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The Influence of Coworker Support and Professional Self Efficacy on the Performance of Health Workers at the Japah Health Center

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Abstract. *This study aims to examine the correlation between self-efficacy, social support, emotional stability, and the performance of health workers at the Japah Health Center, Blora Regency. Data were collected through a survey given to 68 respondents who were health staff. Statistical analysis was conducted to evaluate the relationship between the variables studied. Data collection was conducted through a closed survey with a range of statements 1-5, starting from Strongly Disagree (STS) to Strongly Agree (SS). The data were then analyzed using the Partial Least Square (PLS) method. The results showed that self-efficacy had a positive and significant effect on emotional stability and the performance of health workers. In addition, social support from coworkers also had a positive and significant effect on emotional stability and the performance of health workers. However, emotional stability did not act as a mediator in the relationship between these variables and the performance of health workers. This study has several limitations, including the generalizability of the results because the study was conducted in a limited location and the use of surveys as a data collection tool. Suggestions for further research include the use of a longitudinal approach, a qualitative approach, and the use of a broader scale to measure relevant variables. The practical implication of this study is the need for organizations to increase self-efficacy and social support in the workplace as a strategy to improve the performance of health workers.*

Keywords: *Social; Stability; Support.*

1. Introduction

In carrying out daily tasks, nurses always interact with the conditions of patients who suffer from various diseases and the risk of transmission. They also interact with the patient's family in delivering communication, as well as coordinating with doctors and following existing regulations or operational procedures. All of this can cause a heavy burden on the job, which in turn can create problems in the physical, psychological, and emotional conditions of nurses. The stress experienced by nurses needs to be considered, because high levels of stress can have a negative impact on the quality of services provided. (Anggraeni et al., 2021).

Support from coworkers and emotional stability of nurses play an important role in coping with stress. (Tuija Ylitörmänen, 2021). Support from colleagues can take many forms, such as social support, practical assistance, or even simply recognition of a nurse's achievements.(Al

Sabei et al., 2021). When nurses feel supported by their colleagues, this can reduce stress levels and increase a sense of psychological well-being. **This support involves the affected party in the work environment, including its demands and stressors.**(Liao et al., 2015).

In facing unpleasant conditions within an organization, a person must have high self-confidence.(Bandura, 1978; Zulkosky, 2009). These individual abilities need to be trained and managed effectively to achieve personal goals. (Lyons & Bandura, 2019). Bandura calls it self-efficacy, which states that individuals must have the ability to organize strategies that are appropriate to their goals and carry them out well, even in difficult situations.(Bandura, 2021).

*Professional self-efficacy*includes confidence in overcoming professional challenges that may arise(Huang, 2016). This includes the ability to handle stress, make difficult decisions, and work in multidisciplinary teams to achieve the best outcomes. Health workers who have high professional self-efficacy may be more likely to seek out learning and self-development opportunities. (Pakpour et al., 2019). Health workers with high self-efficacy believe that they can overcome new challenges and continuously improve the quality of health services they provide. (A Orgambidez et al., 2014).

*Professional self-efficacy*on healthcare workers not only impacts the quality of care provided, but also on their job satisfaction, stress levels, and career sustainability.(Zeytinoglu et al., 2007).*Self-efficacy*is an important aspect of self-knowledge that affects people's daily lives. Self-efficacy influences individuals in making decisions to achieve a goal, including estimates of the challenges they will face; encourages individuals to set challenging goals and persist in the midst of difficulties.(Bandura, 2021a). Strengthening professional self-efficacy can be done through continuous education, training, team support, and recognition of achievements.(Chegini et al., 2019).

Previous research related to the role of co-worker support on performance still leaves interesting results to be studied. The results of previous research indicate that co-worker support does not have a significant influence on human resource performance. (Budiyono et al., 2022). The results of the study found that there was a significant interaction effect of emotional support from coworkers on work performance. (Baker & Kim, 2021). So to mediate the gap, the emotional stability variable is proposed to be a mediator.

In the context of emotional stability, co-worker support can also be an important channel for expressing feelings, sharing experiences, and seeking solutions to challenges faced.(Bajaj et al., 2018). The emotional stability of nurses has a direct impact on the quality of health services provided.(Andini, 2023). Nurses who are able to maintain their emotional stability tend to be more effective in interacting with patients, performing their duties well, and dealing with potentially challenging situations.(Bajaj et al., 2018). Therefore, the positive influence of co-worker support can help create a work environment that supports the mental well-being of nurses and, in turn, improves the quality of patient care. The lower the level of co-worker support and the lower the emotional stability, the higher the likelihood of stress levels at work which ultimately impacts nurse performance and cumulatively will impact the overall performance of the Health Center. (Budiyono et al., 2022).

Emotional stability, or what is known as emotional stability, refers to a person's level of calmness, confidence, and sense of security.(Chiang et al., 2019). Emotional stability is a concept that encompasses non-cognitive psychological traits in a person. Caprara et al (2013)defines emotional stability as a process in which a person tries to have a more sensitive personality and feelings. Emotional stability provides a sense of calm for a person in facing and understanding the challenges of life.(Vance, 2016). The ability to stabilize emotions helps organizations shape individual perceptions of reality, increasing the ability to assess, evaluate, and understand the reality of life or face difficult situations. (Cohrdes & Mauz, 2020).

