Influence of Team Effectiveness, Interpersonal Communication, and Emotional Quotient on the Satisfaction of Nursing Education Preceptors

Rika Endah Nurhidayah¹, Rosmala Dewi², Paningkat Siburian²

¹Nursing Faculty, University of Sumatera Utara, Indonesia

²Medan State University, Indonesia

Abstract --- Nursing professional education in Indonesia consists of two steps namely the academic step to get a bachelor's degree in nursing and the professional step or clinical learning step to get a Ners (Ns) degree. Teachers at the professional education step are called preceptors. This study aims to identify the effect of team effectiveness, interpersonal communication, and emotional quotient on satisfaction of preceptors in the Nurses Professional education program in North Sumatera. The research design is pathway analysis. Samples were taken by proportional random sampling technique with 168 preceptors using Slovin's formula from 291 preceptors in North Sumatera. Before the instrument was used, validity and reliability tests were carried out. Based on the results of the analysis there is a significant influence between the variables of team effectiveness and emotional quotient on preceptor's satisfaction, but there is no significant effect between interpersonal communications on preceptor's satisfaction. It is recommended to explore the factors that influence the relationship of interpersonal communication with satisfaction of the preceptors.

Keywords --- team effectiveness, interpersonal communication, emotional quotient, satisfaction

I. INTRODUCTION

Nursing professional education in Indonesia consists of two steps, namely the academic education step to get a bachelor's degree in nursing and the professional education step to get a Ners (Ns) degree (Nurhidayah, 2011). Nursalam (2002) uses the terminology of Clinical Learning Experiences for professional education programs. Donaldson and Crowley in Reilly (2002) state that the difference between professional education and academic education is that academic education places more emphasis on knowledge and theories that are descriptive while professional education is directed at practical goals. McClure and Black (2013) provide somewhat different opinions. McClure and Black stated that nursing students were given the opportunity to combine cognitive knowledge, development of psychomotor abilities and effective expertise. Hsu, Hsieh, Chiu, and Chen (2014) revealed that the benefits of learning in a clinical environment is learning that focuses on real problems so that it can motivate students to actively participate in the achievement of competencies at the professional education program.

AIPNI (2016) explained that nursing professional education is a professional academic education with a learning process that emphasizes the growth and development of students' abilities to become academics and professionals. Phelps (2009) affirms that the main goal of nursing professional education is to make students as competent nurses. Nursing professional education programs carried out in hospitals are then identified with the term preceptorship. Educators are called preceptors and students are called preceptors. Edwards, Hawker, Carrier, and Rees (2015) state that there are positive influences on the transition support strategy for newly graduated nurses based on the perspective of new nurses. This shows that the focus of preceptorship on newly graduated nurses is considered very important, because it makes the transition period a time to adjust to their new roles.

Baltimore (2004) states that teaching hospitals are responsible for providing preceptors who have the knowledge and skills needed for direct learning to patients. Mingpun, Srisa-ard, and Jumpamool (2015) revealed that preceptors provide opportunities for preceptors to improve academic abilities and clinical competence. Tang, Chou and Chiang (2005) state that preceptors are responsible for ensuring students learn and apply theories, gain experience, practice techniques and develop themselves into skilled nurses. Snell (2000) in Suhoyo (2018) states that preceptors are expected to be able to trigger and assess the level of student needs in order to adjust their teaching approaches.

Nurhidayah, Aryani and Siregar (2017) stated the results of the Focus Group Discussion (FGD) consulted with preceptors found four themes, such as the time needed for guidance was inadequate, there was a decrease in the capacity of preceptors in the last few years, cooperation between the preceptors of educational institutions and the preceptors service institutions still needs to be improved and feeling of moral burden becoming a preceptor. This is supported by research by Widyastuti, Winarni and Imavike (2014) who found that becoming a preceptor is moral burden. This core theme stems from the powerlessness in providing maximum guidance and responsibility towards cadre nurses.

