

# Model of Health Workers Competency in Public Service Perspective

Sri Wahyuni<sup>1</sup> Wildan Taufik Raharja<sup>2,\*</sup>

<sup>1</sup> Departement of Public Administration, Universitas Hang Tuah

<sup>2</sup> Departement of Public Administration, Universitas Hang Tuah

\* Email: [raharja.wildan@hangtuah.ac.id](mailto:raharja.wildan@hangtuah.ac.id)

## ABSTRACT

This study aims to formulate the competency model for health workers in the community health center (PUSKESMAS) at the coastal area of Surabaya. In the developing competency model of health workers, this study maps the nurse's competence in the perspective of public service quality, they are: Responsiveness, Assurance, Empathy. This research used qualitative methods with a case study research strategy. The research data was from primary data with in-depth interviews and secondary data was from documents relevant to the research. The study interviewed 8 people consisted of health workers, non-health workers, and the community as patients at the Puskesmas in the coastal area of Surabaya City. The result of the study show that the nurse's competence was good and appropriate with the minimum health service standards. But there is something that must be considered in the nurse competency model, namely cross-cultural communication

**Keywords:** Model of Nurse Competency, Public Services, Community Health Centers (Puskesmas)

## 1. INTRODUCTION

Health care service quality is at the forefront as it is considered as a tool to achieve long-term competitive advantage and profitability [1]. The service quality is considered as a key factor in differentiating services in several health institutions and could bring competitive advantage [2][3]. Nursing competence is a professional and important matter that has implications for the patients' care service [4]. Low employee capacity and ineffective communication systems can affect the service quality of patients in the health sector, this has implications for public perceptions of the health services quality and patients' loyalty [4]. The health service quality gives a significant relationship with the patient satisfaction [5]. Patient's satisfaction in the health service business is an aspect that must be considered.

The nursing competence level affects directly to the patients care quality [6]. Nurse's competence is one of the independent factors that affect individual performance [7]. Patients notice more quality of health workers competence and low cost of treatment than the quality of other services [8]. Nurses need individual attributes and characteristics to implement skills and knowledge into the effective action [9].

The research findings indicate that the factors affecting the process of developing professional competence in nursing are mostly by both personal and extra-personal [10]. The nurse's work experience affects their level of competence. This can be seen from the comparison of the nurse's competence who has just graduated from college and senior nurses [6]. The higher experience they have, the higher the level of nurse's competence. Further analysis showed that differences in nurses' competence depend on gender, age and education level [7] [11] [12]. In addition, the ability to think critically affects nursing competence and clinical critical thinking skills of nurses with a master's degree is much better than those who have a bachelor's degree or diploma. Then, for them who work more than five years are better than those who have degrees below five years [13]. Nurse's decision-making competence is an important and integral part of the theoretical and practical nurse's competence [14], this competence affects other competencies.

## 2. THEORY

### 2.1. Competence

Competence can be defined as the knowledge, skills, abilities, and behavior of a practitioner or worker in carrying out their work safely and effectively according to professional standards and is the key to achieve the success of a health service organization [15] [16] [17]. Knowledge and technical skills are threshold competencies needed for the individuals to accomplish job requirements, yet they don't guarantee the effective performance [9]. There are three aspects of the main competence in health care, firstly, it is focused on disease burden and determinants of health. Secondly, it is focused on core public health skills, such as policy development, program management and analysis. The third one is another competence classified as "soft skills", such as collaboration, communication, partnership, capacity building, and professionalism [18].