Japah Health Center, Blora Regency as a center for community health development in its area is required to foster community participation in its working area in order to improve the ability to live healthily and provide comprehensive and integrated health services to the community in its working area. Thus, Japah Health Center is required to obtain and utilize existing resources to achieve its goals. This includes empowering existing human resources.

Health centers, as technical implementers of district/city health services, play a central role in organizing public health in a region. Health centers are considered the government's vanguard in achieving the goal of a healthy society, providing comprehensive health services involving Community Health Efforts (UKM) and Individual Health Efforts (UKP). The principles of health center services include accessibility and affordability for all levels of society without discrimination on social, economic, religious, cultural, and belief grounds, in accordance with the Regulation of the Minister of Health No. 75 of 2014 concerning the Implementation of Health Centers.

Since the enactment of Law Number 40 of 2004 concerning the National Social Security System, through the National Health Insurance (JKN) program, health sector development emphasizes a healthy paradigm with a focus on prevention and health promotion, not only on healing or health recovery. In this context, the Community Health Center as the main pillar of preventive and promotive efforts plays a strategic role in providing quality health services to the community.

In an effort to improve the quality of services in the Health Center, information on public satisfaction is very important. One method to collect this information is through a survey of the public satisfaction index towards health services in the Health Center. This survey includes questions about the clarity of information and service flow, evaluation of health center officers, assessment of rates, service results, and assessment of facilities and infrastructure in the health center.

The Community Satisfaction Index is divided into four categories, namely Not Good (25.00 - 64.99), Less Good (65.00 - 76.60), Good (76.61 - 88.30), and Very Good (88.31 - 100.0). Although the Japah Health Center always received the Very Good (A) category in 2020, 2021, and 2022, there was a decrease in the accreditation score which indicated problems in the service performance at the Health Center.

In 2020, Japah Health Center received an IKM with a score of 94.74 or very good (A); in 2021 it received a score of 94.3 or very good (A); and in 2022 it received a score of 90.4 or very

good (A). There was a decrease in the accreditation score, although it was still in the very good category range, but these results indicate problems with service performance at Japah Health Center.

Several indicators that need attention include clarity of information and referral flow, which were felt to be unclear by some respondents. In addition, a small number of respondents felt that health center officers were less disciplined, such as the absence of officers on site during service and unpunctuality. Thus, improvements in these aspects can be the focus of improvement to improve the quality of service at the Japah Health Center.

The public will be satisfied with the performance of the Japah Health Center if all employees work in a disciplined manner. The Japah Health Center received intermediate accreditation from 2019 to 2022. Intermediate accreditation is a medium category for providing public services. To achieve good service quality, it must be supported by the quality of health human resources (HR) and health infrastructure. To achieve an optimal accreditation pass rate, collaboration between all parties in the hospital is a must. Starting from the highest leadership to the most basic staff, all members of the hospital team need to have a uniform commitment to achieve it. A consistent understanding of the objectives of the accreditation process must be possessed by all levels of leadership and employees. It is important to avoid the view that this accreditation will only add to the workload, but rather to understand that the standards that form the basis for assessment in the accreditation survey should be met and integrated into long-term operations, not just when the accreditation survey is conducted. With synergy and high enthusiasm from all parties in the hospital, there is an opportunity to create sustainable and high-quality health services for the community.

2. Research Methods

This chapter describes the direction and method of conducting research that includes the type of research, data sources, data collection methods, population and samples, variables and indicators and data analysis techniques. This research was conducted to test the hypothesis with the intention of justifying or strengthening the hypothesis with the hope that it can ultimately strengthen the theory that is used as a basis. In relation to the above, the type of research used is "Explanatory research" or research that is explanatory in nature, meaning that this research emphasizes the relationship between research variables by testing the hypothesis, the description contains a description but the focus lies on the relationship between variables (Singarimbun, 1982).

3. Results and Discussion

Respondent Description

This section presents a statistical overview of the respondents' conditions. This respondent description provides some brief information about the conditions of the respondents being studied. Respondents are human resources in HR at Japah Health Center, Blora Regency, totaling 68 respondents. The description of respondents in this case can be presented according to the characteristics of the respondents shown in Table.

Respondent Description Table

No	Characteristics	Total Sample n=68	
		Amount	**Percentage (%)**
1	**Gender**		
	Man	26	38.24
	Woman	42	61.76
2	**Age**		
	< 30 years	17	25.00
	31 - 40 years	31	45.59
	41 - 50 years	13	19.12
	> 50 years	7	10.29
3	**Last education**		
	High School/Vocational School	2	2.94
	Diploma	17	25.00
	Bachelor	43	63.24
	S2	6	8.82
4	**Length of work**		0.00
	0 – 10 years	3	4.41
	11 – 20 years old	31	45.59
	21 – 30 years old	27	39.71
	> 30 years old	7	10.29
5.	Status		0.00
	Marry	59	86.76
	Not married yet	6	8.82
	Ever married	3	4.41

Source: Processed primary data, 2024

Based on the sample characteristics table consisting of 68 HR respondents Japah Health Center, Blora Regencysome interesting demographic information was obtained. In terms of gender, the majority of respondents were women, 42 people (61.76%), while men were 26 people (38.24%). Gender differences can affect performance in several ways, such as differences in work style, multitasking ability, and problem-solving approaches. The dominant women in this sample may have performed well in collaboration and communication, which are often considered strengths in heterogeneous teams.