Based on Staff Nurses' Experiences as Preceptors and Mentors, Omansky (2010) found that preceptors and mentors

requested recognition and support for a number of jobs in teaching students. This was stated by Omansky so that preceptors are valued for their work. Valizandeh's research (2016) also found three themes namely preceptorship is a challenge and a stressful role, preceptorship has minimal support, and preceptorship lacks appreciation. This shows that preceptors need recognition, support and appreciation for their work. Recognition, support and appreciation can increase satisfaction within their work.

Muir (2013) explained that most of the preceptors positively viewed the preceptorship program and the role of a preceptor, although the additional role as a preceptor was a burden but was interpreted as giving satisfaction to the preceptor, when they could share knowledge and skills for new nurses. A preceptor's workload is quite high, because of the dual role of teaching preceptors and the need to provide services to patients but preceptors must be able to communicate and manage emotions properly. Goleman (2004) states that emotional quotient is the ability to recognize one's own feelings and the feelings of others, the ability to motivate oneself and the ability to recognize emotions well in themselves and in relationships with others. Profetto-McGrath, and Codier (2009) explained that emotion is an intrinsic part of nursing service because it is a basic human need to be in contact with others, both patients, their families, other professions, and preceptors.

The role of the preceptor in the practice field is important. One of its main roles is to share experiences which include knowledge and actions and become role models as an example of good attitude to preceptors. Each preceptor will have a different level of satisfaction in accordance with the value system that applies to them. The higher the assessment of the work felt in accordance with the wishes of the nurse, the higher the satisfaction with the job. The results of this study illustrate the influence of team effectiveness, interpersonal communication and emotional quotient on satisfaction of preceptors

Colquitt, LePine and Wesson (2009) revealed that job satisfaction is influenced by ability, including the ability to manage emotions. Kusumaningrum and Anggorowati's research (2018) states that there is a need to develop communication between professions to prepare prospective nurses to be able to communicate in a team. Sundari and Sembodo (2013) also found that understanding of other professions had the lowest mean due to lack of interaction and communication between professions. Elcigil and Sari (2008) revealed that communication skills are an important characteristic of nursing preceptors. A good interpersonal relationship between preceptors and preceptors becomes motivation for preceptors.

Sharry (2017) revealed that the togetherness between preceptors and preceptors is power which is the foundation of the effectiveness of the teaching and learning process and assessment. Discussions and questions and answers can

increase preceptors' knowledge and stimulate preceptors' ability to think critically. The lack of togetherness and tutoring between the two has a negative influence on the learning process of the preceptors. Apart from having good communication skills, preceptors also required to have skills and experience to be able to transfer experience to preceptors during preceptorship. Bengtsson and Carlson (2015) added that preceptors are also expected to have the skills to be able to form effective learning environments and facilitate constructive clinical learning experiences for students.

Rizky's research (2010) states that there is a significant relationship between interpersonal communication and job satisfaction. This means that the better interpersonal communication, the higher the job satisfaction. Ezzatabadi (2012) states that job satisfaction and communication skills make important contributions in emotional quotient and service quality.

Odelius, Traynor, Mehigan, Wasike, and Caldwell (2017) suggest that institutions should invest in preceptors by including training, providing support and appreciation. This is very much needed by every preceptor. Preceptors will feel satisfied because of the support and appreciation given. This was confirmed by Aulia and Sasmita's (2014) research explained that education and training provide satisfaction at work. Based on some of the opinions above it can be concluded that emotional quotient, team effectiveness, interpersonal communication is very important because it can affect employee satisfaction, especially nurses as preceptors. This aims to identify the effect of team effectiveness, interpersonal communication, and emotional quotient on satisfaction of the preceptor.

II. METHODOLOGY

This research is categorized as apathway analysis research with the aim to determine the influence of attachment between research variables, namely Team Effectiveness (X_1) , Interpersonal Communication (X_2) , and Emotional Quotient (X_3) on preceptors Satisfaction (X_4) as seen in Figure 1.

