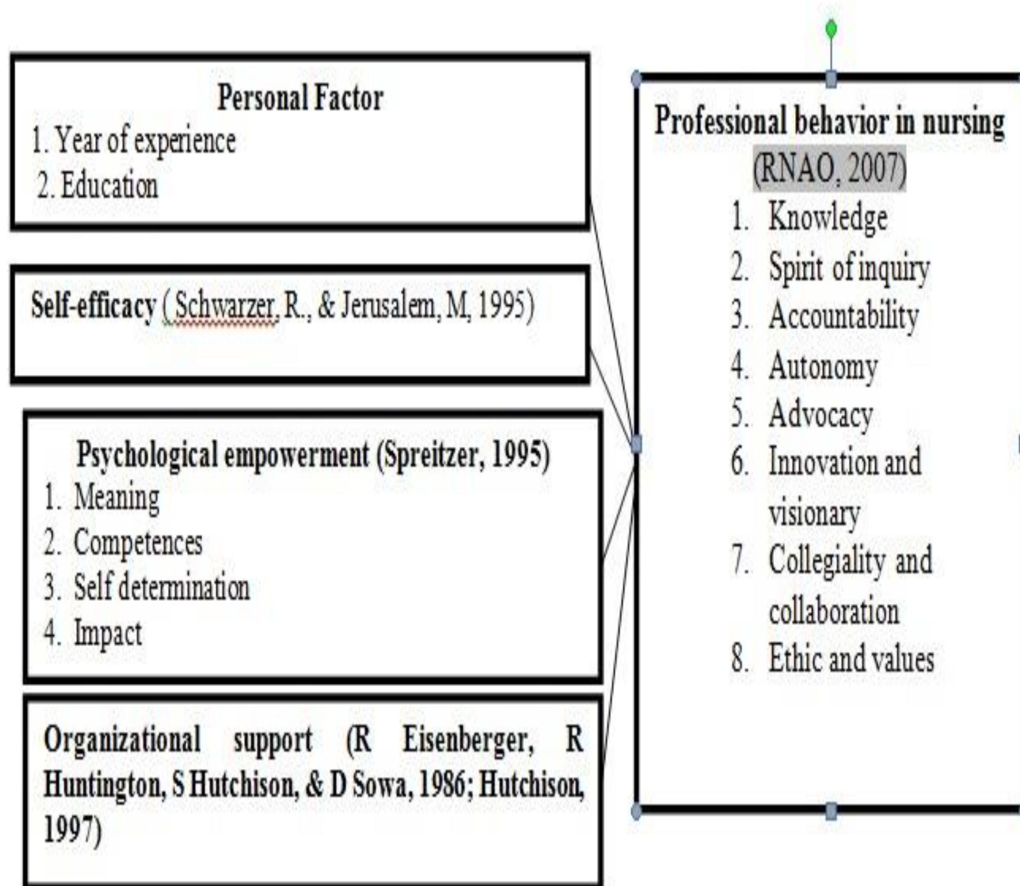

Figure 1 Conceptual framework

CHAPTER III
METHODOLOGY

This part describes the research design, setting, population, data gathering instrumentation, ethical consideration, data collection and data analysis.

Research design

This study was a descriptive correlational study conducted at type A Hospital in West Java. This design was used to obtain the relationship between personal factors including educational level and years of experience, self-efficacy, psychological empowerment, organizational support, and professional behavior of Indonesian nurses, West Java Province, Indonesia

Setting

West Java is a province in Indonesia and its capital, Bandung, is one of the most populated in Indonesia. West Java is one of the provinces in Indonesia, located in the western part of the Java Island. The province's population is 46.3 million (in 2014), and it is the most populous and most densely populated of Indonesia's provinces. West Java is one of the most popular destinations for medical education and medical treatment in Indonesia. The West Javanese government has classified government hospitals into five categories A, B, C and D and E, based on the services and facilities (WHO, 2012).

According to data from the Indonesian Health Profile, Ministry of Health (MOH, 2014), West Java was the province with the lowest ratio of nurses in Indonesia. At the time there were 54.4 nurses per 100,000 people, followed by Banten amounting to 57.67 nurses per 100,000 and East Java at 65.73 nurses per 100,000. The Ministry of Health states that low nurse to person ratio in a hospital indicates a nursing shortage and affect the professional performance of nurses in providing maximum service to the patients (MOH, 2014). This study was conducted at 4 hospital Type A in West Java province, 3 hospitals for data collected and 1 hospital for study reliability. These settings were chosen because the higher amount of

professional nurses in Type A hospital compared to another hospital in West Java province.

Population

The population in this study were 203 staff nurses in hospital type A in West Java province, Indonesia. Total of type A hospital in West Java province are 3 hospitals; Hasan Sadikin Hospital, Cicendo Hospital, and Rotinsulu Hospital.

Data gathering

This study applied total sampling by using all of the population with respod rate 78.8 % of nurses answered the questionnaire, totally 160 nurses was being the sample of the study.

Table 1 The details of population and sample of professional staff nurses of three hospitals Type A, West Java Province, Indonesia

Name of hospital	Total number of nurses	Number of nurses returned a questionnaire
1. Hasan Sadikin Hospital	155	125
2. Rotin Sulu Hospital	10	10
3. Cicendo Hospital		25
	38	
Total	203	160

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Research instruments

Research instrument in this study was a set of questionnaire including five parts as follows:

1. Personal data

The first part of the questionnaires required the study samples to fulfill demographic data in the personal information sheet. The researcher developed the demographic characteristic questionnaire. This demographic data consists of (1) level of education and (2) years of experience that was fulfilled by the study samples.

This form provides a measurement for personal information including age, sex, and working unit.

2. Self-efficacy

The researcher used the ten item of General Self-efficacy Scale (GSE) developed by Schwarzer and Jerusalem (1995). The scale has been translated into 33 languages including Indonesian as well. The German version of this scale was originally developed by Jerusalem and Schwarzer in 1981, first as a 20-item version and later as a reduced 10-item version (Jerusalem & Schwarzer, 1986,1992; Schwarzer & Jerusalem, 1989) using 5 scale Likerts: 1 = not really true 2 = not true 3 = not sure 4 = true 5= really true. The general self-efficacy scale has been used in numerous research projects, where it typically yielded internal consistencies between alpha = .75 and .90. The scale is parsimonious and reliable and it has proved valid in terms of convergent and high validity. The internal
consistency of Cronbach's alpha ranges from 0.76 to 0.90. Criterion-related validity has been documented in numerous correlation studies (Schwartzer & Jerusalem, 1995). The responses to all 10 items are summed up, yielding one score. The total score can range from 10 to 50 point, or uses the mean score can range 1-5. Higher scores indicate a higher /good level of belief in one's self-efficacy.The content validity index of the questionnaire was 1. The tryout study with 30 study samples showed that the reliability of the questionnaire was .74.

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3. Psychological empowerment

In this study, to measure psychological empowerment, the researcher used Spreitzer (1995) based on the definition given by Thomas and Velthouse (1990). Psychological empowerment dimensions namely meaning, competence, self-determination, and impact are the independent variables. The instrument has 12 items (3 items for each of the four dimensions); meaning 1-3, competence 4-6, self-determination 7-9, and impact 9-12. The items were measured using a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree (Pollit & Beck, 2012). The score range is from 12 to 84 higher scores indicate a higher level of psychological empowerment. The Cronbach alphas are: meaning = 0.83, competence = 0.82, self-determination = 0.76 and impact = 0.90. The questionnaire had back translated to the Indonesian language by the experts from the faculty of linguistic studies from Andalas

University, Indonesia. The content validity index of the questionnaire was 1. The tryout study with 30 study samples showed that the reliability of the questionnaire was .88.

4. Organizational support

Organizational support was measured by using a Survey of Perceived Organizational Support (SPOS). It was revised by Eisenberger et al. in 1986. The original form of the SPOS was thirty-six items in length. The shortened, eight-item version of SPOS has high internal reliability and considered a valid and reliable tool to examine organizational support (Rhoades & Eisenberger, 2002). The shortened version of SPOS is one-dimensional. Shore's and Tetrick's (1991) study on the 8-item scale estimated a Cronbach's alpha of .92 to compare favorably with results obtained in past research. Eighteen of the 36 items were reverse scored, 17 items were used for a shorter version based on the largest factor structure coefficients, and 8 items were identified for an even shorter version of the test (Hutchison, 1997). The 8 item scale, the question no 1, 3, 7, 9, 17, 21, 23, 27 (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Hutchison, 1997). The 8 item scale were used in this study and the questionnaires were back translated to the Indonesian language by the experts. The content validity index of the questionnaire was 1. The tryout study with 30 study samples showed that the reliability of the questionnaire was .70.

5. Professional behavior

The researcher developed an instrument based on RNAO guideline. The instrument, which measured using 5-point Likert scale questions, prepared in English and translated into Bahasa (Indonesian language).The questionnaire validated by experts on the profession and pre-test was done also to assess the reliability of the questionnaire. The rating scale responses allowed subjects to describe how well their opinions and attitudes about nursing agree with the item statements 1 = not at all true 2 = hardly true 3 = not sure 4= moderately true 5 = exactly true (Polit & Beck, 2012). The instrument has 38 items developed from eight components of professional behavior in nursing according to RNAO (2007); knowledge (1-6), spirit of inquiry (7-12), accountability (13-17), autonomy (18-21), advocacy (22-25), innovation and visionary (26-30), collegiality and collaboration (31-34), ethics and profession (35-38) items for each of the eight component. The content validity index of the

questionnaire was 1. The tryout study with 30 study samples showed that the reliability of the questionnaire was .97.

Overall, the level of professional behavior, self efficacy, psychological empowerment, and organizational support presented based on the five-point Likert numerical scale. The range mean score value as the follows:

Scores	Meaning
1.00 - 1.49	Very low
1.50 - 2.49	Low
2.50 - 3.49	Moderate
3.50 - 4.49	Good
4.50 - 5.00	Very good

(Burn & Grove 2009).

Translation of the questionnaire

Translation of the questionnaire in this study was conducted with back translation technique (Sperber, Devellis, & Boehlecke, 1994). The original English version was developed by the researcher and translated to the Indonesian language by three bilingual experts who were teaching English literature class in Indonesia. The first expert was requested to translate the original English instruments to Bahasa Indonesia (Indonesian language). Next, the second expert was asked to re-translate the Indonesian version of the instrument back to English. Then, an English expert evaluated both the original questionnaires and the back-translated English versions to ensure the equivalence of the two versions.

Content Validity Instruments

Four instruments still needed to be translated into Indonesian language (Bahasa) and checked for validity testing such as general self-efficacy scale, psychological empowerment scale, survey perceived organizational support and nursing professional

behavior in this study. The content validity of the original English version questionnaires was assessed by a panel of five experts in the field of nursing administration in Indonesia. The criteria for the experts were four lecturers and one advanced practice nurses who have expertise in nursing administration. The five experts evaluated the content validity of the instruments and its relevance with a four-point item rating: 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, 4 = highly relevant. Relevant indicate whether each item on a scale is congruent with the construct (Polit & Beck, 2006) and whether or not the items sampled for inclusion on the tool adequately represent the domain of content addressed by the instrument'' (Waltz, Strickland, & Lenz, 2005)

Additionally, the experts were asked to clarify their reasons if they did not agree with any of the items. Then, for each item, the I-CVI was computed as the number of experts giving a rating of either 3 or 4 (thus dichotomizing the ordinal scale into relevant and not relevant), divided by the total number of experts (Polit & Beck, 2006). An item that was rated as quite and highly relevant by the five experts would have a minimum an I-CVI of .80 (Polit & Beck, 2006). List of experts in this study are presented in Appendix D. The S-CVI was computed by calculating the average of I-CVI across items. The summary of the result is presented in table 2.

Table 2 Content Validity of Instruments

No	Instruments	Number of items	I-CVI	S-CVI
1	General Self-Efficacy Scale	10	1.00	1.00
2	Psychological Empowerment	12	1.00	1.00
3	Survey Perceived Organizational Support	8	1.00	1.00
4	Professional Behavior	38	1.00	1.00

Table 2 depicts that both I-CVI and S-CVI of general self-efficacy scale, psychological empowerment, survey perceived organizational support, and professional behavior were 1.

Instruments reliability

The researcher examined these questionnaires on 30 study samples who had the same characteristics as study samples in the actual study but still working in other hospitals type A. In total, 30 study samples were selected for trying out the tool which was conducted at psychiatry hospital.The researcher also examined reliability from the current study (n=160) as present in Table 3. The internal consistency reliability of the questionnaire was analyzed by using Cronbach’s alpha coefficient (Polit & Beck, 2012). The acceptable level of Cronbach Alpha coefficient for newly developed psychosocial instruments is of .70 and is of .80 for well-developed instruments (Burn & Grove, 2009). Subsequently, Cronbach Alpha coefficients of general self-efficacy scale, psychological empowerment scale , perceived organizational support scale, and professional behavior scale was calculated. The summary of the results is illustrated in table 3. Cronbach’s coefficients of all instruments were acceptable (> .70).

Table 3 Instruments reliabilities of the try out study (n = 30) and current study (n=160

No	Instruments	Number of items	Cronbach's Alpha (n =30)	Cronbach's Alpha (n =160)
1	General Self-Efficacy scale	10	0.74	0.86
2	Psychological empowerment	12	0.88	0.88
3	Survey Perceived Organizational Support	8	0.70	0.71
4	Professional behavior	38	0.97	0.95

In conclusion, all questionnaires in this study demonstrate adequate validity and reliability. The original instruments and final version of the translated instruments used in this study were presented in Indonesian version.