Respondents are dominated by the largest age group, namely 31-40 years with 31 respondents (45.59%), followed by under 30 years with 17 respondents (25.00%), 41-50 years with 13 respondents (19.12%), and over 50 years with 7 respondents (10.29%). The majority of the 31-40 age group are usually at the peak of their productivity, combining experience

with energy and motivation. They may have stable performance and tend to have quite varied experiences in dealing with patients.

Regarding the last education, most respondents have a Bachelor's degree (S1) as many as 43 people (63.24%), then 17 people (25.00%) with the last education of Diploma, 6 people (8.82%) with Master's degree, and only 2 people (2.94%) who have high school/vocational school education. With the condition of a bachelor's educational background, this level of education shows the capacity for critical thinking, good analysis, and managerial skills that can have a positive impact on performance.

Respondents who have worked for 11-20 years are the largest group with 31 people (45.59%), followed by those who have worked for 21-30 years as many as 27 people (39.71%), more than 30 years as many as 7 people (10.29%), and 0-10 years only 3 people (4.41%). This condition shows that respondents have a combination of so that they have the ability to stabilize emotions and can be relied on.

Finally, based on marital status, the majority of respondents were married with a total of 59 people (86.76%), followed by those who were not married as many as 6 people (8.82%), and those who had been married as many as 3 people (4.41%). Married employees are often considered more emotionally and financially stable, which can contribute to consistent performance. However, they may also have family commitments that can affect work flexibility.

Descriptive Analysis of Research Data

In this section, descriptive analysis is conducted to obtain a picture of respondents' responses to the research variables. This analysis is conducted to obtain perceptions about respondents' tendencies to respond to the indicator items used to measure the variables and to determine the status of the variables studied at the research location.

The variable description is grouped into 3 categories, namely: low category, score = 1.00 - 2.33, medium category, score = 2.34 - 3.66 and high/good category, with a score of 3.67 - 5.00. A complete description of the variables can be seen.

Research Variable Description bell

Variables	Indicator	mean	Stdev
self-efficacy	Mastery Experience,	3,735	0.924
	Other people's experiences (Vicarious Experience or Modeling)	3,735	0.704
		mean	Stdev
Co-worker social support	Collaboration/availability to help,	3,676	0.854
	attention to the health of colleagues,	3,662	0.874
	tolerance for errors	3,632	0.960

	empathy for colleagues' problems	3,662	0.956
	assistance in skills development,	3,779	0.944
	readiness to share work experiences.	3,721	0.944
Emotional stability	optimistic,	3,868	0.845
	calm,	3,721	0.844
	tolerance,	3,529	0.969
	empathy	3,706	0.978
Health worker performance	Quality of work	3,706	0.865
	Quantity of work	3,706	0.915
	Punctuality of work	3,868	0.854

Source: processed primary data, 2024

Based on the results of the analysis, the self-efficacy variable measured through the experience of success (Mastery Experience) and the experience of others (Vicarious Experience or Modeling) showed the same mean, namely 3.735 with standard deviations of 0.924 and 0.704 respectively. The indicators with the highest mean values, namely the experience of success (Mastery Experience) and the experience of others (Vicarious Experience or Modeling), have the same mean, namely 3.735.

In the coworker social support variable, various indicators showed quite high means: collaboration/availability to help (3.676; stdev 0.854), concern for coworker's health (3.662; stdev 0.874), tolerance for mistakes (3.632; stdev 0.960), empathy for coworker's problems (3.662; stdev 0.956), assistance in skill development (3.779; stdev 0.944), and readiness to share work experiences (3.721; stdev 0.944). The indicator with the highest mean value was Assistance in skill development and the indicator with the lowest mean value was tolerance for mistakes. This indicates that employees feel significant support from their colleagues in terms of developing new skills, reflecting a work culture that encourages professional development and continuous learning. However, tolerance for mistakes had the lowest mean value, indicating that organizations need to increase tolerance for mistakes. By increasing tolerance for mistakes, organizations can create a safer work environment and support innovation and experimentation without excessive concern about negative consequences.

In the emotional stability variable, the optimism indicator has the highest mean of 3.868 with stdev 0.845, followed by the calm indicator (mean 3.721; stdev 0.844), tolerance (mean 3.529; stdev 0.969), and empathy (mean 3.706; stdev 0.978). The indicator with the highest mean value is optimism and the indicator with the lowest mean value is tolerance. These results indicate that employees generally have a positive and optimistic outlook on their work

situation and future in the company. This optimism can increase employee motivation, productivity, and well-being, and help them face challenges better. On the other hand, the low mean value of the tolerance indicator indicates that there are limitations in employees' ability to accept and appreciate differences and manage conflict constructively. This can be an area of concern for organizations, as a lack of tolerance can hinder teamwork, reduce inclusiveness, and create a less harmonious work environment. Increasing tolerance in the workplace can help build a more inclusive culture, where every employee feels valued and supported, and can contribute maximally to the organization's goals.

Meanwhile, for the performance of health workers, work quality and work quantity each have a mean of 3.706 with stdev 0.865 and 0.915, and work punctuality shows the highest mean of 3.868 with stdev 0.854. The indicator with the highest mean value is work punctuality, while the indicator with the lowest mean value is work quality and work quantity. This shows that employees are very capable of meeting deadlines and completing their tasks on time, which reflects good discipline and time management in the organization. This high punctuality can also indicate the effectiveness of the work systems and procedures implemented in the company.