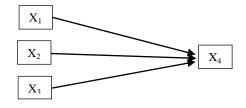


Figure 1. Research Model

Hypothesis statistic 1

Ho : $\rho_{41} = 0$

Ha : $\rho_{41} > 0$

Hypothesis statistic 2

Ho : $\rho_{42} = 0$

Ha : $\rho_{42} > 0$

Hypothesis statistic 3

Ho : $\rho_{43} = 0$

Ha : $\rho_{43} > 0$

The population in this study were all preceptors from educational institutions and service institutions. There are 291 people. The sampling technique in this study is proportional random sampling. The number of samples were determined using the Slovin's formula (Riduan, and Engkos, 2012).

 $n = N / (1 + Ne^2)$

Note:

n: number of samples N: the total population.

e: precision value, set at 95% or sig. = 0.05

Based on the formula, it can be calculated as follow:

 $n = 291 / (1 + 291 (0.05)^2)$ then, n = 168.45 preceptors

The instrument was a Likert scale close questionnaire. Djaali and Muljono (2007) stated that the questionnaire was one of the non-test group research instruments and Azwar (2005) states that the Likert model scaling is a method of scaling an attitude statement that uses the distribution of responses as a basis for determining the scale value. The research procedure starts from preparing the research instrument, then testing validity and reliability to get a valid and reliable instrument.

Each research instrument before use must be tested first. Tests conducted on new instruments are reliability and validity tests. Azwar (2009) states that validity can be interpreted to an extent of accuracy and accuracy of a measuring instrument is carried out as its measurement function. Each instrument of the four research variables will first be tested of its validity by calculating the Pearson Product Moment correlation. The instrument reliability test was carried out using the alpha formula and CronbachAzwar (2009). Research data collection was carried out by distributing questionnaires to all four variables. Respondents from service institutions and educational institutions that have been selected as samples will be given a questionnaire. Questionnaire is given separately based on each institution.

Analysis of the data used in this study includes normality test, linearity test, and hypothesis test. The normality test for the data of each research variable by using the Kolmogorov Smirnov Test. Linearity test aims to find out whether the independent variable data (X) is linear to the dependent variable data (Y), performed with a simple linear regression tested by using F test. The calculation is done with the help of computer application program, SPSS version 23. A summary of the results is presented in Table 1.

Table 1. Linierityand Regresion Test

No	Variable	Linierity Test			Regresion Test		
NO		F_{count}	Sig.	Status	F _{count}	Sig.	Status
1	X ₁ -X ₄	0,773	0,839	Lin.	34,073	0,000	Sig.
2	X ₂₋ X ₄	0,773	0,846	Lin.	18,226	0,000	Sig.
3	X ₃₋ X ₄	1,043	0,418	Lin.	28,416	0,000	Sig.

Note
Lin = Linier
Sig = Significant
Fcount = Fcount

III. RESULT

Table2. Result of correlation and pathway coefficiens

No Hyp.	Koefisien Korelasi	Koefisien Jalur	Sig (α5%)	$t_{ m hitung}$	Note
1	$r_{14} = 0,424$	$\rho_{41} = 0,290$	0,003	2,973	Sig
2	$r_{24} = 0,325$	$\rho_{42} = 0.033$	0,725	0,353	No Sig
3	$r_{34} = 0,380$	$\rho_{43} = 0,198$	0,025	2,270	Sig

Table 3. Direct and UnanalyzedEffect

Model	Variable	Direct Effect	Unanalyzed Effect	\mathbb{R}^2	Correlation
1	X ₁ - X ₄	0,290	0,134	0,180	0,424
2	X ₂ - X ₄	0,033	0,292	0,105	0,325
3	X ₃ -X ₄	0,198	0,182	0,144	0,380

IV. DISCUSSION

Based on the research findings, the discussion is as follows.