There are five main themes in nurse competence, they are: knowledge, skills experience, ethics, relevance, and self-confidence [19]. According to [10] there are six categories of nurse competencies that can be identified; experience, opportunities, environment, personal characteristics, motivation and theoretical knowledge. The other nursing competencies that have been identified are knowledge competence, teamwork and communication, and the ability to coordinate and manage is important and should be included in the competence standard of operating room.[14]. In addition, there are seven areas of nurse competence; constitute nurses' medication competence were identified: (1) anatomy and physiology, (2) pharmacology, (3) communication, (4) interdisciplinary collaboration, (5) information seeking, (6) mathematical and medication calculation, (7) medication administration, (8) medication education, (9) assessment and evaluation, (10) documentation and (11) promoting medication safety as part of patient safety. The results of the study show that there are three main categories that integrate one competence fields to each other, namely: (1) decision making competence, (2) theoretical competence and (3) practical competence [20]. Other experts [21] explain seven domains of nurse competence for practice; (1) the helping role, (2) the teaching – coaching function, (3) the diagnostic and monitoring function, (4) effective management of rapidly changing situations, (5) administering and monitoring therapeutic interventions and regimens, (6) monitoring and ensuring the quality of health care practices, and (7) organizational and work-role competencies. Each institution has its own standards of nurse's competencies, because they have different visions and cultures [22]. This competence model can be a

recommendation and can be applied in health institutions. It should be considered, that every health institution has a different culture and organizational environment.

### 2.2. Nurse's Competence Function

Competence-based individual performance assessment is recommended as a management tool for nursing career development planning and continuing education. Competence assessment of practice nurses has been identified as a very important factor in maintaining professional standards [23]. The Nurse Competence Scale is proven to be a reliable and valid instrument in assessing the nurse's competence [11]. This activity is an integrated part in getting qualified nurses, such as a mentoring program. The competence of new nurses increased significantly due to guidance from mentors or seniors [24]. Using quality measurement and diagnostic instruments such as interest-performance analysis will assist hospital managers in planning the improvement of service quality and achieve long-term goals [25]. All hospitals need to measure, monitor and improve the quality of health care services in order to survive and achieve patients' satisfaction [26]. The nurse's competence is the basic for resource management functions, such as: assessment, training and development, payroll, and others.

### 2.3. Public Service

The rhetoric introduction of quality service in the public sector is a more recent phenomenon which can be traced to the new public management concepts [27]. The governance in public services refers to the government capacity to provide high-quality services, and citizens have the capacity to demand these services [28]. As stated in the 1945 Constitution, everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to obtain health services. Furthermore, the State is responsible in providing the proper health service facilities and public service facilities. Services in the public sector, such as hospitals, have more complex tasks, because they have customers (diverse patients), thus a good service system and talented health workers are needed [29].

The concept of service assessment was introduced by [30][31][32]. They concluded that customers assess the service quality by comparing their expectations with real performance results. When the service performance exceeds their expectations, the service provider provides a good quality service. Models in measuring service quality that are commonly used are RATER: reliability, assurance, tangibles, empathy and responsiveness [33].

### **3. METHODS**

This research was conducted using qualitative methods. Qualitative research is a method to explore and understand the meaning of some individuals and groups who are considered to come from social or humanitarian problems [34]. Qualitative research method is a data collection and analysis technique which data is not considered numerical or quantitative, including data collection approaches such as in-depth interviews, focus groups, unstructured observations, document analysis, and others [35]. Qualitative research is focused on the voices of participants, this research provides a new approach to consider the effectiveness of policies, programs and practices that give advantages to the group whom lose their rights [36]. In this study, the authors apply an inductive style of research perspective and focus on individual meanings. Thinking from a specific perspective and then generalize them.

This study used specific strategies as a research design that establishes specific procedures in research study. This study chose a qualitative method with a case study research strategy [37]. Qualitative research methods focus on the relationship between individuals, groups of products, services or brands in a particular cultural context [38]. Case study is one of method or strategy in social research [37][46] [39]. [40] says that a case study is expected to capture the complexity of a single case, and the methodology that allows to evolve in the social sciences.