However, lower mean scores on the work quality and work quantity indicators indicate areas that require more attention. Although employees are able to complete their work on time, there are shortcomings in terms of how well the work is done (quality) and how much is produced (quantity). Organizations need to consider strategies to improve the quality and quantity of work without sacrificing timeliness. For example, through additional training, increasing resources, reviewing work processes, or implementing incentive systems that focus not only on timeliness but also on high-quality work output in sufficient quantities. This way, employees can better balance meeting deadlines while producing quality and productive work.

Evaluation of Measurement Model (Outer Model)

InanalysisPLS, the basic evaluation carried out is the evaluation of the measurement model (outer model) with the aim of determining the validity and reliability of the indicators that measure latent variables.The validity criteria are measured using convergent and discriminant validity, while the construct reliability criteria are measured using composite reliability, Average Variance Extracted (AVE), and Cronbach Alpha.

a. *Convergent Validity*

Evaluation of the latent variable measurement model with reflective indicators is analyzed by looking at the convergent validity of each indicator. Convergent validity testing in PLS can be seen from the magnitude of the outer loading of each indicator on its latent variable. According to Ghozali (2011) an Outer loading value above 0.70 is highly recommended.

Outer Loading Calculation Results Table

	Self efficacy	**Coworker support**	**Emotional stability**	**Nurse performance**

X11	0.898			
X12	0.940			
X21		**0.829**		
X22		**0.832**		
X23		**0.870**		
X24		**0.698**		
X25		**0.794**		
x26		**0.742**		
Y11			0.865	
Y12			0.848	
Y13			0.786	
Y14			0.822	
Y21				0.809
Y22				0.874
Y23				0.871

Loading factor is an estimated weight that connects factors with indicators, with a range of values from 0 to 1. In general, the loading factor value must be more than 0.60 to indicate that the value is higher than the error variance. If the loading factor value is less than 0.60, the indicator must be removed or not used because the error variance exceeds 50%. However, for early stage research in developing a measurement scale, a loading factor value between 0.5 and 0.6 is still considered adequate (Ghozali, 2015). The table above shows where all loading values for each indicator have values greater than the critical limit of 0.700. Thus, the variable*professionalself efficacy,*Co-worker social support, emotional stability and health worker performanceable to be formed or explained well or can be said to be convergently valid by the indicators that form it.

b. *Discriminant Validity*

*Discriminant validity*namely a measure that shows that the latent variable is different from other constructs or variables in theory and is proven empirically through statistical testing. Discriminant validity is measured by the Fornell Lacker Criterion, HTMT, and Cross loading. The test results on each variable can be explained as follows:

Fornell Lacker Criterion Test Results

Validity testing using the Fornell-Larcker Criterion is done by looking at the root value of the Average Variance Extract (AVE) compared to the correlation between constructs with other constructs. This test is fulfilled if the root of the AVE is greater than the correlation between variables.

Value Table Discriminant Validity Test with Fornell-Larcker Criterion Criteria

	Self efficacy	***coworker support***	***emotional stability***	***nurse performance***
Self efficacy	0.919			

coworker support	0.809	0.690		
emotional stability	0.666	0.792	0.732	
nurse performance	0.642	0.808	0.785	0.852

Note: The values in bold are the AVE root values.

From this table, it is obtained information that the AVE root value is higher than the correlation value between other constructs. This result indicates that the constructs in the estimated model have met the criteria for high discriminant validity, meaning that the results of the data analysis can be accepted because the values that describe the relationship between constructs develop. This can mean that all constructs have good discriminant validity. Thus, the research instrument used to measure all constructs or latent variables in this study has met the criteria for discriminant validity.

1. Heterotrait-monotrait ratio (HTMT) Test Results

Validity testing using the Heterotrait-monotrait ratio (HTMT) criteria is carried out by looking at the HTMT matrix. The accepted HTMT criteria are below 0.9 which indicates that the evaluation of discriminant validity is accepted. Table 4.5 shows that the values in the HTMT matrix are not more than 0.9. This means that the model shows that the evaluation of discriminant validity is acceptable. From the results of the discriminant validity test, it can be seen that the HTMT test requirements have been met so that all constructs in the estimated model meet good discriminant validity criteria, meaning that the results of the data analysis can be accepted.

Value Table Discriminant Validity Test with Heterotrait-monotrait ratio (HTMT) criteria

	Self efficacy	**coworker support**	**emotional stability**	**nurse performance**
Self efficacy				
coworker support	0.932			
emotional stability	0.838	0.996		
nurse performance	0.767	0.959	1,028	

Source: Processed primary data (2024)

2. *Cross Loading*

The results of the analysis regarding the correlation of the construct with its own indicators or the correlation of the construct with other indicators can be presented in the cross loading table section.