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Protection of human subject and ethical consideration

Two of the Institutional Review Board (IRB) ethical committee in Indonesia approved the proposal of this study. A representative of education field from University of Sumatera Utara Medan approved the first on May 12, 2016 (Approval Letter no. 850/V/SP/2016). Then, it was also approved by the Institutional Review Board (IRB) ethical committee as the representative of a clinical setting field from Hasan Sadikin Hospital (Approval Letter no: LB.04.01/A5/EC/191/V/2016) on 27 May 2016. In addition, before the proposal was approved, the researcher met the director hospital and the IRB committee to present about the objectives, the importance, and the data collection processes of this study. The approval letter is attached in Appendix B.

An inform consent form was used for human rights protection of the study samples. The Informed consent form explained the purpose of the study, benefit, risk, anonymous, and the questionnaires that needed to be completed by study samples. To ensure confidentiality, the name of study samples was not recorded in the database; instead, the code number would be used to represent the study samples of the study. To participate in this study, the study samples were not asked for any payment and there was no harm for their participation. However, after completing the questionnaires, the gift presented to the study samples as appreciation for participation in the study.

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Data collection

After the proposal had been approved by the IRB the researcher began collect data from May to July 2016. The processes of data collection in this study were as the following steps:

1. After the study had been approved by the IRB from the Ethical Clearance, a letter requesting permission to collect data from Faculty of Nursing Chulalongkorn University was sent to the Director of Hasan Sadikin Hospital, Psychiatric Hospital, Cicendo Hospital, and Rotinsulu Hospital.

2. The researcher met the directors or representative of each hospital type A to inform about the objectives, the importance, and the data collection processes of this study.

3. After permission was obtained and the procedure and benefits of the study were explained to the director of each hospital, the researcher randomized the list of study samples who willing to participate in the study based on study samples who met the inclusion criteria.

4. Then, a liaison from each hospital was appointed to help the researcher deploying the questionnaire. The researcher introduced her self, clarified the purpose of this study, benefits of study samples' contribution, and emphasized the confidentiality or anonymity of the study samples' information. Those agreed to take part in the study were asked to sign the consent form.

5. The researcher distributed questionnaires if respondents signed the informed consent. The study samples were given at least four or five days to fulfill the questionnaires; collected all questionnaires from all study samples after one month. During data collection, the researcher provided them her telephone number. Therefore, they could ask the researcher questions about the questionnaires and clarify the provided option of the answer.

6. After completing the questionnaires, the researcher checked that all returned questionnaires were completed. If any questions were not complete, the researcher would deliver questionnaires again to the study samples for completion. Having expressed appreciation for cooperation, the researcher gave each participant a gift.

Data analysis

All of the collected data was submitted into a personal computer and analyzed with the statistical package. At first the researcher repeated for reliability of the current study (n=160).Then, Both descriptive and inferential statistic were performed to explain the relationship between independent variables and dependent variables. In order to explain the characteristic of the sample, examine the distribution of studied variables, the descriptive statistics such as percentages, mean and standard deviation applied. The significant level of statistical test was set at 0.05. The process of data analysis is as follows:

1. Preparation for analysis data: the researcher determined the missing data and outliers to prevent analytic power and bias. In order to prevent random and systemic error such as typing and coding mistakes, the data was cleansed by using descriptive statistics. A total of 160 questionnaires were selected for data accuracy. The technique of missing values in SPSS was performed to analyze the amount of missing data and explore the data in order to check the normal distribution of each studied variables.

2. Descriptive statistics include analyzing frequency, means and standard deviation were conducted to present demographic data, the general self-efficacy scale transformed score regarding professional behavior, the psychological empowerment scale transformed score regarding professional behavior, the survey organizational support transformed score regarding professional behavior. The personal factor (educational level, years of experience), self-efficacy, psychological empowerment, and organizational support regarding the level of professional behavior would be categorized and described.

3. Examination of normality was conducting by using skewness and kurtosis statistics.. The skewness and kurtosis scores for all other measures are between ±2.0. Therefore, we can conclude these measures are normally distributed which meets the requirement of normality to run rigorous statistical analysis (Hair et al, 1998). The normality of the measures is as shown in Appendix 1

4. The bivariate analysis was executed to examine the correlation between personal factors years of experience, self-efficacy, psychological empowerment, organizational support and professional behavior of Indonesian nurses. The degree of the relationship was determined by the following criteria: r ± ≤ .35 = weak or low relationship, r ± .36-.6.8 = moderate relationship, and r ± .69-1.00 = strong or high relationship (Taylor,1990). To see the extent of the relationship that occurs between educational level and professional behavior, then the contingency coefficient was used.

Contingency Coefficient.:

$$C = \sqrt{\frac{\chi^2}{\chi^2 + n}}$$

Degree of Association was used to examined the correlation between personal factor educational level. The degree of the relationship was determine by the following criteria

Criteria	Meaning
0.00 – 0.25	Weak association
0.26 – 0.50	Moderate association
0.51 – 0.75	Strong association
0.76 – 1.00	Very strong association

5. The Chi-square test was used to determine the relationships between educational level and professional behavior; Pearson's Product-Moment Correlation was applied to analyze the relationship between personal factor years of experience regarding professional behavior, the relationship between self-efficacy regarding to professional behavior, the relationship between psychological empowerment regarding professional behavior, and the relationships between organizational support regarding to professional behavior.

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CHAPTER IV
RESULTS

This chapter presents the result of; 1) characteristics of the study samples, 2) level of professional behavior of Indonesian nurses, 3) descriptive data of variables regarding to the professional behavior of Indonesian nurses, and 4) Relationships between personal factors (education and years of experience), self-efficacy, psychological empowerment, organizational support and professional behavior of Indonesian nurses, West Java province, Indonesia. Data were collected from May to July 2016 in Public Hospital type A, West Java province, Indonesia. The results of this study are presented on four part based on objectives of the study as follows:

1. Part 1 showed study samples' characteristics
2. Part 2 showed mean, SD, and meaning of professional behavior of Indonesian nurses
3. Part 3 showed mean , SD, and meaning of overall study independent variables
4. Part 4 showed correlation coefficients of personal factors (education and years of experience), self-efficacy, psychological empowerment, organizational support and professional behavior

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Part 1 Study samples' characteristics.

This study applied total sampling by using total of the population 203 nurses with respod rate 78.8 % of nurses answered the questionnaire. Finally, 160 nurses was being the sample of the study from each hospital type A, West Java province, Indonesia. Characteristics of the sample are presented in the table 4 below.

Table 4 Frequency and percentage of samples classified by characteristics of the study samples (n = 160)

Characteristics of samples		Frequency (n=160)	Percentage (%)
Gender	Male	36	22.5
	Female	124	77.5
Education	Bachelor degree (S1 nursing)	135	84.4
	Master degree (S2 nursing)	25	15.6
Age	20 - 29 years old	30	18.8
	30 – 39 years old	86	53.8
	40 – 49 years old	41	25.5
	50 – 59 years old	3	1.9
	Mean =36.39; SD=6.328		
Working Unit	Emergency unit	18	11.3
	ICU & NICU	50	31.3
	Inpatient unit	86	53.8
	Outpatient unit	6	3.7
Years of experience	0 - 2 years	16	10.0
	3 - 5 years	21	13.1
	6 – 8 years	31	19.4
	9 – 11 years	35	21.9
	≥12 years	57	35.6

The results of the analysis of statistical data show demographic data of study samples. In table 4, where the primary things are the frequency and percentage, the first part presents the gender of survey study samples and the percentage of data describe 22% male and 78% female nurses. In the education section, with two classifications of education, it is known that there are 135 (84.4%) study samples with a bachelor degree (S1) and there are 25 study samples (15.6%) hold a master's degree. Moreover, survey study samples were divided into four age groups. 30-39 year age group is the most dominant in this study, which amounted to 86 people (54%). Similarly, of the four working unit, the inpatient unit contributed the most nurses with 86 people (54%). In terms of years of experience, the data are classified into five groups. In this section, the number of study samples are spread quite evenly; however, there are more experienced who have got over 12 years of experience (35.6 %) nurses compared to the beginner nurses participating in this study.

Part 2 Mean, SD, and meaning of professional behavior

Table 5 Mean, SD, and the level of mean score of eight component of professional behavior

Professional behavior	$\bar{x}$	SD	Level
1. Advocacy	4.22	.55	good
2. Accountability	4.12	.58	good
3. Ethics and value of profession	4.02	.63	good
4. Autonomy	4.02	.60	good
5. Innovation and visionary	3.99	.54	good
6. Knowledge	3.95	.48	good
7. Collegiality and collaboration	3.91	.72	good
8. Spirit of inquiry	3.81	.61	good
Total	**4.00**	**.46**	**good**

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Table 6 Mean, SD, and the level of mean score of each item advocacy subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
1. Advocacy	**4.22**	**.55**	**good**
Provide nursing cares to patients based on individual needs.	4.26	.64	good
Equally provide nursing care by concerning about human rights.	4.25	.65	good
Constantly respect patients.	4.22	.65	good
Independently let patients make their own decisions to choose nursing care after completely giving information.	4.17	.72	good
Total	**4.22**	**.55**	**good**

Table 7 Mean, SD, and the level of mean score of each item accountability subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
2. Accountability			
Fully responsible for your assigned job.	4.25	.67	good
Work with safety considerations.	4.16	.69	good
Provide nursing care by adhering to professional ethics	4.13	.65	good
Standardly perform nursing care practice.	4.11	.67	good
Intently work for getting efficient outcome	3.99	.77	good
Total	**4.12**	**.58**	**good**

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Table 8 Mean, SD, and the level of mean score of each item ethic and value subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
3. Ethics and value of profession			
Have morally minded such as working without bias, obedient working to law, and not taking benefits wrongly	4.18	.72	good
Take care of patients with compassion and respect as value of human being	4.12	.75	good
Have reputed nursing profession to society for giving recognition.	4.06	.75	good
Love to work as a nurse even you are very struggling.	3.91	.88	good
Total	**4.02**	**.63**	**good**

Table 9 Mean, SD, and the level of mean score of each item autonomy subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
4. Autonomy			
Can choose nursing care method autonomously according to scopes of nursing practice.	4.13	.74	good
Can autonomously give your comment about patient care	4.05	.81	good
Your nursing practice is accepted by the multidisciplinary team members.	3.97	.73	good
Your leadership for taking care of the patient is accepted by a multidisciplinary team.	3.94	.68	good
Total	**4.02**	**.60**	**good**

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Table 10 Mean, SD, and the level of mean score of each item innovation and visionary subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
5. Innovation and visionary	**3.99**	**.54**	good
Continuously looking for any chances to improve yourself such as joining training or attending conferences	4.11	.65	good
Open minded receiving any new concept or innovation to apply for nursing practice	4.08	.71	good
Open minded, e.g. looking at every case from many perspectives.	4.02	.72	good
Notice changes in the society that affecting the nursing profession.	3.94	.81	good
Create new methods or projects for improving nursing practice	3.80	.87	good
Total	**3.99**	**.54**	**good**

Table 11 Mean, SD, and the level of mean score of each item knowledge subscale of professional behavior

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Professional behavior	$\bar{x}$	SD	good
6. Knowledge	**3.95**	**.48**	**good**
Skillfully take care of patients with your best.	3.98	.78	good
Explain nursing concept or theory to provide nursing care for patients.	3.94	.74	good
Update your knowledge for improving standards of practice	3.93	.82	good
Understanding about causes and effects of providing nursing care for patients	3.90	.73	good
Use empirical data such as applying	3.71	.82	good

research results to improve nursing care for patients.			
Total	**3.95**	**.48**	**good**

Table 12 Mean, SD, and the level of mean score of each item colleagility and collaboration subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
7. Collegiality and collaboration			
Give any suggestions or advisements to nursing students during their practicum.	4.01	.80	good
Cooperate with educational departments.	3.97	.85	good
Cooperate with any nursing network such as facilitating for teaching and learning, training and field trip.	3.84	.89	good
Cooperate with any organization to conduct research if they have been authorized to collect data in your hospital	3.84	.89	good
Total	**3.91**	**.72**	**good**

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Table 13 Mean, SD, and the level of mean score of each item spirit of inquiry subscale of professional behavior

Professional behavior	$\bar{x}$	SD	Level
8. Spirit of inquiry	**3.81**	**.61**	**good**
Enthusiastic to develop yourself for being nursing expert	4.11	.74	good
Apply your nursing knowledge into practice.	3.88	.93	good
Effectively provide nursing care beyond to the standard	3.76	.90	good
Participate in any nursing development	3.74	.96	good

activities such as conducting research or using research results			
Attended nursing or related field conferences	3.72	.86	good
Always review and improve your work all the time.	3.67	.92	good
Total	**3.81**	**.61**	**good**

Table 5 illustrates the mean, standard deviation, and the level of the Professional Behaviour variable from the highest to the lowest value. The mean, SD, and the level of the eight components of professional behavior are good levels. The result shows good rank score ($\bar{x}$ = 3.81-4.26) on each of the component of professional behavior. Table 6-13 shows the mean average of each item of the professional behaviour variable from the highest the lowest to value. The 'Spirit of Inquiry' as the lowest; the component consists of six statements ($\bar{x}$ =3.81; SD= .61), thus it is interpreted as the good level of professional behavior. Followed by the component 'Collegiality and Collaboration' component consists of four statements ($\bar{x}$ =3.91; SD=.72), thus it is interpreted as a good level. Then, the 'Knowledge' component consists of six statements ($\bar{x}$ =3.95; SD= .48), thus it is interpreted as a good level. Next, the 'Innovation and Visionary' component consists of five statements, statements ($\bar{x}$ =3.99; SD =.54), thus it is interpreted as a good level. The 'Autonomy' component consists of four statements, statements ($\bar{x}$ =4.02; SD =.60), thus it is also interpreted as a good level. The 'Ethics and Value of Profession' component consists of four statements, statements ($\bar{x}$ =4.02; SD= .63), thus it is interpreted as a good level. The 'Accountability' component consists of five statements, statements ($\bar{x}$ = 4.12; SD =.58), therefore it is interpreted as good level, and the highest on the 'Advocacy'component which the component consists of four statements, with a mean of 4.22 and a value of 0.55 distribution data, hence it is interpreted as good level. Overall, the 'professional behaviour' variable is interpreted as a good level.