1. Effect of (X_1) on (X_4)

The results of table 2, showed that there were a significance influence between X_1 - X_4 and X_3 - X_4 , but there was no significance influence between X_2 - X_4 . The results of table 3, showed that there was a direct effect in the effectiveness of the team on preceptors' satisfaction in the Nursing education program simultaneously with interpersonal communication and emotional quotient variables of 0.29 or 29% and unanalyzed values of 0.134 or 13.4%. This means that there are still around 88% -89% of other variables that contribute to the satisfaction of preceptors in the Nursing education program.

Research that connects team effectiveness and satisfaction includes researches of Hatta, Musnadi, Mahdani (2017:70-80). The results of his research stated that teamwork had a positive influence on employee job satisfaction. Other studies that are in line are from Lu, While, and Bariball (2005: 211) who conducted a literature study on job satisfaction of nurses. They found that there was a positive relationship between job satisfactions with the integrity of the team at work. This opinion is supported by Sveinsdottir's discovery, Biering, and Rahel (2006) who examined work satisfaction and the environmentwork in nursing found that nurses felt more comfortable with the work team such as the relationship with coworkers and the head nurse compared to opportunity for promotion and wages. Nurses will always collaborate with other professions such as doctors, pharmacists, nutritionists, physiotherapists and other health workers when providing nursing care and when carrying out clinical learning to students or preceptors.

Omansky (2010:697-703) presented the results of his research entitled the experience of nursing staff as preceptors and mentors (Staff Nurses' Experiences as Preceptors and Mentors) found that preceptors and mentors requested recognition and support for a number of jobs involved in teaching students, this case arises because the preceptor feels that their work needs to be appreciated. Other studies from Valizandeh, Borimnejad, Rahmani, Gholizadeh, and Shahbazi (2016: 92-97) with a qualitative approach to hermeneutic phenomenology explore the experience of preceptors about preceptorship in teaching hospitals in Iran through structured They found three themes, namely interviews. preceptorship is a challenge and is a stressful role, (2) preceptorship has very little support, and (3) preceptorship is lacking in appreciation. This shows that preceptorship or learning in the clinic is important, therefore it should be managed properly, and given appreciation. Appreciation is part of satisfaction.

Davis and Newstorm (2001: 17) suggest that "Job satisfaction is the favorableness or unfavorableness with which employees view their work....". Employees will feel satisfied at work if the work aspects and they align and vice versa, if these aspects are not integrated, employees will feel dissatisfied. This shows that there are only 29%-30% of preceptors that feel team effectiveness is influential on satisfaction. Odelius, Traynor, Mehigan, Wasike, and Caldwell (2017: 35-37) found that institutions should invest in preceptors by including training, providing support and appreciation. This is very much needed for every preceptor.

Preceptors will feel satisfied because they are given the support and appreciation. Opinions of Spector (1998: 147), Davis and Newstorm (2001: 17) and Luthans (2006: 243) about job satisfaction have similarities. All three define job satisfaction as someone's attitude to like or dislike work related to various aspects of the work such as colleagues work, salary, job characteristics, as well as superiors. Kreitner and Kinicki (2007: 225) have different opinions. The satisfaction theory that Kreitner and Kinicki emphasizes on are the satisfaction aspect fulfillment of needs, differences, judgments, fairness and genetics. On the other hand, Vecchio (1995: 124) states that job satisfaction is individual, depending on the value system that applies to them. The more aspects of the work to suit individual desires, then the higher job satisfaction is felt, so despite the value of effectiveness being high enough, it does not guarantee it will give a high degree of satisfaction too. Genetic factors and individual assessments of work performance provide meaningful contribution.