Table of Correlation Values of Constructs with Indicators (Cross Loading)

	Self efficacy	**coworker support**	**emotional stability**	**nurse performance**
X11	**0.898**	0.709	0.532	0.505
X12	**0.940**	0.797	0.675	0.658
X21	0.180	**0.829**	0.263	0.287
X22	0.195	**0.832**	0.225	0.201

X23	0.497	**0.870**	0.549	0.628
X24	0.706	**0.698**	0.670	0.666
X25	0.167	**0.794**	0.365	0.275
x26	0.674	**0.742**	0.592	0.574
Y11	0.472	0.592	0.865	0.571
Y12	0.634	0.724	0.848	0.619
Y13	0.395	0.573	0.786	0.609
Y14	0.613	0.739	0.822	0.674
Y21	0.613	0.746	0.700	**0.809**
Y22	0.613	0.739	0.655	**0.874**
Y23	0.613	0.746	0.700	**0.871**

Discriminant validity testing in this way is said to be valid if the correlation value of the construct with its own indicator is greater than with other constructs and all correlation values of the construct with its own indicator and other constructs show positive values. From the results of data processing presented in the cross loading table, it can be seen that these requirements have been met so that all constructs in the estimated model meet the criteria for good discriminant validity, meaning that the results of data analysis can be accepted.

c. Reliability Test

Reliability measurement can be done using 3 (three) methods, namely:

a. *Composite Reliability*.

Composite reliability shows the degree that indicates common latent (unobserved), so that it can show the block indicator that measures the internal consistency of the construct forming indicators, the accepted limit value for the Composite reliability level is 0.7.(Ghozali & Latan, 2015).

b. *Average Variance Extracted*(AVE)

If the AVE value > 0.5 then the indicator used in the study is reliable, and can be used for research. It is better if the AVE measurement value is greater than 0.50.(Ghozali & Latan, 2015).

c. *Cronbach's alpha*

If the Cronbach alpha value > 0.70 then the construct can be said to have good reliability.

The results of composite reliability, Cronbach's Alpha, and AVE between constructs and their indicators can be seen in the following table:

Reliability Test Results Table

	Cronbach's alpha	**Composite reliability (rho_c)**	**Average variance extracted (AVE)**
Self efficacy	0.819	0.855	0.916
coworker support	0.782	0.814	0.841

emotional stability	0.686	0.770	0.810
nurse performance	0.811	0.819	0.888

Source: Processed primary data (2024)

This table shows the results of the reliability test of each construct can be said to be good. This is evidenced by the AVE value of each construct > 0.5, the composite reliability and cronbach alpha values of each construct > 0.7. Referring to Chin's opinion in Ghozali (2011) then the results of the composite reliability of each construct can be used in the analysis process to show whether there is a relationship in each construct, because the results obtained have a value > 0.70, from the results above all variables have a composite reliability value > 0.7 meaning that they have a good reliability value and can be used for further research processes. Reliable shows that the indicators used in real research are in accordance with the real conditions of the research object.

Based on the results of the evaluation of convergent validity and discriminant validity as well as variable reliability, it can be concluded that the indicators as measures of each variable are valid and reliable measures.

Goodness of fit evaluation

PLS analysis is a variance-based SEM analysis with the aim of testing model theories that focus on prediction studies. Several measures to state that the proposed model is acceptable are R square(Hair et al., 2019).

R square shows the magnitude of the variation of endogenous variables that can be explained by other exogenous or endogenous variables in the model. Interpretation of R square according to Chin (1998) quoted (Abdillah, W., & Hartono, 2015) is 0.19 (low influence), 0.33 (medium influence), and 0.67 (high influence). The following results of the determination coefficient (R2) of the endogenous variables are presented in the following table

R-Square Value Table

	R-square	**R-square adjusted**
Emotional stability	0.637	0.626
Nurse performance	0.712	0.698

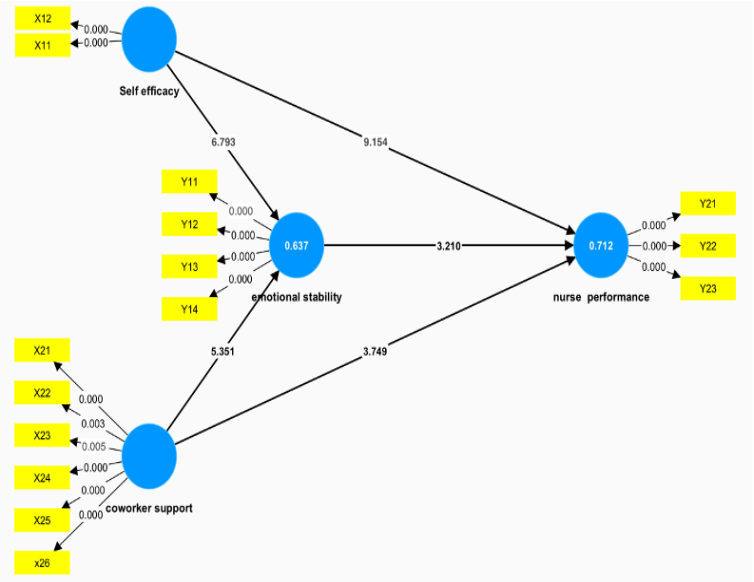
The coefficient of determination (R-square) obtained from the model*Emotional stability* of 0.633 means the variable*Emotional stability*can be explained 62.6% by the variables*Self efficacy*And*coworker support*. While the remaining 37.4% is influenced by other variables outside the research. The R square value (0.626) is in the range of 0.33 - 0.67, meaning that the variable*Self efficacy*And*coworker support*has an influence on patient loyalty variables in the moderate category.