Part 3 showed mean , SD, and meaning of overall study each item and subscale variables

Table 14 Mean, SD and meaning of study variables (n= 160)

Variables	$\bar{x}$	**Standard deviation (SD)**	**Level**
Self efficacy	3.82	.48	Good
Psychological empowerment	3.79	.52	Good
Organizational support	3.03	.36	Moderate
Professional behavior	4.00	.46	Good

Table 14 shows the mean and standard deviation (SD) from organizational support, professional behavior, self-efficacy, and psychological empowerment variables, with a sample of 160. The organizational support variable, shows the mean of 3,03 to 0,36 spread value data, thus interpreted as the moderate level. The professional behavior variable holds the mean value 4.00 with 0.46 data spread, thus interpreted as the good level. On self-efficacy variables, the mean is 3.82 with 0,48 data distribution, therefore interpreted as the good level. On psychological empowerment variable, the mean of 3.79 to 0.52 data distribution, thus interpreted as the good level.

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Table 15 Mean, SD, and meaning of self-efficacy clasify by each items olevel of mean scores

Self- efficacy	$\bar{x}$	SD	Meaning
I can always manage to solve difficult problem if I try hard enough	4.04	.64	good
If I am in trouble. I can usually think of a solution.	3.98	.60	good
When I am confronted with a problem, I can usually find several solutions	3.94	.64	good
I can remain calm when facing difficulties because I can rely on my coping abilities.	3.92	.72	good
Thanks to my resourcefulness, I know how to handle unforeseen situation	3.89	.76	good
I can solve most problems if I invest the necessary effort	3.85	.65	good
I can usually handle whatever comes my way	3.72	.80	good
I am confident that I could deal efficiently with unexpected event	3.68	.75	good
It is easy for me to sick to my aims and accomplish my goals	3.63	.82	good
If someone opposes me, I can find the means and ways to get what I want	3.59	.81	good
Overall	**3.82**	**.48**	**good**

Table 15 indicates mean scores ranging from 3.59 - 4.04 on a 1-5 scale. Indonesian nurses' perception toward involving their beliefs about their capabilities to produce or accomplish their task in this study were at a good level ($\bar{x}$ = 3.79, SD=.52). It showed from the highest result statement "I can always manage to solve the difficult problem if I try hard enough" ($\bar{x}$ = 4.04, SD=.64),"If I am trouble. I can usually think of a solution" ($\bar{x}$ =3.98; SD= .60). In the other hand, the lowest average mean can be found in statement "I am confident that I could deal efficiently with unexpected event" ($\bar{x}$ =3.68; SD= .75), and item "I can solve most problems if I invest the necessary effort" ($\bar{x}$ = 3.85; SD=.65). Yet, the statement still interpreted at a good level of self efficacy.

Table 16 Mean, SD, and meaning of each item and each subscale of psychological empowerment

Psychological empowerment	$\bar{x}$	SD	Meaning
1. Meaning	**3.84**	**.59**	**good**
The work I do is very important for me	3.88	.67	good
The work I do is meaningful to me	3.84	.71	good
The job activities as personally meaningful to me	3.82	.68	good
2. Self determination	**3.83**	**.60**	good
Encourages me to have significant autonomy in determining how to do my job	3.84	.71	good
Gives me considerable opportunity for independence based on nursing regulation in how I do my job	3.84	.79	good
Relies on me to make my own decisions how to go about doing my work	3.81	.77	good
3. competence	**3.78**	**.71**	**good**
Ensures that I have mastered the skills necessary for my job	3.84	.83	good
Influences my confident about my ability to do my job	3.76	.86	good
Influences myself- assurance about my capabilities to perform my work	3.75	.91	good
4. Impact	**3.71**	**.75**	**good**
I have significant influences over what happen in my department.	3.72	.78	good
I have a great deal of control over what happens in my department	3.71	.84	good
Shares information impact on what happen in my department is large	3.71	.85	good

Table 16 illustrates the mean, the distribution of data and interpretation level of Psychological Empowerment variable. The result finding showed the psychological empowerment variable of this study at a good level which can be interpreted from the average mean score ($\bar{x}$ = 3.8; SD .52). The mean score from the highest to the lowest in this study are; meaning, self-determination, competence and impact ($\bar{x}$ = 3.84; $\bar{x}$ =3.83; $\bar{x}$ =3.78; $\bar{x}$ = 3.71, respectively). Impact was the lowest average mean score in this study ($\bar{x}$ = 3.71; SD=.75) and the rank score was 3.71-3.7. Detailing, the highest average mean score ($\bar{x}$ = 3.72; SD=.78) came from item of impact statement "My head nurse says I have significant influences over what happen in my department. The second was followed by competence ($\bar{x}$ = 3.78; SD= .71).The rank score was 3.78- 3.83.Furhermore, the highest average mean score ($\bar{x}$ = 3.83; SD=.60) came from item statement of competence "My head nurse ensures that I have mastered the skill necessary for my job"). The third was self-determination ($\bar{x}$ =3.83; SD=.60). The mean rank scores were from 3.81- 3.84.Thus, the highest average mean score of the item self-determination statement was "My head nurse gives me considerable opportunity for independence based on nursing regulation in how I do my job" and "My head nurse encourages me to have significant autonomy in determining how to do my job" which had same mean value ($\bar{x}$ = 3.84) of psychological empowerment. The highest average mean score of psychological empowerment was meaning ($\bar{x}$ = 3.84; SD= .59). The mean rank scores were from 3.82- 3.88. This came from the finding of this study in items "My head nurse says the work I do is very important to me". Overall, the subscales in psychological empowerment variables interpreted as the good level.

Table 17 Mean, SD and meaning of each item of organizational support

Organizational support	$\bar{x}$	SD	Meaning
The organization values my contribution to its well-being	3.33	.94	moderate
The organization takes pride in my accomplishments at work	3.19	.83	moderate
The organization shows very little concern for me	3.13	.86	moderate
The organization cares about my general satisfaction at work	3.03	.91	moderate
The organization really care about my well-being	2.98	.91	moderate
The organization fails to appreciate any extra effort from me	2.96	.99	moderate
Event if I did the best job possible, the organization would fail to notice	2.90	.87	moderate
The organization would ignore any complaint from me	2.78	.93	moderate

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Table 17 shows the mean for this is 3.03 (SD = .36) and scores ranged from 2.78-3.33 on a 1-5 scale. When examining the mean scores, the lowest mean average (2.78) came from question 1, which is, “The organization would ignore any complaint from me”. Another low mean score (2.90) came from question 2 “Even if I did the best job possible, the organization would fail to notice." The highest mean score (3.33) came from question 8, ‘The organization values my contribution to its well-being'. Overall, the sub-variables in organizational support variables interpreted as the moderate level.

Part 4 Correlation coefficients of personal factors (education and years of experience), self-efficacy, psychological empowerment, organizational support and professional behavior

The results of the correlation coefficients of the variables are presented in table 18 and 19 below;

Table 18 Correlation coefficients regarding the educational level and professional behavior

Education level	Level of Professional behavior			Total of study samples	X^2	d*f*	$\bar{x}$	*p*-value
	Moderate	Good	Very good					
Bachelor degree	16 (10 %)	101 (63.1%)	18 (11.3%)	135 (84.4%)	**20.363**	**2**	**4.00**	**.000**
Master degree	1 (6%)	11 (6.9%)	13 (8.1%)	25 (15.6%)				
Total	17 (10.6%)	112 (70%)	31 (19.4%)	160 (100%)				

Table 18 shows the relationship between educational level and the level of professional behavior (n=160) . To understand the relationship between educational level and the level of professional behavior, chi-square analysis was used. Based on the results of the statistical calculations obtained the χ^2 calculated value of 20.363. Statistical analysis showed that χ^2 count (20.363) > χ^2 table (5.991). Therefore, Ho is rejected. Hence, there is a relationship between educational level with professional behavior ($p<.001$). To see the extent of the relationship that occurs between educational level and professional behavior, then the contingency coefficient was used.

Contingency Coefficient.:

$$C = \sqrt{\frac{\chi^2}{\chi^2 + n}}$$

$$C = \sqrt{\frac{20,363}{20,363 + 160}} = 0,336$$

As the value of C = 0.336 belongs to the interval (0.26 < C <0.50), it means that the correlation between educational level and level of professional behavior is in the moderate association category.

Table 19 Correlation coefficients of personal factor years of experience, self-efficacy, psychological empowerment, and organizational support with professional behavior

Variables	Correlations coefficients	p-value	Level of relationship
Self efficacy	.57	<.001	Moderate
Psychological empowerment	.55	<.001	Moderate
Years of experience	.49	<.001	Moderate
Organizational support	.21	.008	Low

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According to table 19, it showed that

1. Organizational support had positive and low relationship to professional behavior at the significant level of correlation (r = .21; p =.008)

2. Years of experience had positive and moderate relationship to professional behavior at significant level of correlation (r = .49; p = <.001)

3. Psychological empowerment had positive and moderate relationship to professional behavior at significant level of correlation (r = .55; p = <001)

4. Self efficacy had positive and moderate relationship to professional behavior at significant level of correlation (r = .57; p = < .001)

CHAPTER V
CONCLUSION, DISCUSSION, AND SUGGESTION

The results of this study are concluded and discussed in this chapter. Then, the implications for nursing practice and future research are proposed. Finally, the recommendations of the study are addressed.

Conclusion

The purpose of this correlation study was to examine the professional behavior of Indonesian nurses in West Java province, Indonesia and examined relationships between personal factors (education and years of experience), self-efficacy, psychological empowerment, organizational support, and professional behavior of Indonesian nurses, West Java province, Indonesia. A total sampling technique was used with respond rate.78.8%. Totally, 160 study samples fulfilled the questionnare from three public hospitals type A in West Java province, Indonesia. Data were collected from May to July 2016 with the IRB approval from University of Sumatera Utara and Hasan Sadikin Hospital.

The instruments had used in this study were a demographic characteristic form for personal data, General Self-Efficacy Scale (GSE), Psychological empowerment, Survey Perceived Organizational Support (SPOS), and Professional Behavior. Overall material for GSE survey consists of 10 items. Psychological Empowerment has 12 items and SPOS consists of eight items. Meanwhile, to find out more details about the Professional Behavior has the most elements amounted to 38 items which are still divided into 8 components. All instruments demonstrated validity, and reliability. Descriptive statistics and bivariate correlation were employed to analyze the data.

The results showed that the Mean, SD scores and the level of the eight components of professional behavior are a good level. The result shows good rank score ($\bar{x}$ = 3.81-4.26) on each of the component of professional behavior. Table 6 shows the average of each item of the professional behaviour variable from the highest the lowest to value. Sequentially, the components of professional behavior were divided into 8 components with the order of mean value:1) Advocacy ($\bar{x}$ =4:22;

SD=.55), 2) Accountability ($\bar{x}$=4.12; SD=.58), 3) Ethics and value of profession ($\bar{x}$=4:02; SD=.63), 4) Autonomy ($\bar{x}$=4:02; SD=.60), 5) Innovation and visionary ($\bar{x}$=3.99; SD=.54), 6) Knowledge ($\bar{x}$=3.95; SD=.48), 7) collegiality and collaboration ($\bar{x}$=3.91; SD=.72), 8) Spirit of inquiry ($\bar{x}$=3.81; SD=.61). Overall, the 'Professional Behaviour' variable was interpreted as the good level of professional behavior.

Pearson Product-Moment Correlation and Chi-Square was generated to begin an understanding of the relationships among variables and the contingency Coefficient was generated to see the extend relationship that occurs between educational level and professional behvior. The research question was answered by testing the null hypothesis. Thus, the answer of research question could be explored by detailing from the result of the p-value of each variable. Suggesting, p-value of years of experience, self-efficacy, and psychological empowerment, ($r = .49$, $p < .05$; $r = .57$, $p < .05$; and $r = .55$, $p < .05$, respectively) indicating that the null hypothesis should be rejected; that is, there were moderate but statistically significant positive relationship between years of experience, self-efficacy, psychological empowerment and the professional behavior of Indonesian nurses, West java province, Indonesia. While there were a weak or low positive relationship between organizational support ($r = .21$, $p < .05$) with professional behavior of Indonesian nurses, West Java Province, Indonesia.To understand the relationship between educational level and professional behavior, chi-square analysis was used. Based on the results of the statistical calculations obtained the χ^2 calculated value of 20.363. Statistical analysis showed that χ^2 count $(20.363) > \chi^2$ table (5.991).Therefore, Ho is rejected there is a relationship between educational level with professional behavior ($p<.001$). As the value of $C = 0.336$ belongs to the interval ($0.26 < C < 0.50$), it means that the correlation between educational level and level of professional behavior is in the relatively strong association category.

Discussion

This part is a form specifically focused effort to discuss and examine the perception of professional behavior of Indonesian nurses, especially, who worked in several type A hospitals in West Java, Indonesia. In addition, the study also seeks to analyze the relationship between personal factors (years of experience and education) as well as other important aspects such as the perception of the nurses have the element of self-efficacy, psychological empowerment, and organizational support. In other words, this study will answer the research questions about the relationship between the independent variables with the professional behavior within the nursing staff. This will provide insight that is essential to help develop a blueprint for the design of more effective nursing management and optimal, with the ultimate goal of nursing course gets better performance, especially in the scope of hospital type A, West Java, Indonesia

The discussion of this study was organized according to the objectives of the study.