	Table 4. Coefficients X ₁ -X ₄									
Model		Unstand Coeffi		Standardiz ed Coefficient		Sig.				
	Model			S	-					
		В	Std. Error	Beta						
1	(Constant)	48,882	12,209		4,004	,000				
1	X_1	,515	,085	,424	6,030	,000				

The regression equation for job satisfaction variables for team effectiveness is $X_4 = 48.882 + 0.515 \ X_1$. This means that job satisfaction is 48,882, so every 1% increase in team effectiveness will increase job satisfaction which equal to 0.515 assuming other variables are constant with the value of the determination of squares individually obtained $R^2 = 0.18$ means that the effectiveness of the team has an influence on job satisfaction by 18% (seen table 3). The results of this study are in line with the Performance Integration model Colquitt, Jason, LePine, Jeffery and Wesson (2009: 37) states that there is a direct influence between the process and the characteristics of the team towards satisfaction.

2. Effect of (X_2) on (X_4)

The results showed that there was a direct influence of interpersonal communication on job satisfaction of preceptors in nursing education programs in North Sumatera of 0.033 or 3.3% (seen table 3) and the value of not analyzed was 0.292 or 29.2%. Direct effect according to this research was very few, so the results are not significant. This is supported by F test results with a significance value at 5% confidence level = 0.725 > 0.05 (seen table 2).

The direct effect of communication on satisfaction is not in the model of Integration of Organizational Behavior from Colquitt, Jason, LePine, Jeffery, and Wesson, Michael J. 2009, although not specifically places a direct relationship with interpersonal communication variables towards satisfaction. Communication is part of leadership through power (leadership: power influence) and and leadership style(leadership: styles and behavior) that affect performance (jobperformance) through satisfaction. Likewise, with the Goal path theory from Robbins. There is no direct communication variable, but there is a leader behavior variable consisting of directive, supportive, participatory and achievement-oriented which directly affects satisfaction and performance.

Interpersonal communication by nurse preceptors are very diverse both with fellow, preceptors, with preceptors or students and other professions. Communication that are formed are also very diverse, depending on the other person or whether the communicant gives a response.

Ellis, Gates, and Kenworthy (2000: 4) focus on interpersonal communication which happens in the world of nursing. Ellis, Gates and Kenworthy states that interpersonal communication in nursing is a communication that occurs between two people or a group of people that occurs in a professional care environment. This communication can occur between nurses with patients, nurses with other medical personnel and between other nurses. This shows that the preceptors interpersonal communication factor in Nursing Professional education in North Sumatera in general are at high and sufficient categories but did not make a meaningful contribution tojob satisfaction. Research done by Diana, Asrin, and Wahyu (2006) found that there was a relationship between therapeutic communication knowledge and

communication ability of nurses in carrying out nursing care at Elisabeth Hospital Purwokerto, but descriptively majority knowledge level that is 52.2% which is sufficient and 8.7% is still lacking while communication ability was also sufficient, which is 56.6%, and 4.3% were still lacking. This matter shows that nurses' communication skills are still below average and Siegler and Whitney's (2010) opinion that the collaboration of nurses and doctors is still not going well.

Other studies from Akbar, Sidin and Pasinringi (2013) found that in (1) phase orientation 23.2% of respondents were satisfied and 76.8% of respondents were dissatisfied, (2) the work phase,97.9% of respondents were satisfied and 2.1% of respondents were not satisfied, and (3) the termination phase, 11.6% of respondents were satisfied and 88.4% of respondents were not satisfied. It can be concluded that most patients still feel unsatisfied with communication that is delivered by nurses in all three phases.

Other studies related to communication that are still problematic are from Sundari and Sembodo (2013: 1-8) finding that understanding of other professions has the lowest rate due to lack of interaction and communication between professions. Effendy (2004: 138) states that interpersonal communication ishuman relationship. Human relations are interactions between people with other people in all situations and all areas of life. This relationship is characterized as friendly, polite, respectful, and respectful of noble values.