This study focused on mapping the nurse's competence in the perspective of public service quality, they are: Responsiveness, Assurance, Empathy. The research data was from primary data and secondary data. The primary data was from in-depth interviews and secondary data was from documents relevant to the research. The technique in determining informants was purposive sampling, in which the informants have been determined from the start based on their knowledge of the object of research. Informants are considered to know about the information needed by researchers. To avoid subjectivity being too high, this study used the triangulation method as a data validation checking technique

The number of informants was 8 people consisted of health workers, non-health workers, and the community as patients at the Puskesmas in the coastal area of Surabaya City. The researcher conducted in-depth interviews during working hours by asking for 1-2 hours in turn. For specific informants, they were interviewed after conducting a health examination

### **4. DISCUSSION**

Several studies have provided an overview of the quality of health services in various health institutes. The results of the research on the quality of health services showed that the largest gap score is in the tangibles dimension followed by the responsiveness dimension and the reliability dimension [41]. The dimensions of service quality that mostly influence the quality of health care are responsiveness, assurance, and empathy. Nurses should give special attention in affectionate and emotional aspects, as they are an integral component of quality care [42]. The biggest gap in nurse competence in health care is empathy competence. This study analyzed the competence of nurses in the perspective of public services as seen from 3 indicators of public service quality; responsiveness competence, assurance, and empathy.

#### **4.1. Responsiveness**

It is a nurse's competence to provide fast (responsive) and precise service to patients by conveying clear information. Nurses at the Surabaya City Coastal Health Center had good responsiveness to patient's service. They were fast in handling patients. Health workers did not delay their work and are quick to make decisions. There were several complaints from patients about the long service process. However, this was due to the insufficient number of health workers. As a result, the patients had to wait a long time.

#### **4.2. Assurance**

It is a nurse's competence to encourage the trust of patients at the Puskesmas. Nurses at the Surabaya City Coastal Health Center had sufficient clinical knowledge competence in terms of patient care. In addition, the skills regarded to the care services had not been complained by the patients. Judging from the minimum standard of health services at the Puskesmas, nurses in the Surabaya City Coastal Health Center already had good nursing knowledge competencies. However, there is a recommendation about increasing the nurse's competence, it is necessary to carry out training on Emergency medical services.

#### **4.3. Empathy**

It is a nurse's competence in giving sincere and individualized attention to patients by understanding the patient's wishes and complaints. In this competence, nurses are required to understand the patient's problems in detail. The emotional level of the nurses at the health center was good, they had pretty good empathy. As a result, the nurses and patients have a good emotional relationship. The nurses had good communication with

the patients, so that they can increase patient confidence in Puskesmas services. The Puskesmas also implements 5S (Smile, Greetings, Greetings, Polite, Courtesy) culture in providing care service to the patients. Judging from the standard level of the Puskesmas, nurse's competence was good enough. However, it is necessary to develop nurse communication competences, namely cross-cultural communication since people in the community health center are heterogeneous. Cross-cultural communication competences are needed to provide understanding of health to patients.

#### 4.4. Nurse's Competence Development

A continuous nurse's competence development program is needed to improve communication competence and develop an active communication [8]. Nurses would have good potential and prospects when the management pays attention to employee training professionally [43]. Experience at work and colleagues have a big contribution to the nurse's competence [44] [54]. Study findings shows that health care organizations take a proactive approach to improve nurse's competence [6].

It is necessary to increase the nurse's soft skills competence in providing services to the patients and evaluation of the performance of health workers by identifying the competencies desired by the patients, and later could perform competence development as needed [45]. [46] [47]. A good quality nursing services are essential for patient comfort, however the improvement in nurse's competence is very slow and the quality of nurse development programs are rarely available [48]. Nurse's managers could develop human resource development strategies to make nurses better. A good quality in nursing development consists of responsibility, intentionality, care, respect, empathy, advocacy and communication [48]. Nursing competence development is one of resources of the long-term investments. The competence of the nurse will determine the level of satisfaction of the patient's health services to the health center.

### 5. CONCLUSION

From the public service perspective, the nurse's competence was good and appropriate with the minimum health service standards in the Puskesmas. The nurses have quite good responsiveness, assurance, and empathy competencies. However, there is a nurse's competence model that might be used as a recommendation, it is Helping and Human Service, which consists of Interpersonal Understanding (IU) and Customer Service Orientation [49]. Both competencies must be supported by good communication competencies. Good ability in serving patients must be

done with good communication, as well as individual understanding have to be based on a good communication first. The non-technical skills of health workers are currently became a new consideration in competence development in the health sector [50][51]. The main competencies of health workers are important in public health services, but communication is one of the most important skills and should be considered by all groups in health care services [52][53][54][55] [16].