1. Professional behavior

Professional behavior in this study was defined as Indonesian nurses' perception of their behavioral orientation when they perform nursing care for patients. This professional behavior was measured by a questionnaire based on the professionalism concept of RNAO (2007) consisting of eight components. Based on data analysis in this study when considering in each item of the questionnaire, all of the items were at the good level of professional behavior ($\bar{x}$ = 3.81- 4.26). Indicating that, the mean scores on each of the eight components of professional behavior were high scores, thus interpreted as a good level of professional behavior. Results obtained for the Professional Behavior demonstrate the following aspects. Sequentially the components of professional behavior were divided into 8 components with the order of mean value:1) Advocacy ($\bar{x}$ =4:22; SD=.55), 2) Accountability ($\bar{x}$ =4.12; SD=.58), 3) Ethics and value of profession ($\bar{x}$ =4:02; SD=.63), 4) Autonomy ($\bar{x}$ =4:02; SD=.60), 5) Innovation and visionary ($\bar{x}$ =3.99; SD=.54), 6) Knowledge ($\bar{x}$ =3.95; SD=.48), 7) collegiality and collaboration ($\bar{x}$ =3.91; SD=.72), 8) Spirit of inquiry ($\bar{x}$ =3.81; SD=.61)

According to the data analysis, the component on "advocacy" was identified as the component which had the highest level of professional behavior of Indonesian nurses in West Java province ($\bar{x}$ =4.22; SD= .55). Based on theory, advocacy as an attribute in professional behavior includes nursing have understanding clients perspective that what they need, and understanding the client's perspective; assisting the client with their learning needs; being involved in professional practice initiatives and activities to enhance health care; being knowledgeable about policies that impact on the delivery of health care (RNAO, 2007). These findings showed the highest item statement was " provide nursing cares to patients based on individual need" ($\bar{x}$ =4.26; SD =.64).

This result happened in West Java because advocacy is one of a part legal practice task of professional nurses in West Java province. Furhermore, in daily activity the professional nurses together with nurses students who practice in hospital type A conducted health care inform concern and provide consultation to the patients and their family. They explained in detail about what patients need and let the patients make their own decision after received the information. This finding supported by previous research where interpreted advocacy as one of the fundamental values of professional behavior in nursing practice that requires nurses to empower patients to make informed choices by supporting their rights, values and beliefs, and provide nursing care to patient based on what patients need (Alidina, 2013). Several researchers have examined the factors influencing nurses' role as patient advocates. Mallik explored the perception of 20 RNs on 'advocacy' by asking them to describe an incident on advocacy arising from their clinical practice (Mallik, 1997). The reflective narratives from RNs revealed that maintaining a therapeutic nurse-patient relationship motivated nurses to act as patient advocates and understand what their patient's condition and need (Mallik, 1997).

The second component followed by accountability ($\bar{x}$ =4.12; SD=.58). Accountability in nursing is an integral part of professional practice (RNAO, 2007). From this study accountability in West Java province was defined as Indonesian nurses' perception of applying and being commited to work with client and their families in their clinical practice includes providing input data into the decision to

provide care for patients. According to data analysis the item statement of " fully responsible for your assign job" is the highest mean score ($\bar{x}$=4.25) in this component. It referred to the definition of nurse accountability by the concept of RNAO which they said "nurses' willingness to assume responsibility for their conduct" (RNAO, 2007). Nurses are accountable for understanding the meaning of self-regulation and its implications for practice, Using legislation, standards of practice and a code of ethics to clarify and guide one's scope of practice, Being committed to work with clients and their families to achieve desired outcomes, Being actively engaged in advancing the quality of care, and Recognizing personal capabilities, knowledge base and areas for development (RNAO, 2007). Accountability as a component of professional behavior based on RNAO (2017) concept similar to the job description of professional nurses in West Java province where the roles of professional nurse are 3 domains; the first domains consist of professional practice, including accountability, ethical practice, and the legal practice.

The third component is ethics and value ($\bar{x}$=4.02; SD=.63). The rank average mean score in this study from 3.91 until 4.18 indicated that component interpreted as a good level of professional behavior. Nursing ethics is reasoned reflection and inquiry about the ethical dimensions of nursing practice as it impacts on the lives of patients, colleagues, and society. Safe, competent ethical care and quality practice environments are critical to professional behavior. Nurses value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve (RNAO,2007). Esterhuizen highlights the significance of the nursing code of ethics in promoting accountability and professionalism in nurses (Esterhuizen, 2006). Ethic and value in Indonesia especially in West java province is very crucial for the patients. The nurses in daily practice should understand about Javanees culture and must respect to the patient and their belief. The reason is when the nurses respect to patients belief and take care with compassion, the patients will feel satisfaction with professional behavior that given by the nurses. It can found in all of the statements in a study finding such as " take care of patients with compassion and respect as the value of a human being" ($\bar{x}$ = 4.12), "Have morally minded such as working without bias, obedient working to law,

and not taking benefits wrongly" ($\bar{x}$=4.18) as the highest average mean score of item ethic and value.The prior study revealed that Ethics and value become vital for nurses to apply the code of ethics in their nursing practice. The reason is because it can influence reputed nursing profession to society for giving recognition.To do so, nurses can reflect on their own values and beliefs and discuss its implications on the ethical dimensions of nursing practice. Nurses can also use various resources while making decisions and have a critical incident debriefing about practice issues related to ethics (Alidina, 2013).

Then, the fourth was autonomy ($\bar{x}$=4.02;SD.60). Autonomy in professional behavior was fulfilling all responsibilities in the scope of practice, including independent and interdependent activities that demonstrate knowledge of boundaries and collaboration (RNAO, 2007). Autonomy is viewed as the hallmark of nursing profession (RNAO, 2007). Autonomy for West Java nurses was defined as a perception of exercising decision making wihin their one scope of practice and independently to provide care for their patients. Hall (1968) suggested that autonomy is central to professionalization because it can enhance the power of professionals with decision making. These study findings showed the highest mean score of advocacy perception of West Java nurses was an item at statement "Can choose nursing care method autonomously according to scopes of nursing practice." ($\bar{x}$= 4.13) and followed by item statement "Can autonomously give your comment about patient care " ($\bar{x}$= 4.05). The reason why the nurses answered this item as the highest in sub-component of autnomy was because "independent to choose nursing care method" and "independent give comment about their patient" is the esensial job of being professional nurses. It confirmed by previous research referred autonomy to the ability of nurses to achieve a desirable outcome by making independent or autonomously and informed decisions (Wade, 2004). Furthermore, confirmed for the previous study reported nurses had the highest scores for autonomy make independent decisions and judgments about a child's health, sometimes in emergency situations. These facts may account for the increased emphasis on professional behavior (Costante &Marcontel, 2002;Ellefsen, 2002). This autonomous decision as a part of professional behavior can improve the professional behavior generally in nursing

practice. Conversely, not only that reason another study by Adams and Miller (2001) studied 502 nurse practitioners who answered a questionnaire about professional behaviors and found that they behaved with a high amount of autonomy as a component of professional behavior in terms of clinical decision making and direct accountability for patient outcomes.

Next, the fifth component is innovation and visionary ($\bar{x}$=3.99; SD.54). Innovation and visionary refer to bringing in new ideas or imaginative insight to improve patient care and promote positive outcomes (RNAO, 2007). Based on the items of nursing professional behavior inventories by RNAO (2007) nurses are required to be enthusiastic to discover new ideas that could be implemented in evidence-based practices and which have a meaningful impact on nursing outcomes or patient' satisfaction. Study finding showed that the West Java nurses stated the item" continuously looking for any change to improve your self such as joining a training or attending the conference (M=4.11; SD.65) as the highest sub component of innovation. These findings mean that the West Java nurses stated that involved or joining the training and conference is esencial part of innovation as professional nurses and it was a part of professional behavior that has impact on professional practice. Furthermore, this finding study confirmed by another study that stated innovative nursing has a positive impact on professional practice as it aims to improve job satisfaction and quality of care (Hoffart & Woods, 1996). It enables nurses to think creatively and participate in quality improvement initiatives in clinical practice. Nurses can demonstrate their creativity by challenging the prevailing conditions and identifying opportunities that enhance nursing practice.

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Then, the sixth component is knowledge ($\bar{x}$=3.95;SD=.48). In the nursing profession, education is identified as a necessary component for improving professional competence. Knowledge in nursing can define the nature of the problem and solutions, facilitate autonomous decisions and the use of discretion within the practice (RNAO, 2007).The result of the study showed that the lowest item in this component is " Use empirical data such as applying research result to improve nursing care for patient" ($\bar{x}$ =3.71; SD.82). The West Java nurses answered it as the lowest item is because the condition now in clinical practice the implementation

between research and clinical practice not appeared yet. The condition for doing evidence based practice only happened if there are nurses students who want to take exam or practice in that hospital. Otherwise, this item is the esensial part of knowledge. The research can educate nurses for the new knowledge to be more professional and improve their skill in a clinical setting. Research should be improved and implemented as a part of knowledge to be more professional in clinical practice. This suggestion is quite similar to the finding from a large study by Cary (2001) reported that educated nurses are more experienced and behave more professional in a clinical setting and greater professional credibility through increased confidence, applying nursing research, problem solving in specialty skills and knowledge. From these several studies, it confirmed about educational activities such improve their new knowledge may assist in supporting and enhancing professional behavior in nursing. Nurses can enhance their professional knowledge by accessing educational resources (e.g. library, conferences, and workshops) and by translating this knowledge to guide their clinical practice (RNAO, 2007).

In addition, the seventh component is collegiality and collaboration ($\bar{x}$ =3.91; SD=.72); multidisciplinary collaboration is defined as “working together with one or more members of the healthcare team where each makes a unique contribution to achieving a common goal (RNAO, 2007). Developing collaborative partnerships with other healthcare professionals and demonstrating collegiality are key attributes of professional behavior (RNAO, 2007). The condition in West java province the collegiality and partnership of clnical nurses are between a public hospital and Universities which have MOU and high acreditated.This collegiality to improve professional behavior for the next nurse’s students who will graduate in the future. Many studies have shown that through the cooperation among colleagues positively affect the professional behavior of nurses in providing care for patients. They are viewed as significant predictors of positive patient outcomes; increased teamwork; job satisfaction; positive nurse-physician interactions; autonomy; and quality of care (Der, 2009)

The last component is the spirit of inquiry ($\bar{x}$ =3.81; SD= .61). It was identified as the components with the lowest mean scores of professional behavior in this study but still in the same level “ good” professional behavior same with the others. Many

studies have explored the significance of using reflective practice in promoting nursing professional behavior and conclude that practicing the act of reflection promotes self-insight and self-awareness in nurses that are essential to nursing professionalism. The College of Nurses of Ontario (CNO), through its Quality Assurance (QA) program, believes that life-long learning is essential to continuing competence (Alidina, 2013).

Finally, summary from this part we can interpret that, although all subscales of professional behavior fall under the category of 'good', the top three categories are for components Ethics and value of Profession, Accountability, and Advocacy. Moreover, the item "fully responsible for your assigned job" in the component Accountability has a value ($\bar{x}$ = 4.25; SD=.67) and the item "Provide nursing cares to patients based on individual needs" in the component Advocacy has a value ($\bar{x}$ =4.26; SD=.652).Thus, it can be said that from the elements consisted in the Professional Behavior, the most noticeable value where the dominant variables are components of Accountability and Advocacy. Another interesting finding is that the item "Carefully provide nursing care for patients to prevent any harm" is an item with the largest value ($\bar{x}$ =4.29; SD=.660), but this is not really helping the knowledge component because as a whole it only has value ($\bar{x}$ =3.95; SD=.48) and is at the sixth place of the entire 8 components.

2. Relationship between personal factors (education, years of experience) and professional behavior

Professional behavior questionnaire in this study was completed by 160 study samples/ staff nurses. The results showed that study samples who scored highest on the level of professional behavior were nurses who graduated from master degree in nursing and had many years of experience in nursing practice. The findings are consistent with the hypotheses. There are several explanations can be discussed regarding this findings.

2.1 Education and professional behavior

Education is significantly correlated with professional behavior of Indonesian nurses, West Java province, Indonesia. Based on data analysis, the average mean scores of the ratings on the Likert-scale of the professional values for

the nurses were 4.00. This study suggests that overall the nurses, whether with bachelor degree or masters degree, do feel that professional values are important to in nursing. With the rating in the range of Contingency Coefficient 0.36, the study defines these as ”moderate association”. In general then, one can suggest that at both levels, nurses in West Java province who involved in this study feel that concepts such as respect for spirit of inquiry, collegiality and collaboration, knowledge, innovation and visionary, autonomy, ethics and value of profession, accountability and advocacy to meet needs of the public were “important to very important”.

There were apparent overall differences on the nurse's perception of professional behavior in West java province when the bachelor degree and masters degree nurses have fulfilled the questionnaire. For example, the number of those with master degree that categorized as ‘very good’ is 13 of 25 (52%) total nurses with master degree. On the other hand, nurses with Bachelor degree that categorized as ‘very good’ is 18 out of 135 (13%). This shows that the higher education gives different and significant perception impact to the level of professional behavior. A deeper analysis of these data shows that the nurses with bachelor degree under ‘moderate’ level of professional behavior are 12% and under ‘good’ level is 74%. By contrast, the nurses with masters degree under ‘moderate’ level of professional behavior is merely 4% and under ‘good’ level is 44%.This finding may associate to the education of the study samples. A participant who graduated from master’s degree is emphasized as the significantly relationship among education and professional behavior which almost a half of study samples got very high level of professional behavior. The reason is because education can improve knowledge and skill and then make a person have more confidence in performing their job (Tanaka, Yonemitsu, et al., 2014). Another reason is because by continued their education professional nurses can acquire their knowledge and skills in nursing practice (Wynd, 2003).

Relatively comparable results were obtained from other researchers who found that nurses with master’s degree had higher scores in professional behavior (Wynd, 2003). These findings are consistent and confirmed from previous research by Tanaka, Yonemitsu, et al. (2014) that found the nurses with higher levels of education had higher professional behavior scores ($F = 138.62$, $p < 0.0001$). Another

result of the present study also confirmed the importance of education on professional behavior. Wynd (2003) found that nurses with a graduate degree had higher total professional behavior scores. Those studied found that nursing education needs to consider the changing nature of the nursing profession regard to professional behavior in clinical practice.