R square value*Nurse performance*of 0.712 means*Nurse performance*can be explained 71.2%by variable*Emotional stability, Self efficacy*And*coworker support*while the remaining 29.8% is influenced by other variables outside the research. The R square value (0.712) is in the range of 0.33 - 0.67, meaning that the variable*Emotional stability, Self*

*efficacy*And*coworker support*have an influence on the variables*Nurse performance* in the high category.

Structural Model Evaluation (Inner Model)

Structural model testing (inner model) is to see the relationship between latent constructs by looking at the results of the path parameter coefficient estimation and its significance level (Ghozali, 2011). In this case, data processing is used using the Smart PLS v4.0 software tool. The results of the data processing are shown in the following figure:



Full SEM-PLS Model Image

Source: Primary data processing with Smart PLS 4.1.0 (2024)

The procedure is carried out as a step in testing the proposed research hypothesis. The test obtained the output results from the loading factor construct structure model which will explain the influence between the variables studied.

a. Multicollinearity Test

Before conducting a hypothesis test, a multicollinearity test needs to be conducted. Multicollinearity is a condition where there is a correlation between independent variables or between independent variables that are not mutually independent. Multicollinearity testing can be done by looking at the Collinearity. Statistics (VIF) value on the inner VIF Values. If the inner VIF <5 indicates no multicollinearity(Hair et al., 2019).

Multicollinearity Test Results Table

	VIF
Self efficacy -> emotional stability	3,097
Self efficacy -> nurse performance	3,099
Coworker support -> emotional stability	3,097
Coworker support -> nurse performance	4,758

emotional stability-> nurse performance	2,755

Based on the results above, it can be seen that the VIF values of all variables are below 5. This means that there is no multicollinearity problem in the model formed.

b. Analysis of Influence between Variables

In this section, the results of the research hypothesis testing that have been proposed in the previous chapter are presented. To determine whether a hypothesis is accepted or not by comparing t count with t table with the condition that if t count > t table, then the hypothesis is accepted. The t table value for a significance level of 5% = 1.96(Ghozali & Latan, 2015). The results of testing the influence of each research variable can be presented as follows:

Path Coefficients Table

	Original sample (O)	**Sample mean (M)**	**Standard deviation (STDEV)**	**T statistics (|O/STDEV|)**	**P values**
Self efficacy -> emotional stability	0.626	0.638	0.170	9.154	0.008
Self efficacy -> nurse performance	0.490	0.482	0.113	6,793	0.018
Coworker support -> emotional stability	0.776	0.770	0.145	5.351	0.000
Coworker support -> nurse performance	0.581	0.587	0.155	3,749	0.000
emotional stability-> nurse performance	0.380	0.379	0.118	3.210	0.001

Source: Primary data processing with Smart PLS 4.1.0 (2024)

The results of the data processing above can be seen in testing each hypothesis that has been proposed, namely:

In testing hypothesis 1, the original sample estimate value was obtained as 0.626. This value proves that professional*self efficacy* has a positive influence on emotional stability, the results of which are also strengthened by the results of the t-test which obtained a calculated t value (9.154) > t table (1.96) and p (0.008) < 0.05, so it can be said that there is a positive and significant influence on professional*self efficacy* towards emotional stability. Thus the first hypothesis states that the higher the professional*self efficacy* sothe better emotional stability can be accepted.

In testing hypothesis 2, the original sample estimate value was obtained as 0.490. This value proves that*self efficacy* has a positive influence on the performance of health workers, the results of which are also strengthened by the results of the t-test which obtained a calculated t value (6,793) > t table (1.96) and p (0.018) < 0.05, so it can be said that there is a positive

and significant influence.*self efficacy* on the performance of health workers. Thus the second hypothesis states that 'The higher the*self efficacy* the higher the performance of health workers' can be accepted.

In testing hypothesis 3, the original sample estimate value is 0.776. This value proves that coworker support has a positive effect on emotional stability, the results of which are also strengthened by the results of the t-test which obtained a calculated t value (3.749) > t table (1.96) and p (0.000) < 0.05, so it can be said that there is a positive and significant influence of coworker support on emotional stability. Thus, the first hypothesis stating that the higher the coworker support, the higher the emotional stability can be accepted.

In testing hypothesis 4, the original sample estimate value was obtained at 0.581. This value proves that coworker support has a positive effect on the performance of health workers, the results of which are also strengthened by the results of the t-test which obtained a calculated t value (3.749) > t table (1.96) and p (0.000) < 0.05, so it can be said that there is a positive and significant effect of coworker support on the performance of health workers. Thus, the second hypothesis which states that 'The higher the coworker support, the higher the performance of health workers' can be accepted.

In testing hypothesis 5, the original sample estimate value was obtained at 0.380. This value proves that emotional stability has a positive effect on the performance of health workers, the results of which are also strengthened by the results of the t-test which obtained a calculated t value (3.210) > t table (1.96) and p (0.001) < 0.05, so it can be said that there is a positive and significant effect of emotional stability on the performance of health workers. Thus, the second hypothesis which states that 'The higher the emotional stability, the higher the performance of health workers' can be accepted.

c. Analysis of the Indirect Influence of Service Quality on Patient Loyalty through the Mediation of Patient Satisfaction

Indirect effect testing is carried out to see the influence given by the variable.*Self efficacy*and Coworker support on the Health Worker Performance variable through the intervening variable, namely the emotional stability variable.