The opinion of Robbins and Coulter (2009: 331) is in line with Effendy. Robbins and Coulter states interpersonal communication is communication between two people or more. Mulyana (2000: 73) has a different opinion from the two opinion above. Mulyana said that interpersonal communication is communication between people that is taken face to face, which allows each participant to capture the reactions of others directly, either verbally or nonverbally. Mulyana emphasized face to face so that each participant is able to see the reaction. Mulyana's opinion was strengthened by Muhammad's opinion (2007: 158) which emphasizes the presence of feedback reactions too.

The world is now in the industrial era. The industrial era is no longer restrictive when it comes to space and time, including communication activities. Effendy (2004: 113) states communication technology, especially electronic media must be utilized. This means that communication does not have to always be face to face. Social media can be used to communicate in today's era whether it be directly or indirectly. An indicator of the success of interpersonal communication according to Devito (2017: 285-291) based on the humanistic approach there are five which are openness, empathy, supportive attitude, positiveness, and equality. Ideally these five indicators are met so that communication can go well.

Table 5. Coefficients X ₂ -X ₄								
Model		Unstandardized Coefficients		Standardi zed Coefficien ts	t	Sig.		
		В	Std. Error	Beta				
(Const ant)		74,5 09	10,846		6,870	,000		
	X_2	,353	,080,	,325	4,423	,000		

Conditions in the field are often notin accordance with the theory. Differences in professions sometimes cause different perceptions when communication transaction occurs. The job satisfaction regression equation for interpersonal communication is $X_4 = 74,509 + 0,353X_2$. This means that job satisfaction is worth 74,509. Every additional 1% of interpersonal communication will increase employment satisfaction by 0.353 assuming the other variables are constant. Based on the value of the determination of squares individually $R^2 = 0.105$ (seen table 3) means that the influence on interpersonal communication to job satisfaction is only 10.5%, whereas simultaneously with team effectiveness (X_1) and quotient emotional (X_3) obtained value $R^2 = 0.209$ meaning that at the same time all three variables contributed 20.9% to job satisfaction.

Based on the results of the hypothesis test, the significance value of $\alpha=5\%$ was obtained at 0.725> 0.05. These results indicate that Ho is accepted, meaning the influence of interpersonal communication variables on job satisfaction does not exist.Based on concepts in the Organizational Behavior and Contingency modelsfrom Robbins, S. P. and Judge Timothy, communication is part of the group level.

The influence of interpersonal communication on satisfaction is indirect, there are many other variables considered as a moderator variable, but many studies show that the relationship between interpersonal communication to satisfaction, including Interpersonal Communication research has a positive and significant effect on job Satisfaction through Achievement Motivation (Siburian 2012: 79).Other studies that are in line are from Gusliza (2013: 163; 172); Poniasih, and Dewi, (2015: 1560-1573) Astuti, Bagia, and Susila, (2016: 1-7); Rahayu (2017: 73-84); Melani, Warso, Haryono, Bagia, and Susila (2106: 1-7); Ardiansyah, (2016: 16-30) Rokhmah and Anggorowati (2017: 65-719); Satriowati, Paramita, and Hasiholan, (2016: 1-12) Based on the support of many of the results of the study built a model of preceptor performance with direct path from communication tojob satisfaction preceptors in nursing professional education programs in North Sumatera.

3. Effect of (X_3) on (X_4)

The results showed that there was a direct effect towards emotional quotient on job satisfaction of preceptors on nursing educational programs in North Sumatera which was at 0.198 or 19.8% and the value was not analyzed at 0.182 or 18.2%

(seen table 2). Salovey and Mayer in Goleman (2001: 212) state that emotional quotient is the ability to control our own feelings and the feelings of others, and use those feelings to monitor thoughts and actions. Preceptors are nurses who are required to have empathy and even altruistic feelings (prioritizing the interests of others above their interests).