2.2 Years of experience and professional behavior

The number of study samples based on years of experience spread quite evenly; however, there are more experienced who have got over 12 years of experience (35.6 %) nurses compared to the beginner nurses participating in this study 0-2 years experience (10 %).Then, findings of this study showed there was a moderate relationship between years of experience with the professional of behavior (r=. 49, p<.001). This finding indicates that Indonesian nurses perception believed that the more experienced the more the more professional nurses can act in the nursing field. Based on the data in Type A Hospital now, the experienced nurses moved forward to make a mentor program for new staff which shared their experience to their junior nurses to be more professional in clinical practice. Similarly, the reason why years of experience is important and associate with professional behavior because nurses become more experienced they begin to view their work at the same level of professional behavior shared by multidisciplinary, physicians, and maturity of practice experience could be a key to developing as a full professional behavior in nursing practice (Tanaka, Yonemitsu, et al., 2014).

This study confirmed by most of the previous studies which concluded that there was a strong relationship between professional behavior in nursing and the length of years of experience (Hall 1968, Wynd 2003, Tanaka et al. 2014). Therefore, in deeper this results in the study also confirmed by previous research regarding working experience by Wynd (2003) that found nurses with more experience (31 years or greater) had a significantly higher score for professional behavior. In addition, another result which got the same result with this findings is from Kim-Godwin et al, Watson (2006), they noted that a great deal of professional behavior learned from work experience.

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2.3 Relationship between self-efficacy and professional behavior

Self-efficacy itself is a positive factor in human personality quality, meaning that greater self-efficacy generally leads to greater belief in self and greater personal successes (Hiller and Hambrick, 2005). This study finding showed that self-efficacy was significantly and positively correlated with professional behavior ($r =.57$; $p<.001$) emphasizing that the more study samples had higher self-efficacy, the better professional behavior could be performed. Additional findings from a non-experimental survey design indicated that self-efficacy partially mediated the relationship with professional behaviors (Manojlovich 2005). Five hundred randomly selected practicing nurses were invited to respond to the survey, resulting in a participation rate of 75% (*n*=376). The results demonstrate that self-efficacy partially mediated the relationship with professional behaviors ($p< .001$) (Manojlovich, 2005).

Indonesian nurses' perception toward involving their beliefs about their capabilities to produce or accomplish their task in this study were at a good level (M= 3.79), SD.52). It showed from the highest result statement "I can always manage to solve the difficult problem if I try hard enough" ($\bar{x}$ = 4.04, SD=.64),"If I am trouble. I can usually think of a solution" ($\bar{x}$ =3.98; SD= .60).Thus, interpreted as Indonesian nurses beliefs what their self-capable of, and always try hard to achieve their goal and task. This is because if someone believes that she/he is capable of doing it, the chances are that she/he will try the new behavior is greater (Bandura, 1977). Therefore another previous research found and suggested, "It is belief in one's ability to get the job done, or self-efficacy that must be fostered in order for nursing to have a more powerful influence in healthcare" to mediated professional behavior in nursing practice (Manojlovich, 2005).In the nursing field, for nurses, the concept of a strong nursing self-efficacy may embody exactly what nurse managers hope staff will achieve during work; they will believe that they have choices available to them and also that they must take responsibility for their actions and for their decisions. That can be found in statement "I am confident that I could deal efficiently with unexpected event" ($\bar{x}$ =3.68; SD= .75), and item "I can solve most problems if I invest the necessary effort" ($\bar{x}$ = 3.85); SD=.65).Thus interpreted at a good level of self efficacy.

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As a summary, the self-efficacy variable in this finding is interpreted as moderate correlation; this is indicated by the value of the correlation coefficient of 0.57 with a p-value <0.001. It's related to another research which found correlation about self-efficacy and professional behavior by Pajares (2002). That studied found those with strong self-efficacy have an enhanced personal well-being and an increased ability to accomplish goals (Bandura, 1994; Schunk & Pajares, 2002). This ground theory supported by this finding that said "it is easy for me to stick to my aims and accomplish my goals" ($\bar{x}$ = 3.63; SD=. 82). Conversely, those who have a low sense of self-efficacy doubt their capabilities and shy away from difficult tasks and do not have confidence in their decisions. Such difficult tasks or activities are perceived as personally threatening and therefore to be avoided (Bandura, 1993, 1994; Pajares, 2002)

2.4 Relationship between psychological empowerment and professional behavior

Based on operational in this study, psychological empowerment was defined as Indonesian nurses' perception of head nurses when empowering nursing staff with increased a sense of meaning and controlling the cognitive state of power of the individual staff nurse. The result finding showed the psychological empowerment variable of this study at a good level which can be interpreted from the average mean score ($\bar{x}$ = 3.8; SD .525). The mean score from the highest to the lowest in this study were; impact, meaning, self-determination, and competence ($\bar{x}$ = 3.71; $\bar{x}$ =3.78; $\bar{x}$ =3.83; $\bar{x}$ = 3.84, respectively)

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Based on the result, research question had answered; the null hypothesis was accepted. There was a relationship between psychological empowerment and professional behavior (r= .57; p < .001). Furthermore psychological empowerment was significantly and positively related to professional behavior (p<.001) and the coefficient correlation was good behavior (r=.57). Indeed, this relationship could be interpreted that the more staff nurses empowered by their leader the more professional behavior implemented by the staff nurses. Moreover, in deeper based on the questionnaire of psychological empowerment impact was the lowest average mean score in this study ($\bar{x}$ = 3.71; SD=.75). The Indonesian nurses in West Java province

realized / somewhat agree (point 3) interpreted that psychological empowerment from their leader had an impact within the individual staff nurse to provide care for patients and increased a sense of professional behavior in nursing practice. Detailing, we can found from the example of an item of impact statement "My head nurse says I have significant influences over what happen in my department ($\bar{x}$ = 3.72; SD=.78), "My head nurse shares information that my impact on what happen in my department is large" ($\bar{x}$ =3.71; SD=.75). The second was followed by competence ($\bar{x}$ = 3.78; SD= .71). Indeed, this study findings Indonesian nurses perception answered somewhat agree that empowerment from their head nurse could increase the competence of individual staff nurses to provide care for the patient and increasing professional behavior. We could found from the highest item statement of competence "My head nurse ensures that I have mastered the skill necessary for my job" ($\bar{x}$ = 3.83; SD=.60).The staff nurse ensures a support from their leader that they have the competence to provide high quality care for doing their job. The third was self-determination ($\bar{x}$ =3.83; SD=.60). It refers to Indonesian nurses' perception of head nurses' behavior to empower nursing staff could improve self- determination within individual staff nurses to provide care for patients. We could found from the highest score of the item self- determination statement "My head nurse gives me considerable opportunity for independence based on nursing regulation in how I do my job" and "My head nurse encourages me to have significant autonomy in determining how to do my job" which had same mean value ($\bar{x}$ = 3.84) of psychological empowerment. The highest one was meaning ($\bar{x}$ = 3.84; SD= .59). Its means that empowered from their leader had meaning to the individual of staff nurses to provide care for patients. This proved by the finding of this study in items "My head nurse says the work I do is very important to me". In summary, the psychological empowerment that recived by the nursing staff could increase many components of professional behavior in clinical practice such as autonomy, knowledge, innovative, spirit of inqury and collaboration.

These relationships are similar to the result of previous studies by the concept of Spreitzer (1995) which found physiological empowerment is positively related to innovative behavior $p<.001$ (Spreitzer, 1995). They found Informal power

through networking and effective collaborative relationships and support from managers, colleagues and other health professionals are important to nurse's perceptions of respect, as is professional autonomy. Laschinger (2008) also found a relationship of psychological empowerment with autonomy which is as one of component behavior in this study. They stated particularly important way for nurse managers who can create empowering conditions was by promoting collaborative working relationships and providing support to staff, thereby fostering greater feelings of autonomy, meaning, and impact, and ultimately, augmenting nurses feelings of respect (Faulkner & Laschinger, 2008).

2.4 Relationship between organizational support and professional behavior

Organizational support in this study finding was defined as Indonesian nurses' perception of the nursing department regarding the creation favorable work experience for staff nurses. There was one variable that had a weak or low relationship with the professional behavior of Indonesian nurses, West Java Province Indonesia (organizational support; r = .21). The average mean score of organizational support was 3.03, under 4 (somewhat agree level) and the correlation was at low or moderate level (r=.21), which indicates that the staff nurses said somewhat agree or moderate agree that there was perceived support from nursing service department correlated with their attitude to perform professional behavior in nursing practice. When examining the mean scores, the lowest mean average (2.78) came from the question which is "The organization would ignore any complaint from me". Another low average mean score (2.90) came from question "Event if I did the best job possible, the organization would fail to notice " These two questions ar reverse scored. The highest average mean score (3.19) came from question The organization takes pride in my accomplishments at work " and item statements. "The organization values my contribution to its well-being" ($\bar{x}$ =3.33). Hence, the reason why in this setting the staff nurses' perception that organizational support at the low correlation with professional behavior was because the nurse's staff did not have direct contact with the nursing department. Sometimes, the daily or monthly new information from the nursing department in that setting delivered by the leader throughtout informal group media such what app application where the member only among the head nurses. All of the policy and rules from nursing department explained by representing

of their head nurses. It could make the nurse's staff perception they only got support from their head nurse. It proved by the item statement “Event if I did the best job possible, the organization would fail to notice “($\bar{x}$ = 2.90; SD= .87).

Answered the research question, organizational support is significantly and positively related to professional behavior (r = .21, p =008), signifying that if staff nurses perceive higher organizational support they are more likely to behave professionally in clinical practice. Otherwise, the correlation between that variable is the lowest if we compare with the others (r=.21). These results support that study samples will have more professional behavior if they perceive more organizational support. The nursing department can view these outcomes and offer more support for staff nurses to increase their professional behavior. These findings support the concept of organizational support theory; employees believe that organizations have a generally positive or negative attitude concerning the extent to which they value employees' contributions and their growth and welfare (Eisenberger et al., 1997). It also creates favorable work experiences for its employees. Employees who feel supported by their organizations and supervisors tend to be more committed, autonomy, have a sense of belonging and accountable, increase their involvement (both with the organization and their own professional behavior), pursue personal and organizational goals more fully, and desire to remain with the organization (Eisenberger et al., 1997).

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There were a few studies that supported organizational support associated with the professional in nursing practice. Aiken and Patrician found that nurses functioning in such an organization support could apply resources as appropriate for best meeting patient needs and for communicating problems to the physician in a timely manner (Aiken & Patrician, 2000). The reason what they do in their studies based on the notion that when the workplace is personally pleasant and socially satisfying, people will be more productive, perform better and be more professional in their given tasks and responsibilities. The notion of organizational support is used to explain how work environments influence employees. The organization will support the initiation and development of new ideas and innovation of their employee. Organizations that tend toward decentralization encourage the personal and

professional development of its employees, thereby encouraging autonomy and creativity.

All the findings of this study are consistent with all the hypotheses proposed in the background of the study. They are all associated with professional behavior.

3. Limitation of the Study

The limitation of this study is related to the number of study samples which is very likely to be small compared to the expected numbers to make this study representative in describing the real situation of the nurse in a large country such as Indonesia. Hence, it is more appropriate to generalize this study as the representation of current condition in West Java instead of one that represents Indonesia as a whole. Furthermore, there is still a possibility that this study would be far more comprehensive if it is done with longitudinal approach than cross-sectional nature. One of the expected advantage of the former mentioned approach is to observe the changing perspective in professionalism, particularly when it is related to education and working experience. It is obviously understandable, however, undertaking such a study might require considerable more time, resources and support from various stakeholders in Indonesia.

4. Implications and recommendations

This study is wrapped up and completely finished after the benefit is understood. There are several implications related to the stakeholders of nursing management in Indonesia. For this purpose, the researcher will separate these implications into two sub-categories, as follows

4.1 Implications for nursing administrators and practice

It is implied and understood that current nurses need to embrace and understand more about the importance of bonding event from the nursing department with their fellow workers, head nurses, and other staff in the hospital as a part of a healthcare institution.

4.1.1 Implication related to and professional behavior

The results of the study show that the component of professional behavior "spirit of inquiry" becomes the lowest component. It is expected to nurse executive could make it as the object / or data to create a curriculum for training or

seminar in accordance with the component of the spirit of inquiry based on strategies for success from RNAO concept.

4.1.2 Implication related to organizational support

Generally speaking, the results of this study show the importance of having a well-managed support and positively maintained effort to make a better relationship between organizational, in this case is nursing service department, the head nurse, and the nurses. Not only that, hospital administrators need to understand the real value and benefit if they continuously support both the head nurses and empower all nurses so that they will feel respected,empowered, appreciated and needed. This effort currently is still lacking, as can be determined from nurses perception that organizational support is in “low” category. It is hoped that with sustainable management effort, future study will show better value for this aspect.

4.1.3 Implication related to self efficacy

This study revealed that perception of self efficacy by nurses staff was at a good level and had a moderate relationship with professional behavior.Its mean the nurse's staff felt good self efficacy in their self but still in a good level, it can be improved to very good level to increased professional behavior in clinical practice.

4.1.4 Implication related to psychological empowerment

Therefore, these findings can serve as basic data to nurse administrators that indicated psychological empowerment from the leader is important factors to increase professional behavior of their staff. In addition, these study findings empowered from their leader to nurses staff were at a good level and in a moderate relationship.Its mean the nurses staff felt empowered from their but still in good level, it can be improved to very good level to increased professional behavior in clinical practice

The summary, the nursing administrator could understand which variables could relate to a component of professional behavior and should be enhanced to improve themselves to have more professionals in nursing practice. In terms of novelty, this study opens the path for further study, especially one that is related to improving professional behavior. It is understood that expanding the view towards creating a blueprint for a system that includes better organizational support and

empowerment will be essential for improving the hospitals' environment and professional behavior in clinical practice

4.2 Implications for nursing research

This study contributes toward the general research effort in nursing management, particularly to give insight and perspective of the current trend in West Java, Indonesia. Further study may be focused in;

1) A predictive study to investigate which factor from self efficacy,psylogical empowerment, personal factor have more effect on professional behaviorand whict component of professional behavior should be improved. The major purpose is to set specific intervension based on a specific variable which has more effect than any other variables.