In addition, there is need a consideration in the nurse's communication competence, namely cross-cultural communication. One of the elements of communication skills that have been possessed by health workers is the ability to communicate between cultures [56][57][58]. This intercultural communication can minimize misunderstandings, especially between healthcare workers and patients. As seen from the geographical and cultural conditions in the coastal area of Surabaya City, the coastal community of Surabaya City is very heterogeneous. Therefore, health workers must have good cross-cultural communication competence

### AUTHORS' CONTRIBUTIONS

Sri Wahyuni and Wildan Taufik Raharja contributed to the writing of the manuscript, to the design and implementation of the research, to the analysis of the results.

### ACKNOWLEDGMENTS

This research was funded by Universitas Hang Tuah. We also thank to all people who have contributed during the research.

### REFERENCES

- [1]. S. W. Brown and T. A. Swartz, "A Gap Analysis of Professional Service Quality," *J. Mark.*, vol. 53, no. 2, pp. 92–98, Apr. 1989, doi: 10.1177/002224298905300207.
- [2]. S. P. Gounaris, V. Stathakopoulos, and A. D. Athanassopoulos, "Antecedents to perceived service quality: An exploratory study in the banking industry," *Int. J. Bank Mark.*, vol. 21, no. 4, pp. 168–190, Aug. 2003, doi: 10.1108/02652320310479178.
- [3]. S. Yoon and H. Suh, "Ensuring IT consulting SERVQUAL and user satisfaction: A modified measurement tool," *Inf. Syst. Front.*, vol. 6, no. 4, pp. 341–351, Dec. 2004, doi: 10.1023/B:ISFI.0000046376.10364.16.
- [4]. L. S. Cowin, C. Hengstberger-Sims, S. C. Eagar, L. Gregory, S. Andrew, and J. Rolley, "Competency measurements: testing convergent validity for two measures," *J. Adv. Nurs.*, vol. 64, no. 3, pp. 272–277, Nov. 2008, doi: 10.1111/j.1365-2648.2008.04774.x.