Indirect effect test table

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
Self efficacy -> emotional stability -> nurse performance	0.010	0.014	0.067	0.149	0.882
Coworker support -> emotional stability -> nurse performance	0.295	0.292	0.110	2,697	0.007

According to the results of the mediation analysis in the table above,know that the magnitude of the indirect influence*Self efficacy*on the performance of health workers through emotional

stability is 0.010. When viewed from the magnitude of its influence, the direct influence*Self efficacy*on the performance of health workers is 0.490, which is greater than the indirect influence. This means that emotional stability does not mediate the influence*Self efficacy*on the performance of health workers.

According to the results of the mediation analysis in the image above, it is known that the magnitude of the indirect influence*Coworker support* on the performance of health workers through emotional stability is 0.295. When viewed from the magnitude of its influence, the direct influence*Coworker support* on the performance of health workers is 0.581, which is greater than the indirect influence. This means that emotional stability does not mediate the influence*Coworker support* on the performance of health workers.

Discussion

Professional influence*self efficacy* has a positive effect on emotional stability

In testing hypothesis 1 it was proven that professional*self efficacy* has a positive effect on emotional stability, namely that the higher the professionalism*self efficacy* sothe better the emotional stability can be accepted. This result supports previous research which states that*professional self-efficacy*has a positive impact on the emotional stability of nurses (A Orgambidez et al., 2014; Budiyono et al., 2022; Liu & Aungsuroch, 2019; Yoo & Cho, 2020).

*Self-efficacy*which is built from indicators of successful experience (Mastery Experience) and other people's experiences (Vicarious Experience or Modeling) is proven to contribute to emotional stability represented by optimism, calmness, tolerance, and empathy. Self-efficacy indicators, namely successful experience (Mastery Experience) and other people's experiences (Vicarious Experience or Modeling), have the same mean. Meanwhile, in the Emotional Stability variable, the indicator with the highest mean value is optimism, while the indicator with the lowest mean value is tolerance. These results indicate that successful experiences contribute to the optimism of health workers. This means that when health workers experience success in their work, they tend to feel more confident and optimistic about their abilities and the sustainability of their future in their careers as workers.

Then, the experiences of others will contribute to the tolerant behavior of health workers. This can be implied that by observing and learning from the successes and mistakes of colleagues, health workers can develop a more tolerant attitude. They learn that mistakes are part of the learning and development process, which in turn can create a more supportive and inclusive work environment. Thus, organizations need to encourage sharing of experiences and role-playing models among employees to increase tolerance and understanding, which will ultimately strengthen team cohesion and operational efficiency.

Influence*self efficacy* on the performance of health workers

In testing hypothesis 2 it is proven that*self efficacy* has a positive effect on the performance of health workers, which means that the higher the*self efficacy* the higher the performance of health workers. The results of previous studies stated thatSelf-efficacy has a direct impact on company performance (Arifin et al., 2021; Ary et al., 2019; Khalil et al., 2021; Lin et al., 2022; Permata sari et al., 2020; Shahzad et al., 2023; Siddiqui et al., 2020).

*Self-efficacy*which is built from indicators of successful experience (Mastery Experience) and other people's experiences (Vicarious Experience or Modeling) has been proven to encourage increased performance of health workers as measured by work quality, work quantity, and work punctuality. Both self-efficacy indicators have the same mean. The health worker performance indicator with the highest mean value is work punctuality, while the indicators with the lowest mean values are work quality and work quantity.

These results indicate that the experience of successful health workers is the main capital in treating patients in a timely manner. This experience allows them to complete work quickly because they already have the necessary skills and knowledge. In addition, learning from the experiences of others can improve the quality and quantity of health workers' work. By observing and modeling the best practices of their colleagues, health workers can improve their work techniques and strategies, which ultimately improves the quality of care and increases the amount of work that can be completed.

Overall, self-efficacy derived from personal experience and observation of colleagues contributes significantly to the performance of healthcare workers. Strengthening these two aspects through training, mentoring, and collaboration can help improve the timeliness, quality, and quantity of work, providing greater benefits to patients and the organization.

InfluenceCoworker support for emotional stability

In testing hypothesis 3, it is proven that coworker support has a positive effect on emotional stability, which means that there is a positive and significant effect of coworker support on emotional stability. This result supports the findings of previous studies which show that support from coworkers increases comfort in working in an organization. This happens because this support fulfills the need for appreciation, feelings of acceptance, and social relationships/friendship. As a result, individuals have good emotional stability, even though they may feel cynical about their work.(Budiyono et al., 2022).Likewise, the research results state thatThe influence of co-worker support on the emotional stability of nurses is a significant aspect in the context of nurses' well-being and performance in the work environment.(Andini, 2023; Baker & Kim, 2021).

Social support from coworkers indicated by collaboration and availability to help, concern for coworkers' health, tolerance for mistakes, empathy for coworkers' problems, assistance in skill development, and readiness to share work experiences has been shown to encourage increased emotional stability, which in this study is represented by optimism, calmness, tolerance, and empathy.