Nurses should treat patients and family like their own family. Then empathy or altruistic as part of nursing will appear. Emotional quotient in this research is the ability of preceptors at managing self-awareness, self-regulation, motivation, empathy and social skills when dealing with peers, other professions, patients and their family. Martin (2003: 111) states that workers that are associated with many people and always applying emotional quotient in their work is proven to be more successful. They are usually more empathetic, more communicative, more humorous and more sensitive to other people's needs. A preceptor is considered to be a secondary task to a nurse, which is to provide guidance to perceptors in addition to their duties mainly providing nursing care to patients. Martin's opinion fits with the demands of a nurse who is always in contact with many people.

Colquitt, LePine and Wesson (2009: 345) stated emotional quotient is the human ability that affects social functioning. It means emotional quotient is a human skill that has an influence on social functions. Colquitt also underlined that emotional quotient is a social function which means that humans as social beings will continue to interact with others. Another opinion is from Rappold. Rappold (2017: 100) states that "Emotional Quotient can be exclusive to assess and is influenced by many variables that confound simple answers. If the questions were easy, they would not be challenging or as meaningful to explore. Emotional Quotient encompasses an important part of nursing and some may argue is more important than skills and techniques. That means emotional quotient can be exclusive to judge and be influenced bymany variables that may confuse simple answers. If questionswere easy, they wouldn't be challenging or meaningful tobe explored. Emotional quotient covers an important part of nursing and some might argue that it is more important than skill and technique.

Based on the explanation above, it can be concluded that emotional quotient is managing self-awareness, self-regulation, motivation, empathy and social skills when dealing with others.. Preceptors can be categorized to already have a good ability in managing emotions.

	Table 6. Coefficients X ₃ -X ₄								
Model		Unstandardized Coefficients		Standardi zed Coefficien ts	t	Sig.			
		В	Std. Error	Beta					
1	(Const ant)	60,1 69	11,780		5,108	,000			
	X_3	,337	,064	,380	5,291	,000			

The job satisfaction regression equation for emotional quotient is $X_4 = 60,169 + 0,337X_3$. This means that job satisfaction is worth 60,169. Every additional 1% of emotional quotient will increase satisfaction employment by 0.337 assuming the other variables are constant. Significance value with $\alpha = 5\%$, 0.000 <0.05 means that there is an influence of emotional quotient to job satisfaction preceptors in Nursing education programs in North Sumatera.

Based on the value of the determination of the squares of the individual obtained $R^2=0.144$ meaning that the influenceof emotional quotient on job satisfaction is 14.4% (seen table 3), while simultaneously with interpersonal communication (X_2) and the effectiveness of the team (X_1) obtained a value of $R^2=0.209$, meaning the third simultaneous variable contributed 20.9% to job satisfaction.

Research in line with this research is from Aghdasi, Kiamaneshb, and Ebrahimb (2011: 1965-1976) in Iran about emotional quotient and commitment organization; test the mediating role of job stress and job satisfaction. The results of the research show that emotional quotient has a positive direct effect on job satisfaction. The research model developed from the Organizational Behavior and Contingency (Robbins) and the Performance Integration (Colquitt).

The Performance Integration Model (Colquitt) shows that there is a direct effect of ability on satisfaction. This ability includes both cognitive and emotions, thus research results are in line with existing theories. While the Organizational Behavior and Contingency (Robbins) model shows that emotions are at the individual level as abilities and personality and emotion. Robbins model is very complex. Based on the analysis of the results of the study, the model studied is in line with existing models. Direct and indirect emotional quotient directly affect satisfaction, as evidenced by the value significance of the F test <0.05. Smart emotions can make someone more comfortable when working. Feeling comfortable can accentuate satisfaction.

V. CONCLUSION AND SUGGESTION

There were a significance influence between X_1 - X_4 and X_3 - X_4 , but there was no significance influence between X_2 - X_4 . The theory has been substantially reduced to an operational definition based on the opinion of experts. The selected sampling technique is random sampling that represents all nursing education institutions in North Sumatera with $\alpha = 5\%$, meaning that there is already a confidence level of 95%.

