



Development Workshop Leadership Clinical in Increase Competence Culture Nurse For Lowering Anxiety Levels Patients at Nurul Hasanah Hospital, Kutacane

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ABSTRACT

Holistic nursing care requires nurses to possess cultural competence in order to provide effective and responsive care that respects patients' cultural values. Low cultural sensitivity in nursing practice can increase patient anxiety and decrease the quality of care. Clinical leadership from head nurses plays a vital role in fostering culturally sensitive nursing practices. This community service activity aims to enhance nurses' cultural competence and clinical leadership through an interactive workshop for head nurses and staff nurses at Nurul Hasanah Hospital, Kutacane. The workshop was conducted offline from August 18 to September 26, 2024, using participatory, case-based, and reflective learning approaches. Activities included the development of training modules, pre-tests, workshop implementation, post-tests, and post-training monitoring. Training materials covered clinical leadership concepts, cross-cultural communication, strategies to reduce patient anxiety, and the application of local cultural values in nursing care. Evaluation was conducted through knowledge tests and observation of follow-up action plan implementation. A total of 25 participants attended, with a 92% attendance rate. The evaluation showed an increase in the average score from 58.6 (pre-test) to 82.1 (post-test), and 76% of participants successfully implemented their follow-up plans, with several best practices documented. This activity proved effective in strengthening clinical leadership and cultural competence among nurses, contributing to reducing patient anxiety. Hospitals are encouraged to integrate cultural competency training into routine programs and ensure continuous monitoring to support implementation in care settings.

Keywords: clinical leadership, cultural competence, nurses, patient anxiety.

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INTRODUCTION

Service nursing is an integral part of system service health that focuses on providing care in a way holistic, no only covers aspect physical, but also psychological, social, and cultural patient (Ambushe et al., 2023) . Nurses sued own ability For understand and appreciate values the culture that is adopted patient, because diversity culture Indonesian

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society Ability This known with term competence culture, namely ability For give effective service to individual from various background behind culture, beliefs, and values.

Competence culture become important Because patients who feel valued mark its culture tend own more experience positive in care, level greater compliance tall to treatment, and level more anxiety low (Cipta et al., 2024) . Nonconformity culture in practice nursing can trigger misunderstanding, feeling of not comfortable, even to worsen condition psychological patient (Taylan & Weber, 2023) . Therefore that, strengthening competence culture become priority in development professional nurses, especially in the rooms care that serves patient from background behind diverse cultures.

Implementation competence culture No can stand itself, but is greatly influenced by the environment work and style leadership clinical applied by the head room or manager nursing (Abubakari et al., 2024) . Head a room that has leadership strong clinical play a role as facilitator, guide, and also example in apply practice sensitive nursing culture. Ystaas et al. (2023) , style transformational and supportive leadership proven capable push nurse For develop sensitivity culture and apply it in interaction daily with patient.

Facility service health Still face challenge in matter strengthening capacity leadership clinical. Givler & Maani-Fogelman (2019) , Head room focus on aspects administrative, temporary aspect coaching professionals, including development competence culture, less get attention. This is cause Not yet optimal practice sensitive nursing to culture, and has an impact on increasing anxiety patient during the treatment process. High anxiety can slow down the healing process and increase burden psychological patient.

Leader clinical play a role push creation practice more nursing adaptive in a way culture (Ominyi et al., 2025) . One possible strategy done is through organization training workshop leadership integrated clinical draft competence culture (Osmancevic et al., 2025) . Activity This aiming For increase understanding and skills head room in lead team nursing to be more responsive to need culture patients, as well as create environment inclusive and supportive work.

This workshop activity focused on improving capacity head room and nurse executor through approach learning participatory, based case, and reflective (Gupta et al., 2021) . Implementation activity This expected happen improvement awareness and ability of leaders clinical and nursing in give service sensitive nursing cultural and patient - oriented. In addition, the activities This contribute to the improvement quality service nursing, decreasing level anxiety patients, as well as creation environment more care humanist, inclusive, and effective.

METHOD

Activity devotion to public This has will be held from August 18 to September 26, 2024, where his activities designed in form interactive workshops held offline (face to face) face) with involving nurse executive and head room from House Sick partners. Implementation method focused on the approach participatory, contextual, and applicable For ensure that participant No only to obtain knowledge theoretical, but also skills practical that can direct implemented in the scope services. Activities This designed in a number of stages as following:

1. Stage Preparation

Stage beginning activity started with identification partner (home Sick or facility health) and audience target (head) room and nurse implementer). Service team do coordination

with party management House Sick For compile schedule, prepare facilities and infrastructure training, as well as to spread information activities. In addition, the team also prepared pre-test and post-test instruments, as well as module appropriate training with need participant.



Figure 1. Team Coordination with party management of Nurul Hasanah Hospital Indicator success from implementation activity covering composition module training and instruments evaluation before activity ongoing ; number participant registered according to target (minimum 20 people), participants active participate in discussion and simulation (minimum 80% attendance) full); increase knowledge about leadership clinical and competency culture, participants report has implement part or all over plan act continue ; documentation practice good (best practice) successful collected from minimum field 70%.