- [5]. R. Johnston, "The Determinants of Service Quality: Satisfiers and Dissatisfiers," *International Journal of Service Industry Management*, vol. 6, no. 5. MCB UP Ltd, pp. 53–71, 01-Dec-1995, doi: 10.1108/09564239510101536.
- [6]. M. Takase, "The relationship between the levels of nurses' competence and the length of their clinical experience: a tentative model for nursing competence development," *J. Clin. Nurs.*, vol. 22, no. 9–10, pp. 1400–1410, May 2013, doi: 10.1111/j.1365-2702.2012.04239.x.
- [7]. O. Numminen, H. Leino-Kilpi, H. Isoaho, and R. Meretoja, "Newly Graduated Nurses' Competence and Individual and Organizational Factors: A Multivariate Analysis," *J. Nurs. Scholarsh.*, vol. 47, no. 5, p. n/a-n/a, Jul. 2015, doi: 10.1111/jnu.12153.
- [8]. R. R. Ramsaran-Fowdar, "Identifying Health Care Quality Attributes," 2005.
- [9]. L. Calman, "Patients' views of nurses' competence," *Nurse Educ. Today*, vol. 26, no. 8, pp. 719–725, Dec. 2006, doi: 10.1016/j.nedt.2006.07.016.
- [10]. R. T. Khomeiran, Z. P. Yekta, A. M. Kiger, and F. Ahmadi, "Professional competence: factors described by nurses as influencing their development," *Int. Nurs. Rev.*, vol. 53, no. 1, pp. 66–72, Mar. 2006, doi: 10.1111/j.1466-7657.2006.00432.x.
- [11]. A. H. Salonen, M. Kaunonen, R. Meretoja, And M.-T. Tarkka, "Competence profiles of recently registered nurses working in intensive and emergency settings," *J. Nurs. Manag.*, vol. 15, no. 8, pp. 792–800, Nov. 2007, doi: 10.1111/j.1365-2934.2007.00768.x.
- [12]. R. Meretoja, H. Isoaho, and H. Leino-Kilpi, "Nurse Competence Scale: Development and psychometric testing," *J. Adv. Nurs.*, vol. 47, no. 2, pp. 124–133, Jul. 2004, doi: 10.1111/j.1365-2648.2004.03071.x.
- [13]. M. J. Chang, Y.-J. Chang, S.-H. Kuo, Y.-H. Yang, and F.-H. Chou, "Relationships between critical thinking ability and nursing competence in clinical nurses," *J. Clin. Nurs.*, vol. 20, no. 21–22, pp. 3224–3232, Nov. 2011, doi: 10.1111/j.1365-2702.2010.03593.x.
- [14]. V. Sulosaari, R. Suhonen, and H. Leino-Kilpi, "An integrative review of the literature on registered nurses' medication competence," *J. Clin. Nurs.*, vol. 20, no. 3–4, pp. 464–478, Feb. 2011, doi: 10.1111/j.1365-2702.2010.03228.x.
- [15]. L. Storey, J. Howard, and A. Gillies, *Competency in Healthcare : a practical guide to competency frameworks*, 1st editio. CRC Press;, 2016.
- [16]. S. Defibaugh, *Nurse Practitioners and the Performance of Professional Competency*. Springer International Publishing, 2018.
- [17]. R. Kessler, *Competency-Based Performance Reviews: How to Perform Employee Evaluations the Fortune 500 Way*, First edit. U.S.A: Weiser, 2008.
- [18]. S. Sawleshwarkar and J. Negin, "A Review of Global Health Competencies for Postgraduate Public Health Education," *Front. Public Heal.*, vol. 5, no. MAR, p. 46, Mar. 2017, doi: 10.3389/fpubh.2017.00046.
- [19]. H. Skirton, A. O'Connor, and A. Humphreys, "Nurses' competence in genetics: a mixed method systematic review," *J. Adv. Nurs.*, vol. 68, no. 11, pp. 2387–2398, Nov. 2012, doi: 10.1111/j.1365-2648.2012.06034.x.
- [20]. B. M. Gillespie, W. Chaboyer, M. Wallis, H. A. Chang, and H. Werder, "Operating theatre nurses' perceptions of competence: a focus group study," *J. Adv. Nurs.*, vol. 65, no. 5, pp. 1019–1028, May 2009, doi: 10.1111/j.1365-2648.2008.04955.x.
- [21]. P. Benner, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice Excellence and Power in Clinical Nursing Practice*, 1st ed. the University of Michigan: Prentice Hall, 2001.
- [22]. O. Numminen, R. Meretoja, H. Isoaho, and H. Leino-Kilpi, "Professional competence of practising nurses," *J. Clin. Nurs.*, vol. 22, no. 9–10, pp. 1411–1423, May 2013, doi: 10.1111/j.1365-2702.2012.04334.x.
- [23]. M. McMullan, "Students' perceptions on the use of portfolios in pre-registration nursing education: A questionnaire survey," *Int. J. Nurs. Stud.*, vol. 43, no. 3, pp. 333–343, Mar. 2006, doi: 10.1016/j.ijnurstu.2005.05.005.
- [24]. Y.-T. Ke, C.-C. Kuo, and C.-H. Hung, "The effects of nursing preceptorship on new nurses' competence, professional socialization, job satisfaction and retention: A systematic review," *J. Adv. Nurs.*, vol. 73, no. 10, pp. 2296–2305, Oct. 2017, doi: 10.1111/jan.13317.
- [25]. R. Mohebifar, H. Hasani, A. Barikani, and S. Rafiei, "Evaluating Service Quality from Patients' Perceptions: Application of Importance–performance Analysis Method," *Osong Public Heal. Res. Perspect.*, vol. 7, no. 4, pp. 233–238, Aug. 2016, doi: 10.1016/j.phrp.2016.05.002.
- [26]. P. Punnakitikashem, N. Buavaraporn, P. Maluesri, and K. Leelartapin, "Health Care Service Quality: Case Example of a Hospital with Lean Implementation," 2012.
- [27]. N. Collins and P. Butler, "Public services in Ireland: a marketing perspective," in *Working Paper Series*, 5, 1998.
- [28]. M. T. Wenene, T. Steen, and M. R. Rutgers, "Civil servants' perspectives on the role of citizens in public service delivery in Uganda," *Int. Rev. Adm. Sci.*, vol. 82, no. 1, pp. 169–189, Mar. 2016, doi: 10.1177/0020852315576704.
- [29]. J. Buckley, "E-service quality and the public sector," *Manag. Serv. Qual. An Int. J.*, vol. 13, no. 6, pp. 453–462, Dec. 2003, doi: 10.1108/09604520310506513.
- [30]. A. ; Parasuraman, L. L. ; Berry, and V. A. Zeithaml, "Refinement and Reassessment of the SERVQUAL Scale," 1991.
- [31]. A. ; Parasuraman, V. A. ; Zeithaml, and L. L. Berry, "Servqual: A Multiple-Item Scale For Measuring Consumer Perc," 1988.