2) The replication of the study could be implemented in another type A hospitals in another province, Indonesia to give us another prospective of perception of nursing staff about professional behavior in their province.

3) The future research needs to compare professional behavior between private hospitals and public hospitals to understand professional behavior in a more detailed way, mainly in relation with a more comprehensive feedback and nursing system.

4) The future study may conduct a deep analysis about total item correlation of instrument professional behavior. It can give the detail which item that have high factor to professional behavior.

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จุฬาลงกรณ์มหาวิทยาลัย
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APPENDIX

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

Appendix A

Thesis Proposal's Approval

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

2

นิสิตผู้ทำวิจัยและอาจารย์ที่ปรึกษาวิทยานิพนธ์

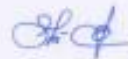
รหัสนิสิต (ID)	5777189836
ชื่อ-นามสกุล	นางสาวเลลี ไคราณี
(Name)	*Ms. Leli Khairani*
สาขาวิชา	พยาบาลศาสตร์ (การบริหารการพยาบาล)
(Academic Program)	*Master of Nursing Science Program in Nursing Science (Nursing Administration)*
ประธานกรรมการสอบ	รองศาสตราจารย์ ร.ต.อ.หญิง ดร. ยุพิน อังสุโรจน์
(Chairperson)	*Assoc. Pol. Capt. Prof. Dr. Yupin Aungsuroch*
อาจารย์ที่ปรึกษาหลัก	ผู้ช่วยศาสตราจารย์ ดร. อารีย์วรรณ อ่วมตานี
(Major-advisor)	*Asst. Prof. Dr. Areewan Oumtonee*
ผู้ทรงคุณวุฒิภายนอก	ดร. วัยวุฑฒ์ อยู่ในศิล
(External Examiner)	*Dr. Waiyawut Yoonisil*
ชื่อหัวข้อวิทยานิพนธ์ *(Title of Thesis)*	ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สมรรถนะแห่งตน การเสริมสร้างพลังอำนาจด้านจิตใจ การสนับสนุนจากองค์การ กับพฤติกรรมความเป็นวิชาชีพของพยาบาลอินโดนีเซีย ในเวสจาวา ประเทศอินโดนีเซีย *RELATIONSHIPS BETWEEN PERSONAL FACTORS, SELF EFFICACY, PSYCHOLOGICAL EMPOWERMENT, ORGANIZATIONAL SUPPORT AND PROFESSIONAL BEHAVIOR OF INDONESIAN NURSES, WEST JAVA PROVINCE, INDONESIA*
ครั้งที่อนุมัติ	21/2558
(Announcement No.)	
ระดับ	ปริญญาโท
(Level)	*Master degree*

จากมติคณะกรรมการบริหารคณะพยาบาลศาสตร์ ครั้งที่ 5/2559 วันที่ 7 เมษายน 2559

(Approval by Faculty Board No. 5/2016, April 7, 2016)

ประกาศ ณ วันที่ 18 เมษายน พ.ศ. 2559

(Announce date April 18, 2016)



(ผู้ช่วยศาสตราจารย์ ดร. รัชนีกร อุปเสน)

(Asst. Prof. Dr. Ratchaneekorn Upasen)

รองคณบดี

(Associate Dean)

รักษาการแทน คณบดีคณะพยาบาลศาสตร์

Acting Dean, Faculty of Nursing

Appendix B
Institutional Review Board Approval

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

MINISTRY OF EDUCATION
FACULTY OF NURSING UNIVERSITY OF SUMATERA UTARA
HEALTH RESEARCH ETHICS COMMISSION
Jl. Prof.Maas No.3 Kampus USU Medan 20155 INDONESIA.
Tel: + 62-61-8213318 Fax: + 62-61-8213318, E-Mail: Fkep_kepk@yahoo.co.id

Number : 850 / V / SP / 2016
Re : Approval of Health Research Ethics Committee of the Faculty of Nursing University of Sumatera Utara

Health Research Ethics Committee of the Faculty of Nursing University of Sumatera Utara, hereby declare the research:

Name : Leli Khairani

Title : Relationships Between Personal Factors, Self-Efficacy, Psychological, Organizational Support and Professional Behaviour of Indonesian Nurses, West Java Province, Indonesia

has been assessed and it was decided that the research proposal is not contrary to the values and norms of humanity.

Medan, May 12, 2016
IEC Nursing Faculty, USU
Chairman,

UNIVERSITAS SUMATERA UTARA
KOMISI ETIK PENELITIAN KESEHATAN
FAKULTAS KEPERAWATAN

Siti Zahara Nasution, S.Kp, MNS
NIP. 197103052001122001

KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RSUP Dr. HASAN SADIKIN BANDUNG

Jalan Pasteur No. 38 , Bandung 40161
Telepon : (022) 2034953, 2034954 (hunting) Faksimile : (022) 2032216, 2032533
Laman : www.rshs.or.id Pos-el : humprorshs@gmail.com
SMS hotline : 08112335555

REKOMENDASI PERSETUJUAN ETIK
ETHICAL CLEARANCE

Nomor : LB.04.01/A05/EC/191/V/2016

Komite Etik Penelitian Kesehatan Rumah Sakit Umum Pusat Dr. Hasan Sadikin Bandung, setelah melalui pembahasan dan penilaian, pada rapat tertanggal 25 Mei 2016, telah memutuskan dan menyetujui proposal penelitian berjudul :

"Relationships Between Personal Factors, Self Efficacy, Psychological Empowerment, Organizational Support, And Professional Behavior Of Indonesian Nurses, West Java Province, Indonesia"

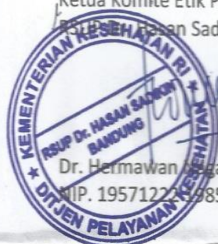
Nama Peneliti	: Leli Khairani S.Kep.,Ners
No. NPM	: -
Nama Institusi	: Chulalongkhom University, Thailand
Yang diterima pada tanggal	: 16 Mei 2016
Perbaikan diterima tanggal	: -

dapat disetujui untuk dilaksanakan di Rumah Sakit Umum Pusat Dr. Hasan Sadikin Bandung.
Persetujuan Etik ini berlaku sejak tanggal ditetapkan sampai dengan batas waktu pelaksanaan penelitian seperti tertera dalam proposal penelitian.

Pada akhir penelitian, **laporan pelaksanaan penelitian harus diserahkan kepada Komite Etik Penelitian Kesehatan RSUP Dr. Hasan Sadikin Bandung.** Jika ada perubahan protokol dan atau perpanjangan penelitian harus mengajukan kembali permohonan kajian etik penelitian.

Bandung, 27 Mei 2016

Ketua Komite Etik Penelitian Kesehatan
RSUP Dr. Hasan Sadikin Bandung



Dr. Hermawan Ngar Rasyid, dr.,SpOT(K).,MT(BME).,Ph.D
NIP. 19571221198511 1 002

Appendix C
Permission Letter from Research Settings

KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL PELAYANAN KESEHATAN
RSUP Dr. HASAN SADIKIN BANDUNG

Jalan Pasteur No. 38, Bandung 40161
Telepon : (022) 2034953, 2034954 (hunting) Faksimile : (022) 2032216, 2032533
Laman : www.rshs.or.id Pos-el : humprorshs@gmail.com
SMS hotline : 08112335555

Nomor : LB.02.01/C02/7070 /VI/2016 8 Juni 2016
Hal : Izin Penelitian

Kepada Yth.
Associate Professor and Acting Dean
Faculty of Nursing, Chulalongkorn University
Borommaratchachonnani Srisataphat Building
Rama1 Road, Pathumwan
Bangkok, Thailand

Sehubungan dengan surat dari *Associate Professor and Acting Dean Faculty of Nursing, Chulalongkorn University*, tanggal 10 Mei 2016 perihal Permohonan Izin Penelitian, dengan ini disampaikan bahwa pada prinsipnya kami dapat memberikan izin kepada :

Leli Khairani

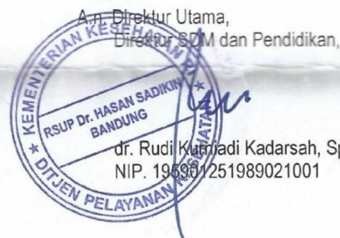
Untuk melaksanakan kegiatan penelitian tentang **"*Relationships Between Personal Factors, Self-Efficacy, Psychological Empowerment, Organizational Support and Professional Behavior of Indonesian Nurses, West Java Province, Indonesia*"**.

Kegiatan tersebut dapat dilaksanakan dengan ketentuan sebagai berikut :
1. Tidak mengganggu pelayanan di RSUP Dr. Hasan Sadikin Bandung.
2. Mematuhi ketentuan/prosedur yang telah ditentukan oleh RSUP Dr. Hasan Sadikin Bandung.
3. Hasil dari kegiatan hanya untuk tujuan akademik, apabila akan dipublikasikan harus mendapat persetujuan dari RSUP Dr. Hasan Sadikin Bandung.
4. Menyerahkan laporan hasil kegiatan kepada RSUP Dr. Hasan Sadikin Bandung, melalui Bagian Pendidikan & Penelitian yang disetujui oleh Sub *Ethical Clearance*, Bidang Keperawatan, serta diketahui oleh Bagian Pendidikan & Penelitian RSUP Dr. Hasan Sadikin Bandung sebanyak 2 (dua) eksemplar paling lambat satu bulan setelah selesai pelaksanaan.
5. Kegiatan tersebut dimulai pada tanggal **9 Juni s.d. 15 Juli 2016**.
6. Untuk pelaksanaannya dilaksanakan berdasarkan kesepakatan Saudara dengan unit terkait.
7. Bersedia mempresentasikan hasil penelitian (apabila diperlukan oleh RSUP Dr. Hasan Sadikin Bandung).
8. Membawa pas foto 1 (satu) lembar ukuran 2x3 cm (hitam putih/berwarna dengan latar merah).

Untuk memperoleh keterangan lebih lanjut sebelum melaksanakan kegiatan, kami harap yang bersangkutan dapat menghubungi Ka. Bagian Pendidikan & Penelitian melalui Ka. Sub. Bag. Pendidikan dan Penelitian Keperawatan dan Non Medik RSUP Dr. Hasan Sadikin Bandung.

Atas perhatian dan kerjasamanya kami ucapkan terima kasih.

A.n. Direktur Utama,
Direktur SDM dan Pendidikan,



dr. Rudi Kurniadi Kadarsah, Sp.An., MM., M.Kes
NIP. 196901251989021001

Tembusan :
1. Direktur Utama RSHS
2. Ketua Komite Etik Penelitian Kesehatan RSHS
3. Kepala Bidang Keperawatan RSHS

KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
PUSAT MATA NASIONAL
RUMAH SAKIT MATA CICENDO BANDUNG
Jl. Cicendo No. 4 Telp. 022 - 4231280 / 4231281 Fax. 022 - 4201962
Bandung 40117 - www.cicendoeyehospital.org

No. : DM.04.01/II.2/2.3/3936/2016
Subject : Answering for Conducting the Thesis

Dear,
Associate Profesor and Acting Dean
Faculty of Nursing, Chulalongkorn University
Borommaratchachonnani Srisataphat Building,
Rama1 Road, Pathumwan,
Bangkok 10330, Thailand

Regard to your letter No: 0693/2016 in May 10 2016 about conducting the thesis for the student in a Master of Nursing Science Program, Faculty of Nursing, Chulalongkorn University, on behalf of Ms. Leli Khairani.

Basically we allow hosted the activity for conducting the thesis.

For your information,The Cicendo Eyes Hospital Bandung has set into the specialist eyes hospital education type A, then for the students will bring about on the job training, Observation, Research/ Collect Data, will be charge for the fees charged in accordance with our applicable regulations is about one hundred and seventy five thousand rupiah (Rp. 175.000) for two weeks by cash payment at our hospital teller. For the technical implementation is concerned we suggest for contacting unit training education research and development at work.

Your Sincerely,

May 30, 2016 Bandung
Director of National Eye Centre Cicendo Eye Hospital

Irayanti, MD
NIP. 196201231989012001

Appendix D
List of Experts

List of Experts

1. **Maria Komariah, SKp.,M.Kes.**

Head of Fundamental Nursing Departement Faculty of Nursing Universitas Padjadjaran

2. **Windy Rakhmawati, S.Kp, M.Kep**

Head of Bachelor of Nursing Program, Faculty of Nursing Universitas Padjadjaran

3. **Ns. Bayu Anggileo Pramesona, MMR**

Director of Nursing Services Department, Mayjend HM. Ryacudu Hospital Kotabumi, North Lampung, Indonesia

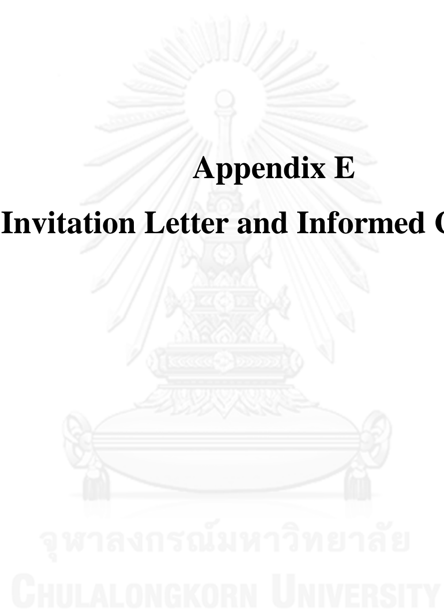
4. **Agianto,S.Kep.,Ns.,MNS**

Reviewer of Indonesian Nursing Journal, Assistant director of Faculty of Medicine Lambung Mangkurat University

5. **Syaifoel Hardy, M.NS**

Lecturer, CEO-Indonesian Nursing Trainers (INT)

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University



จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

Appendix E
Invitation Letter and Informed Consent

Invitation Letter and Informed Consent

Dear Nurse

You are invited to participate in a research project entitled "*Relationships Between Personal Factors, Self Efficacy, Psychological Empowerment, Perceived Organizational Support And Professional Behavior Of Indonesian Nurses, West Java Province, Indonesia*" at selected hospitals in West Java, Indonesia. Please read this form carefully, and feel free to contact the researcher prior to the beginning of the study, if you have any questions.