The indicator of social support from coworkers with the highest mean value is assistance in skill development, while the indicator with the lowest mean value is tolerance for mistakes. Meanwhile, the indicator of emotional stability with the highest mean value is optimism, while the indicator with the lowest mean value is tolerance. The correlation between these indicators shows that by providing mutual assistance in skill development, the optimism of health workers in facing high workloads will increase. This means that health workers who

feel supported in developing new skills tend to be more confident and optimistic in handling their tasks.

Additionally, when mistakes are tolerated, it fosters a high level of tolerance among healthcare workers. Tolerance of mistakes creates a safer and more supportive work environment, where employees feel comfortable taking risks and learning from mistakes without fear of excessive consequences. This can increase collaboration and understanding among coworkers, which in turn strengthens team bonds and improves overall work efficiency.

Overall, strong social support from coworkers can improve the emotional stability of healthcare workers, helping them feel more optimistic, calm, tolerant, and empathetic. Therefore, organizations need to continue to encourage a work culture that supports skill development and tolerance for mistakes, which will result in a more emotionally stable and productive workforce.

Influencecoworker support for health worker performance

In testing hypothesis 4, it is proven that coworker support has a positive effect on the performance of health workers, which means that the higher the coworker support, the higher the performance of health workers. The influence of coworker support on the performance of health workers plays an important role in forming a positive and productive work environment. (Baker & Kim, 2021; Budiyono et al., 2022; Heryani, nd; Singh et al., 2019; Tews et al., 2019; Umihastanti & Frianto, 2022).

Social support from coworkers indicated by collaboration and availability to help, concern for coworkers' health, tolerance for mistakes, empathy for coworkers' problems, assistance in skill development, and readiness to share work experiences has been shown to encourage increased performance of health workers as represented by work quality, work quantity, and work timeliness.

The indicator of social support from coworkers with the highest mean value is assistance in skill development, while the indicator with the lowest mean value is tolerance for mistakes. Meanwhile, the indicator of health worker performance with the highest mean value is punctuality of work, while the indicators with the lowest mean values are quality of work and quantity of work.

The correlation between these indicators suggests several important implications. First, by providing support in skill development, work timeliness will increase. This means that when health workers feel supported in developing new skills, they are better able to complete their tasks on time. This skill development increases efficiency and effectiveness in their work, allowing them to meet deadlines more consistently.

Second, when mistakes are tolerated, it will encourage improvements in the quality of work and the quantity of work. Tolerance of mistakes creates a safe and supportive work environment, where health workers feel comfortable taking risks and learning from their mistakes without fear of excessive negative consequences which ultimately improves the quality and quantity of work done.

Influence*emotional stability*on the performance of health workers

In testing hypothesis 5, it is proven that there is a positive and significant influence of emotional stability on the performance of health workers. The results can be interpreted that 'The higher the emotional stability, the higher the performance of health workers. The influence of emotional stability on the performance of health workers is confirmed by several studies, including: (Andini, 2023; Bajaj et al., 2018; Cohrdes & Mauz, 2020; Johnson et al., 2017; Wihler et al., 2017).

Emotional stability, represented by optimism, calmness, tolerance, and empathy, has been proven to encourage increased performance of health workers as measured by work quality, work quantity, and work punctuality. The emotional stability indicator with the highest mean value is optimism, while the indicator with the lowest mean value is tolerance. On the other hand, the health worker performance indicator with the highest mean value is punctuality of work, while the indicators with the lowest mean values are work quality and work quantity.

The correlation between these indicators suggests several important implications. First, high levels of optimism among healthcare workers are associated with increased work punctuality. This suggests that optimistic healthcare workers tend to have a positive outlook on their work, which makes them more motivated and efficient in completing tasks on time. Optimism helps them overcome obstacles and maintain high morale, which is essential for consistently meeting deadlines.

Then, tolerant behavior among health workers contributes to improving the quality and quantity of work. Tolerance towards coworkers and difficult situations creates a harmonious and supportive work environment. When health workers can understand and forgive each other's mistakes, they are more likely to work together effectively, which improves their work output in terms of both quality and quantity. This tolerance also allows for more innovation and continuous improvement, as individuals are not afraid to try new approaches or admit mistakes that are then corrected.

Overall, high emotional stability plays an important role in improving the performance of health workers. Organizations need to develop programs and policies that support the development of optimism and tolerance in the workplace. For example, through self-development training, psychological support, and an inclusive work culture. Thus, health workers will not only work more punctually but also produce better quality and productive work.

4. Conclusion

The results of the study showed that professional self-efficacy has a positive impact on emotional stability, which means that the higher the level of self-efficacy, the better the emotional stability. In addition, self-efficacy is also positively related to the performance of health workers, which means that the higher the self-efficacy, the better the performance of health workers. Support from coworkers or coworker support also has a positive effect on emotional stability, indicating that support from coworkers can improve an individual's

emotional stability. In addition, coworker support also has a positive effect on the performance of health workers, which means that the higher the support from coworkers, the higher the performance of health workers that can be achieved. In addition, there is a positive and significant effect of emotional stability on the performance of health workers. Thus, the higher the emotional stability, the higher the performance of health workers that can be achieved.

Emotional stability is proven not to mediate the influence of self-efficacy on the performance of health workers. In other words, self-efficacy has a more dominant direct influence on performance without having to go through emotional stability. In addition, emotional stability also does not mediate the influence of co-worker support on the performance of health workers. Support from co-workers has a stronger direct influence on the performance of health workers than through emotional stability.

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