- [32]. A. Parasuraman, V. A. Zeithaml, and L. L. Berry, "A Conceptual Model of Service Quality and Its Implications for Future Research," *J. Mark.*, vol. 49, no. 4, pp. 41–50, Sep. 1985, doi: 10.1177/002224298504900403.
- [33]. L. Entrekin and C. Anderson, "Psychometric Assessment of the Perception of Service Quality, Research and Practice in Human Resource Management," 2003.
- [34]. J. W. Creswell, *Research design: qualitative, quantitative, and mixed methods approaches*, 3rd ed. Los Angeles: SAGE Publications, 2009.
- [35]. R. M. Safman and J. Sobal, "Qualitative sample extensiveness in health education research," *Heal. Educ. Behav.*, vol. 31, no. 1, pp. 9–21, Feb. 2004, doi: 10.1177/1090198103259185.
- [36]. K. Olson, R. A. Young, and I. Z. Schultz, Eds., *Handbook of Qualitative Health Research for Evidence-Based Practice*, vol. 4. New York, NY: Springer New York, 2016.
- [37]. J. W. Creswell, *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, 4th ed. Thousand Oaks, California: SAGE Publications, Inc, 2014.
- [38]. R. Kegan, L. L. Lahey, M. L. Miller, A. Fleming, and D. Helsing, *An Everyone Culture: Becoming a Deliberately Developmental Organization*. Boston, MA: Harvard Business Review Press, 2016.
- [39]. R. K. Yin, *Case study research: Design and methods*, 4th ed. Thousand Oaks, CA: Sage, 2009.
- [40]. S. Ebneyamini and M. R. Sadeghi Moghadam, "Toward Developing a Framework for Conducting Case Study Research," *Int. J. Qual. Methods*, vol. 17, no. 1, p. 160940691881795, Dec. 2018, doi: 10.1177/1609406918817954.
- [41]. V. L. Purcărea, I. R. Gheorghe, and C. M. Petrescu, "The Assessment of Perceived Service Quality of Public Health Care Services in Romania Using the SERVQUAL Scale," *Procedia Econ. Financ.*, vol. 6, no. 13, pp. 573–585, 2013, doi: 10.1016/s2212-5671(13)00175-5.
- [42]. J. John, F. M. Yatim, and S. A. Mani, "Measuring service quality of public dental health care facilities in Kelantan, Malaysia," *Asia-Pacific J. Public Heal.*, vol. 23, no. 5, pp. 742–753, 2011, doi: 10.1177/1010539509357341.
- [43]. E. Alfieri, M. Mori, V. Barbui, and L. Sarli, "Advanced competencies mapping of critical care nursing: A qualitative research in two intensive care units," *Acta Biomed.*, vol. 88, no. Suppl 3, pp. 67–74, 2017, doi: 10.23750/abm.v88i3-S.6616.
- [44]. K. A. Krokmyrdal and R. Andenæs, "Nurses' competence in pain management in patients with opioid addiction: A cross-sectional survey study," *Nurse Educ. Today*, vol. 35, no. 6, pp. 789–794, Jun. 2015, doi: 10.1016/j.nedt.2015.02.022.
- [45]. S. C. Beyea, L. (Kobokovich) von Reyn, and M. J. Slattery, "A Nurse Residency Program for Competency Development Using Human Patient Simulation," *J. Nurses Staff Dev.*, vol. 23, no. 2, pp. 77–82, Mar. 2007, doi: 10.1097/01.NND.0000266613.16434.05.