Ethics Committee Approval: Institutional Review Board (IRB), Hasan Sadikin Hopital, West Java, Indonesia.

Identity researcher: my name is Leli Khairani and I am student of master in nursing science major nursing administration (International Program) at Faculty of Nursing, Chulalongkhorn University, Thailand.

Purpose: as a master student, I have to conduct research and submit the research thesis. As such, I have designed a research project entitled *"Relationships Between Personal Factors, Self Efficacy, Psychological Empowerment, Perceived Organizational Support and Professionalism of Indonesian Nurses, West Java Province, Indonesia"* for fulfilling this requirement.

Description: during this study, you will be asked to complete a set of questionnaires concerning your personal information, professionalism, self efficacy, perceived organizational support and psychological empowerment. I will also request for some demographic information. Your participation will take approximately 45 minutes to 1 hour of your precious time.

Potential benefit: by participating in this study, the research finding will be of immense help to develop future research or training program to improve the the professionalism of Indonesian nurses. From such a research vantage, you will be helping to increase and describe the understanding and relationship factor related to professionalism of Indonesian nurses in West Java Province, Indonesia.

Potential harm: there is no known harm associated your participation in this study.

Confidentiality: all records of participation will be kept strictly confidential, such that only I and my advisor will access the information. Data will be stored in a locked cabinet. Data will be destroyed at the end of the project. The result from this study will be reported in a written research report and presented as an oral report during an academic conference. Information about the study will be presented in an overview without identifying individual data.

Participation: participation is completely on voluntary basis. It may be discontinued at any time without any reason, explanation and penalty.
Consent: I have read the above form, understand the information mentioned, also I can ask questions or withdraw at any time. I consent to participate in today's research study.

(Signature of participant)	(Signature of researcher)
Date…………………..	Date…………………..
(Name:…………………)	(Name:…………………)

If you have any inquiries, please contact
Leli Khairani Master of Nursing Science, Faculty of Nursing, Chulalongkhorn University, Thailand.
Mobile: 085669006500 (Indonesia)
Line : Leli08Chula
Email : Khairani.leli@gmail.com

Appendix F

Research Instruments

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

Questionnaires

Subject No: ……………….. **Date:……………………**

The questionnaire is composed of three parts: part A, part B, part C, part D and part E.

Part A: Demographic Data Profile

Please answer the following questions and give the mark (x) in the parenthesis and fill in the blank area.

1. Age: ………………..years
2. Sex:

   Male ( )

   Female ( )
3. Education level:

   B.Sc. in Nursing ( )

   Master of nursing ( )
4. Name of duty ward/ working Unit : …………………….
5. Service experience:……………………… years

   0-5 years ( )

   6-10 years ( )

   11-15 years ( )

   16-20 years ( )

   Above 20 years ( )

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

Part B: questionnaire for General Self Efficacy scale

Instruction: when you are completing these items, think of your recent work with patients/ clients in clinical setting. Pleasing check symbol (√) on the in the space that best expresses your opinion. Response format 1 = really not true 2 = not true 3 = not sure 4 = true 5= really true

No	Statements	1	2	3	4	5
1	I can always manage to solve difficult problems if I try hard enough.					
2	If someone opposes me, I can find the means and ways to get what I want					
3	It is easy for me to stick to my aims and accomplish my goals					
4	I am confident that I could deal efficiently with unexpected events					
5	Thanks to my resourcefulness, I know how to handle unforeseen situations					
6	I can solve most problems if I invest the necessary effort.					
7	I can remain calm when facing difficulties because I can rely on my coping abilities					
8	When I am confronted with a problem, I can usually find several solutions.					
9	If I am in trouble, I can usually think of a solution.					
10	I can usually handle whatever comes my way.					

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

Part C: questionnaire for psychological empowerment.

Instruction

This part of the questionnaire asks you about your perception after a head nurses's behavior empowerment the nursing staff or task motivation. Please read each statement and rate by checking mark (✓) in the appropriate column using the following description to 1= strongly disagree 2= disagree 3=somewhat agree 4= agree 5=strongly agree

No	Statements	1	2	3	4	5
Meaning (1-3)						
1	My head nurse says the work I do is very important for me					
2	My head nurse says my job activities as personally meaningful to me					
3	My head nurse says the work I do is meaningful to me					
Competence (4-6)						
4	My head nurse influence my confident about my ability to do my job					
5	My head nurse influence my self-assurance about my capabilities to perform my work					
6	My head nurse ensures that I have mastered the skills necessary for my job					
Self determination (7-9)						
7	My head nurse encourage me to have significant autonomy in determining how do my job					
8	My head nurse relies on me to make my own decisions how to go about doing my work					
9	My head nurse gives me considerable opportunity for independence based on nursing regulation in how I do my job					
No	Statements	1	2	3	4	5

Impact (10-12)						
10	My head nurse shares information that my impact on what happen in my department is large					
11	I have great deal of control over what happens in my department					
12	I have significant influences over what happens in my department					

Part D: questionnaire for organizational support

Instruction: Listed below and are statements that represent possible opinions that you may have about working at this hospital. Please indicate the degree of your agreement or disagreement with each statement given the checklist (√) on the statements according to your consideration that best represents your point of view. Please choose from the following answers: 1= strongly disagree 2= disagree 3=somewhat agree 4= agree 5=strongly agree

No	Statements	1	2	3	4	5
1	The organization values my contribution to its well-being					
2	The organization fails to appreciate any extra effort from me					
3	The organization would ignore any complaint from me					
4	The organization really cares about my well-being					
5	Even if I did the best job possible, the organization would fail to notice					
6	The organization cares about my general satisfaction at work					
7	The organization shows very little concern for me					
8	The organization takes pride in my accomplishments at work					

Part E: questionnaire for professional behavior

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

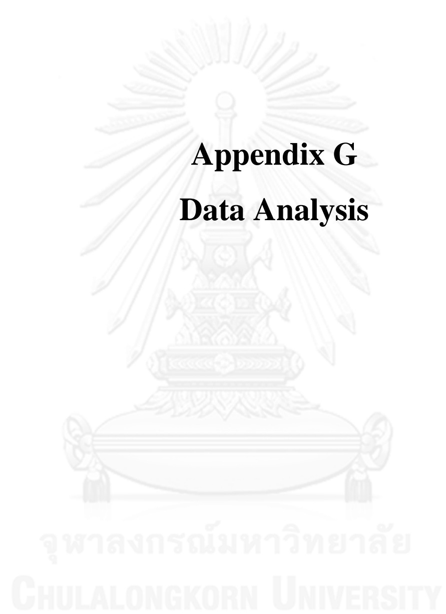
Instruction: Please check (V) in the provided boxes that most accurately reflect your professional behavior. Each box in each number has different values.
5 = really true, 4= true, 3= neither agree nor disagree, 2= not true, 1= really not true

No	statements	Disagree------ Agree				
		1	2	3	4	5
Knowledge and understanding of nursing principle						
1	You always have understanding about causes and effects of providing nursing care for patients					
2	You correctly and academically explain nursing concept or theory to provide nursing care for patients.					
3	You use empirical data such as applying research results to improve nursing care for patients.					
4	You update your knowledge for improving standards of practice					
5	You skillfully take care of patients with your best.					
6	You carefully provide nursing care for patients to prevent any harmful					
Spirit of inquiry						
7	You participate in any nursing development activities such as conducting research or using research results					
8	You have attended nursing or related field conferences					
9	You can always review and improve your work all the time.					
10	You can apply your nursing knowledge into practice.					
11	You are enthusiastic to develop your self for being nursing expert					
12	You effectively provide nursing care beyond to the standard					
No	statements	Disagree------ Agree				
		1	2	3	4	5

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

	Accountability					
13	You intently work for getting efficient outcome					
14	You standardly perform nursing care practice.					
15	You provide nursing care by adhering to professional ethics					
16.	You work with safety considerations.					
17	You are fully responsible for your assigned job.					
	Autonomy/ professional independence					
18	You can choose nursing care method autonomously according to scopes of nursing practice.					
19	You can autonomously give your comment about patient care					
20	Your nursing practice is accepted by the multidisciplinary team members.					
21	Your leadership for taking care of patient is accepted by a multidisciplinary team.					
	Advocacy					
22	You constantly respect patients.					
23	You provide nursing cares to patients based on individual needs.					
24	You equally provide nursing care by concerning about human rights.					
25	You independently let patients make their own decisions to choose nursing care after completely giving information.					
	Innovation and visionary					
26	You can notice changes in the society that affecting on nursing profession.					
27	You are open minded, e.g. looking at every case from many perspectives.					
No	statements	Disagree------ Agree				
		1	2	3	4	5

28	You can create new methods or projects for improving nursing practice					
29	You are open minded to receive any new concept or innovation to apply for nursing practice					
30	You are continuously looking for any chances to improve your self such as joining training or attending conferences					
	Collegiality and collaboration					
31	You cooperate with educational departments.					
32	You give any suggestions or advisements to nursing students during their practicum.					
33	You cooperate with any organization to conduct research if they have been authorized to collect data in your hospital					
34	You cooperate with any nursing network such as facilitating for teaching and learning, training and field trip.					
	Ethics and value of profession					
35	You love to work as a nurse even you are very struggle.					
36	You take care of patients with compassion and respect as value of human being					
37	You have moral minded such as working without bias, obedient working to law, and not taking benefits wrongly					
38	You have reputed nursing profession to society for giving recognition.					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Appendix G
Data Analysis

DESCRIPTIVE STATISTICS AND CHARACTERISTIC OF THE SAMPLES

Personal factor gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	36	22.5	22.5	22.5
	female	124	77.5	77.5	100.0
	Total	160	100.0	100.0	

Name of working unit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**emergency**	**18**	**11.3**	**11.3**	**11.3**
	icu,nicu	**50**	**31.3**	**31.3**	**42.5**
	inpatient	**86**	**53.8**	**53.8**	**96.3**
	outpatient	**6**	**3.8**	**3.8**	**100.0**
	Total	**160**	**100.0**	**100.0**	

Personal factor AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**20-29 years old**	**30**	**18.8**	**18.8**	**18.8**
	30-39 years old	**86**	**53.8**	**53.8**	**72.5**
	40-49 years old	**41**	**25.6**	**25.6**	**98.1**
	50-59 years old	**3**	**1.9**	**1.9**	**100.0**
	Total	**160**	**100.0**	**100.0**	

Descriptive Statistics

	N	Sum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Personal factor age	160	5823	36.39	6.328	.319	.192	-.329	.381
Valid N (listwise)	160							

Years of experience

personal factor years of experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-2 yr	16	10.0	10.0	10.0
	3-5 yr	21	13.1	13.1	23.1
	6-8 yr	31	19.4	19.4	42.5
	9-11yr	35	21.9	21.9	64.4
	>12 yr	57	35.6	35.6	100.0
	Total	160	100.0	100.0	

Educational level

personal factor educational level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	S1 nursing	135	84.4	84.4	84.4
	S2 master nursing	25	15.6	15.6	100.0
	Total	160	100.0	100.0	

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Mean of data demographic

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
personal factor educational level	160	1	2	1.16	.364
Personal factor gender	160	1	2	1.77	.419
personal factor years of experience	160	1	5	3.60	1.351
Personal factor age	160	25	53	36.39	6.328
Valid N (listwise)	160				

Descriptive statistic of independent and dependent of variables

Descriptive Statistics

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
mean of professional behavior	160	4.0041	.46684	-.071	.192	-.034	.381
Mean of psychological empowerment	160	3.7943	.52530	-.306	.192	.641	.381
mean of general self efficacy	160	3.8244	.48353	-.191	.192	.079	.381
mean of perceived organizational support	160	3.0344	.36178	-.007	.192	.599	.381
Valid N (listwise)	160						

DESCRIPTIVE STATISTICS AND CORRELATION BETWEEN EDUCATION AND PROFESSIONAL BEHAVIOR

Correlations between educational level and professional behavior

personal factor educational level * mean of professional behavior 2 Crosstabulation

			mean of professional behavior 2			Total
			moderate	Good	very good	
personal factor educational level	S1 nursing	Count	16	101	18	135
		% within personal factor educational level	11.9%	74.8%	13.3%	100.0%
		% of Total	10.0%	63.1%	11.3%	84.4%
	S2 master nursing	Count	1	11	13	25
		% within personal factor educational level	4.0%	44.0%	52.0%	100.0%
		% of Total	.6%	6.9%	8.1%	15.6%
Total		Count	17	112	31	160
		% within personal factor educational level	10.6%	70.0%	19.4%	100.0%
		% of Total	10.6%	70.0%	19.4%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	20.363[a]	2	.000
Likelihood Ratio	16.980	2	.000
Linear-by-Linear Association	15.516	1	.000
N of Valid Cases	160		

a. 2 cells (33,3%) have expected count less than 5. The minimum expected count is 2,66.