2. Workshop Implementation

Before the workshop begins, participants will take the pre-test for measure knowledge beginning about leadership clinical, competence culture, and understanding about impact culture to anxiety patient. Instrument evaluation knowledge use questionnaire consisting of of 20 question items in the form of multiple choice. The workshop was held for 1–2 days in a way intensive. The training method used covering lecture interactive, discussion group, study cases, role play, and reflection experience. Main material covering draft base leadership clinical and role head room, principles and indicators competence culture in nursing, communication strategies intercultural and empathy in care nursing, engineering approach to patient from background behind culture different For lower anxiety and practice leadership clinical based on mark culture local. Kaihlanen et al. (2019) , cultural competence training can increase awareness professional health to characteristic features culture they Alone considered useful and inspiring mind. Improvement awareness can facilitate communication between professional health and patients, which is component important from service quality health.



Figure 1. Team implementing Workshop activities

Participant will facilitated For to design *action plan* or plan act further that can implemented in each work unit. Plan This includes leadership strategies, strengthening communication culture, and intervention nursing For reduce anxiety patient based on culture local. After all over workshop session finished, participants will take the post-test for evaluate improvement understanding and skills. In addition, it is carried out evaluation satisfaction participant to workshop activities through questionnaire. Evaluation results will become base repair activity to front.

3. Monitoring and Mentoring

Service team will carry out monitoring in 1 month time post - workshop online or visit direct For evaluate implementation plan act continue in the room take care Nurul Hasanah Kutacane Hospital. If necessary, the team also facilitates mentoring additional to ensure change practice leadership clinical.

RESULTS AND DISCUSSION

Activity devotion to public This has succeed held from August 18 to September 26, 2024, with involving 25 participants consisting of on head room and nurse executor from Nurul Hasanah Kutacane Hospital. Activities in progress offline in interactive workshop format with approach participatory, contextual, and applicable. Based on results evaluation in each stages, activities This show positive achievements Good from aspect implementation and also impact to improvement competence participant.

At the stage preparation, team executor succeed compile module training and instruments evaluation (pre-test and post-test) according to with objective activities. Coordination walk fluent with party management House Sick so that amount registered participants meet the minimum target, namely 25 people. All participant present in a way full and active in activity with level presence reached 92%. The training modules used covers material about leadership clinical, competence culture, communication intercultural, and strategies to reduce anxiety patient based on values culture local.

At the stage implementation of the workshop, all participant take the pre-test with average score results beginning as big as 58.6. During implementation of the workshop, participants show enthusiasm and involvement active in discussions, role play simulations, and studies case. After the workshop was completed, participants following a post-test that showed average score increase become 82.1, or happen improvement as big as 23.5 points. Improvement This show that the workshop was successful increase understanding participant to the material presented. In addition, the results evaluation satisfaction show that

96% of participants feel satisfied with Contents materials, methods delivery, and benefits practical from this workshop.

Table 1. Pre-test and Post-test Knowledge Respondents

No.	Initials Participant	Score Pre-Test	Score Post-Test	Difference (Δ)
1	AN	60	85	+25
2	BR	55	78	+23
3	RA	62	80	+18
4	DN	57	79	+22
5	MK	60	83	+23
6	SF	53	75	+22
7	GA	56	80	+24
8	TM	61	84	+23
9	RK	58	82	+24
10	SJ	59	81	+22
11	Kindergarten	60	83	+23
12	NM	54	76	+22
13	MS	57	79	+22
14	ML	56	80	+24
15	AO	61	85	+24
16	RN	60	82	+22
17	RY	58	81	+23
18	RS	55	78	+23
19	NY	59	83	+24
20	UB	57	80	+23
21	KK	56	81	+25
22	AL	60	85	+25
23	RE	58	82	+24
24	YS	59	81	+22
25	SL	60	85	+25
	Average	58.6	82.1	+23.5

Series activity produce plan act further (action plan) prepared by each participant, some big plan the focus on efforts strengthen approach culture in communication nursing, forming group internal discussion about practice nursing cross culture, as well as development instrument simple For identify need culture patients. Some participants also plan regular coaching based on leadership coaching in each unit.



Figure 2. Nurse make action plan

At the stage monitoring and mentoring, which is carried out in period time One month After the workshop, the team devotee find that around 76% of participants has implement part from plan act continued that has been compiled. Implementation This covers change method approach to patient based on background behind culture, implementation more communication empathetic, and involvement family in taking decision maintenance. Monitoring is carried out through visit live and interview with head room as well as observation practice nursing in the room take care stay.

In addition, the team succeed documenting a number of practice good (*best practice*) from participants, including the implementation approach Alas culture in communication beginning with patient, manufacture sheet identification mark culture patients, and preparation of shift reports that include aspect need socio-cultural. Findings This show that intervention training based on leadership clinical and competency culture contribute real in create change behavior professional nurses in the field.

In general overall, activities This rated succeed increase understanding and capacity participant in apply leadership clinical support competence culture, as well as give impact direct in lower anxiety patient through a more approach humanist and culture - centered patients. In the future, activities similar recommended For adopted in a way more spacious in facilities service health others to strengthen system service more nursing inclusive and effective.

CONCLUSION

Development workshop activities leadership clinical in increase competence culture nurse has succeed implemented with significant achievements. Improvement the average score from pre-test to post-test was 23.5 points show that activity This effective in strengthen understanding and skills participants. In addition, the success implementation plan act continued by 76% of participants, as well emergence practices good in the field, to be indicator strong that approach training used capable push change positive in practice nursing, in particular in matter communication empathy and service based on culture that contributes to the decline anxiety patient. So, the house Sick can integrate training competence culture in routine programs, as well as ensure the existence of continuous monitoring For support implementation in space treatment.

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