- [46]. P. Rosenfeld, L. S. Pyc, R. J. Rosati, and J. M. Marren, "Developing a Competency Tool for Home Health Care Nurse Managers," *Home Health Care Manag. Pract.*, vol. 24, no. 1, pp. 5–12, Feb. 2012, doi: 10.1177/1084822311416499.
- [47]. H. Kobayashi, Y. Takemura, and K. Kanda, "Patient perception of nursing service quality; an applied model of Donabedian's structure-process-outcome approach theory," *Scand. J. Caring Sci.*, vol. 25, no. 3, pp. 419–425, Sep. 2011, doi: 10.1111/j.1471-6712.2010.00836.x.
- [48]. L. M. Burhans and M. R. Alligood, "Quality nursing care in the words of nurses," *J. Adv. Nurs.*, vol. 66, no. 8, pp. 1689–1697, Jun. 2010, doi: 10.1111/j.1365-2648.2010.05344.x.
- [49]. L. M. Spencer and S. M. Spencer, *Competency at Work : Models for Superior Performance*, 1st ed. Canada: John Wiley & Son, Inc, 1993.
- [50]. L. Laari and B. M. Dube, "Nursing students' perceptions of soft skills training in Ghana," *Curationis*, vol. 40, no. 1, Sep. 2017, doi: 10.4102/curationis.v40i1.1677.
- [51]. S. Y. Chen and H. C. Hsu, "Nurses' reflections on good nurse traits: Implications for improving care quality," *Nurs. Ethics*, vol. 22, no. 7, pp. 790–802, Nov. 2015, doi: 10.1177/0969733014547973.
- [52]. J. Ye, C. Leep, N. Robin, and S. Newman, "Perception of Workforce Skills Needed Among Public Health Professionals in Local Health Departments," *J. Public Heal. Manag. Pract.*, vol. 21, pp. S151–S158, 2015, doi: 10.1097/PHH.0000000000000299.
- [53]. E. Halcomb, M. Stephens, J. Bryce, E. Foley, and C. Ashley, "Nursing competency standards in primary health care: an integrative review," *J. Clin. Nurs.*, vol. 25, no. 9–10, pp. 1193–1205, May 2016, doi: 10.1111/jocn.13224.
- [54]. M. Abdolrahimi, S. Ghiyasdavian, M. Zakerimoghadam, and A. Ebadi, "Therapeutic communication in nursing students: A Walker & Avant concept analysis," *Electron. Physician*, vol. 9, no. 8, pp. 4968–4977, Aug. 2017, doi: 10.19082/4968.
- [55]. A. L. Drabczyk and A. L. Drabczyk, "Healthcare Workforce Transitioning," *Healthcare Workforce Transitioning*. pp. 153–166, 2019, doi: 10.4324/9780429399817-9.
- [56]. M. A. G. Gonzalez, N. H. Abu Kasim, and Z. Naimie, "Soft skills and dental education," *Eur. J. Dent. Educ.*, vol. 17, no. 2, pp. 73–82, May 2013, doi: 10.1111/eje.12017.
- [57]. J. M. Fleckman, M. Dal Corso, S. Ramirez, M. Begaliava, and C. C. Johnson, "Intercultural Competency in Public Health: A Call for Action to Incorporate Training into Public Health Education," *Front. Public Heal.*, vol. 3, no. SEP, p. 210, Sep. 2015, doi: 10.3389/fpubh.2015.00210.

- [58]. L. Hark and H. DeLisser, *Achieving Cultural Competency: A case-based approach to training health professionals*. USA: A John Wiley & Sons, Ltd., Publication, 2009.