DESCRIPTIVE STATISTICS FOR EACH ITEM OF PROFESSIONAL BEHAVIOR

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Professional Behavior	160	1	5	3.90	.737
PB2	160	1	5	3.94	.741
PB3	160	1	5	3.71	.827
PB4	160	1	5	3.93	.825
PB5	160	1	5	3.98	.785
PB6	160	1	5	4.29	.660
PB7	160	1	5	3.74	.961
PB8	160	1	5	3.72	.863
PB9	160	1	5	3.67	.922
PB10	160	1	5	3.88	.934
PB11	160	1	5	4.11	.744
PB12	160	1	5	3.76	.902
PB13	160	2	5	3.99	.773
PB14	160	2	5	4.11	.678
PB15	160	1	5	4.13	.652
PB16	160	1	5	4.16	.699
PB17	160	1	5	4.25	.673
PB18	160	1	5	4.13	.745
PB19	160	1	5	4.05	.815
PB20	160	2	5	3.97	.739
PB21	160	2	5	3.94	.689
PB22	160	2	5	4.22	.651
PB23	160	2	5	4.26	.649
PB24	160	1	5	4.25	.654
PB25	160	1	5	4.17	.729
PB26	160	1	5	3.94	.818
PB27	160	1	5	4.02	.726
PB28	160	1	5	3.80	.875
PB29	160	1	5	4.08	.718

PB30	160	1	5	4.11	.654
PB31	160	1	5	3.97	.850
PB32	160	1	5	4.01	.805
PB33	160	1	5	3.84	.894
PB34	160	1	5	3.84	.894
PB35	160	1	5	3.91	.882
PB36	160	2	5	4.12	.750
PB37	160	1	5	4.18	.726
PB38	160	2	5	4.06	.758
Valid N (listwise)	160				

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DESCRIPTIVE STATISTICS FOR EACH COMPONENT OF PROFESSIONAL BEHAVIOR

Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
Mean of professional behavior knowledge	160	2.33	5.00	633.33	3.9583	.48923
Mean of professional behavior spirit of inquiry	160	1.50	5.00	610.17	3.8135	.61012
Mean of professional behavior accountability	160	2.20	5.00	660.40	4.1275	.58341
Mean of professional behavior autonomy	160	2.00	5.00	643.50	4.0219	.60876
Mean of professional behavior advocacy	160	2.50	5.00	676.00	4.2250	.55386
Mean of professional behavior innovation and visionary	160	2.60	5.00	638.80	3.9925	.54939
Mean of professional behavior collegiality and collaboration	160	1.50	5.00	626.50	3.9156	.72407
Mean of professional behavior ethics and value of profession	160	2.00	5.00	651.00	4.0688	.63873
Valid N (listwise)	160					

DESCRIPTIVE STATISTICS FOR EACH ITEM OF SELF-EFFICACY SCALE

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
General Self efficacy Scale	160	2	5	4.04	.643
GSE2	160	1	5	3.59	.811
GSE3	160	2	5	3.63	.821
GSE4	160	1	5	3.68	.755
GSE5	160	1	5	3.89	.769
GSE6	160	2	5	3.85	.656
GSE7	160	2	5	3.92	.727
GSE8	160	2	5	3.94	.641
GSE9	160	2	5	3.98	.609
GSE10	160	2	5	3.72	.801
Valid N (listwise)	160				

DESCRIPTIVE STATISTIC EACH ITEMS OF PSYCHOLOGICAL EMPOWERMENT

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Psychological Empowerment	160	2	5	3.88	.671
PE2	160	2	5	3.82	.681
PE3	160	2	5	3.84	.714
PE4	160	2	5	3.76	.865
PE5	160	2	5	3.75	.918
PE6	160	1	5	3.84	.831
PE7	160	2	5	3.84	.714
PE8	160	2	5	3.81	.770
PE9	160	2	5	3.84	.797
PE10	160	1	5	3.71	.857
PE11	160	2	5	3.71	.842
PE12	160	1	5	3.72	.786
Valid N (listwise)	160				

DESCRIPTIVE STATISTIC FOR COMPONENTS OF PSYCHOLOGICAL EMPOWERMENT

Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
mean of psychological empowerment "meaning"	160	2.00	5.00	615.33	3.8458	.59097
mean of psychological empowerment "competence"	160	2.00	5.00	605.33	3.7833	.71639
mean of psychological empowerment "self determination"	160	2.33	5.00	613.33	3.8333	.60858
mean of psychological empowerment "impact"	160	1.67	5.00	594.33	3.7146	.75684
Valid N (listwise)	160					

DESCRIPTIVE STATISTIC FOR EACH ITEMS OF ORGANIZATIONAL SUPPORT

Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation
Perceived Organizational Support	160	1	5	532	3.33	.942
POS2	160	1	5	474	2.96	.990
POS3	160	1	5	444	2.78	.931
POS4	160	1	5	476	2.98	.918
POS5	160	1	5	464	2.90	.870
POS6	160	1	5	484	3.03	.918
POS7	160	1	5	500	3.13	.867
POS8	160	1	5	510	3.19	.833
Valid N (listwise)	160					

TEST NORMALITY AND DESCRIPTIVE OF STATISTIC OF VARIABLES

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Mean of psychological empowerment	.129	160	.000	.971	160	.002
mean of general self efficacy	.078	160	.020	.984	160	.056
mean of perceived organizational support	.138	160	.000	.972	160	.002
mean of professional behavior	.113	160	.000	.970	160	.001

a. Lilliefors Significance Correction

Descriptives

			Statistic	Std. Error
Mean of psychological empowerment	Mean		3.7943	.04153
	95% Confidence Interval for Mean	Lower Bound	3.7123	
		Upper Bound	3.8763	
	5% Trimmed Mean		3.8038	
	Median		3.8333	
	Variance		.276	
	Std. Deviation		.52530	
	Minimum		2.17	
	Maximum		5.00	
	Range		2.83	
	Interquartile Range		.50	
	Skewness		-.306	.192
	Kurtosis		.641	.381
mean of general self-efficacy	Mean		3.8244	.03823
	95% Confidence Interval for Mean	Lower Bound	3.7489	
		Upper Bound	3.8999	
	5% Trimmed Mean		3.8313	

	Median		3.8000	
	Variance		.234	
	Std. Deviation		.48353	
	Minimum		2.40	
	Maximum		4.80	
	Range		2.40	
	Interquartile Range		.50	
	Skewness		-.191	.192
	Kurtosis		.079	.381
mean of perceived organizational support	Mean		3.0344	.02860
	95% Confidence Interval for Mean	Lower Bound	2.9779	
		Upper Bound	3.0909	
	5% Trimmed Mean		3.0339	
	Median		3.0000	
	Variance		.131	
	Std. Deviation		.36178	
	Minimum		2.00	
	Maximum		4.00	
	Range		2.00	
	Interquartile Range		.38	
	Skewness		-.007	.192
	Kurtosis		.599	.381
mean of professional behavior	Mean		4.0041	.03691
	95% Confidence Interval for Mean	Lower Bound	3.9312	
		Upper Bound	4.0770	
	5% Trimmed Mean		4.0137	
	Median		3.8947	
	Variance		.218	
	Std. Deviation		.46684	
	Minimum		2.71	
	Maximum		4.95	
	Range		2.24	

	Interquartile Range	.61	
	Skewness	-.071	.192
	Kurtosis	-.034	.381

CORRELATION AMONG VARIABLES

Correlations

		mean of professional behavior	mean of perceived organizational support	Mean of psychological empowerment	mean of general self-efficacy	personal factor years of experience
mean of professional behavior	Pearson Correlation	1	.210**	.558**	.576**	.499**
	Sig. (2-tailed)		.008	.000	.000	.000
	N	160	160	160	160	160
mean of perceived organizational support	Pearson Correlation	.210**	1	.293**	.214**	.073
	Sig. (2-tailed)	.008		.000	.007	.357
	N	160	160	160	160	160
Mean of psychological empowerment	Pearson Correlation	.558**	.293**	1	.555**	.369**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	160	160	160	160	160
mean of general self efficacy	Pearson Correlation	.576**	.214**	.555**	1	.428**
	Sig. (2-tailed)	.000	.007	.000		.000
	N	160	160	160	160	160
personal factor years of experience	Pearson Correlation	.499**	.073	.369**	.428**	1
	Sig. (2-tailed)	.000	.357	.000	.000	
	N	160	160	160	160	160

**. Correlation is significant at the 0.01 level (2-tailed).

Detailing ascending for each component

GSE ascending

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
GSE2	160	1	5	3.59	.811
GSE3	160	2	5	3.63	.821
GSE4	160	1	5	3.68	.755
GSE10	160	2	5	3.72	.801
GSE6	160	2	5	3.85	.656
GSE5	160	1	5	3.89	.769
GSE7	160	2	5	3.92	.727
GSE8	160	2	5	3.94	.641
GSE9	160	2	5	3.98	.609
General Self efficacy Scale	160	2	5	4.04	.643
Valid N (listwise)	160				

PE Ascending

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
mean of psychological empowerment "impact"	160	1.67	5.00	3.7146	.75684
mean of psychological empowerment "competence"	160	2.00	5.00	3.7833	.71639
mean of psychological empowerment "self determination"	160	2.33	5.00	3.8333	.60858
mean of psychological empowerment "meaning"	160	2.00	5.00	3.8458	.59097
Valid N (listwise)	160				

Meaning

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PE2	160	2	5	3.82	.681
PE3	160	2	5	3.84	.714
Psychological Empowerment	160	2	5	3.88	.671
Valid N (listwise)	160				

Competence

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PE5	160	2	5	3.75	.918
PE4	160	2	5	3.76	.865
PE6	160	1	5	3.84	.831
Valid N (listwise)	160				

Self-determination

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PE8	160	2	5	3.81	.770
PE7	160	2	5	3.84	.714
PE9	160	2	5	3.84	.797
Valid N (listwise)	160				

Impact

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PE10	160	1	5	3.71	.857
PE11	160	2	5	3.71	.842
PE12	160	1	5	3.72	.786
Valid N (listwise)	160				

ORGANIZATIONAL SUPPORT ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
POS3	160	1	5	2.78	.931
POS5	160	1	5	2.90	.870
POS2	160	1	5	2.96	.990
POS4	160	1	5	2.98	.918
POS6	160	1	5	3.03	.918
POS7	160	1	5	3.13	.867
POS8	160	1	5	3.19	.833
Perceived Organizational Support	160	1	5	3.33	.942
Valid N (listwise)	160				

ALL OF THE COMPONENT OF PROFESSIONAL BEHAVIOR (ASCENDING)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Mean of professional behavior spirit of inquiry	160	1.50	5.00	3.8135	.61012
Mean of professional behavior collegiality and collaboration	160	1.50	5.00	3.9156	.72407
Mean of professional behavior knowledge	160	2.33	5.00	3.9583	.48923
Mean of professional behavior innovation and visionary	160	2.60	5.00	3.9925	.54939
Mean of professional behavior autonomy	160	2.00	5.00	4.0219	.60876
Mean of professional behavior ethics and value of profession	160	2.00	5.00	4.0688	.63873
Mean of professional behavior accountability	160	2.20	5.00	4.1275	.58341
Mean of professional behavior advocacy	160	2.50	5.00	4.2250	.55386
Valid N (listwise)	160				

KNOWLEDGE ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB3	160	1	5	3.71	.827
Professional Behavior	160	1	5	3.90	.737
PB4	160	1	5	3.93	.825
PB2	160	1	5	3.94	.741
PB5	160	1	5	3.98	.785
PB6	160	1	5	4.29	.660
Valid N (listwise)	160				

SPIRIT OF INQUIRY ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB9	160	1	5	3.67	.922
PB8	160	1	5	3.72	.863
PB7	160	1	5	3.74	.961
PB12	160	1	5	3.76	.902
PB10	160	1	5	3.88	.934
PB11	160	1	5	4.11	.744
Valid N (listwise)	160				

ACCOUNTABILITY ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB13	160	2	5	3.99	.773
PB14	160	2	5	4.11	.678
PB15	160	1	5	4.13	.652
PB16	160	1	5	4.16	.699
PB17	160	1	5	4.25	.673
Valid N (listwise)	160				

AUTONOMY ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB21	160	2	5	3.94	.689
PB20	160	2	5	3.97	.739
PB19	160	1	5	4.05	.815
PB18	160	1	5	4.13	.745
Valid N (listwise)	160				

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ADVOCACY ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB25	160	1	5	4.17	.729
PB22	160	2	5	4.22	.651
PB24	160	1	5	4.25	.654
PB23	160	2	5	4.26	.649
Valid N (listwise)	160				

INNOVATION AND VISIONARY ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB28	160	1	5	3.80	.875
PB26	160	1	5	3.94	.818
PB27	160	1	5	4.02	.726
PB29	160	1	5	4.08	.718
PB30	160	1	5	4.11	.654
Valid N (listwise)	160				

COLLEGIALITY AND COLLABORATION ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB33	160	1	5	3.84	.894
PB34	160	1	5	3.84	.894
PB31	160	1	5	3.97	.850
PB32	160	1	5	4.01	.805
Valid N (listwise)	160				

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ETHICS AND VALUE ASCENDING

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PB35	160	1	5	3.91	.882
PB38	160	2	5	4.06	.758
PB36	160	2	5	4.12	.750
PB37	160	1	5	4.18	.726
Valid N (listwise)	160				

VITA

My full name is Leli Khairani. I was born in Bukittinggi, West Sumatra, Indonesia. The place in which I lived for most of my life with a warm and supporting family and it provided me with a sound education and opportunities for personal growth. Since my earliest school days, I have been interested in the pursuit of knowledge and truth which inspired by people surrounding me.

I finished my Bachelor degree in 2013 then I continued my special practice in a nursing clinic that we call “Ners” for one year in the hospital. Having graduated from bachelor degree, I worked in Ministry of health as a research assistant while attended the ELP (English language Program) in Bandung. Now I am a Graduate student at Faculty of Nursing, majoring nursing administration, Chulalongkhorn University, Thailand.

I got the satisfying achievement in academic because of strong desire to learn. Live is to learn is my way of life. I hope to complete my master’s degree and complete my study at graduate school soon. So that, one day I can return the favor many professors bestowed on me and teach at a University level, especially in West Java province.

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