The instrument used has been tested for validity and reliability so, it is feasible to use, the research design is 'ex research post facto' a research conducted to examine the events that have occurred and trace backwards by using a questionnaire to know the causes. The calculation has been done with the help of a computer so the possibility of inaccuracy is small and the change in output also includes values that relates directly, and unanalyzed. So, all rules have been met to minimize errors in research. However, it turns out

that the interpersonal communication variable path to job satisfaction does not show a significant effect.

Some research shows that the communication skills of nurses still need to be improved, therefore it is recommended to explore the factors that influence the ability of nurses to communicate, especially in the implementation of nursing profession education.

REFERENCES

- Aghdasi, S., Kiamaneshb, A.R., and Ebrahimb, A.N. (2011).
 Emotional Quotient and Organizational Commitment: Testing the Mediatory Role of Occupational Stress and Job Satisfaction. Procedia-Social and Behavioral Sciences Vol. 29, p 1965-1976.
- [2]. AIPNI. (2016). Kurikulum IntiPendidikan Ners Indonesia (KIPNI) 2015, p 5 and 278.
- [3]. Akbar, A.P., Sidin, I, and Pasinringi, S.A. (2013). Gambaran Kepuasan Pasienterhadap Pelaksanaan Komunikasi Terapeutik Perawat di InstalasiRawatInap RSUD LabuangBaji Makassar. Jurnal Fakultas Kesehatan Masyarakat.
- [4]. Ardiansyah, D.O. (2016). Pengaruh Komunikasi Terhadap Kinerja Karyawandengandimediasioleh KepuasanKerja. (Studi PadaBagian Produksi Pabrik Kertas PT. Setia Kawan Makmur Sejahtera Tulungagung). Jurnal Bisnisdan Manajemen. Vol. 3 No.1, January, p 16-30.
- [5]. Astuti, I.G.A.M.Y., Bagia, I.W., andSusila, G.P.A.J. (2016). Pengaruh Komunikasi Internal Dan Budaya Organisasi Terhadap Kepuasan Kerja Karyawan. E-Journal Bisma Universitas Pendidikan Ganesha Jurusan Manajemen Vol4.
- [6]. Aulia, R and Sasmita, J. (2014). Pengaruh Pendidikan Dan Pelatihan Kepuasan Kerja Dan Kepemimpinanterhadap Kinerja Perawat RawatInap di RSUD Kabupaten Siak. Vol. VI No. 2 Mei. JurnalTepak Manajemen Bisnis, p 63-72.
- [7]. Azwar, S. (2005). Sikap Manusia: Teoridan Pengukurannya. Yogyakarta: Pustaka Pelajar, p 5.
- [8]. Azwar, S. (2009). Reliabilitasdan Validitas. Yogyakarta: Pustaka Pelajar, p 4.
- [9]. Baltimore, J. J. (2004). The Hospital Clinical Preceptor: Essential Preparation for Success. *Journal of Continuing Education in Nursing*, 7, p 133-139.
- [10]. Bengtsson, M and Carlson, E. (2015). Knowledge and Skills Needed to Improve as Preceptor: Development of a Continuous Professional Development Course, a Qualitative Study Part I. BioMed Central (BMC) Nursing Journal. 14:51, p: 1-7.
- [11]. Colquitt, Jason A., LePine, Jeffery A., and Wesson, Michael J. (2009). Organizational Behavior, Improving Performance and Performance and Commitment in the Workplace. New York. McGraw-Hill, p 37, 7-8, 345, 8, 156-157.
- [12]. Davis, K. and Newstorm, J.W. (2001). Perilakudalam Organisasi. Erlangga, p 256.
- [13]. Devito, J. A. (2017). Komunikasi Antar Manusia, edisikelima. Tangerang Selatan, Karisma Publishing Grup, p 29-56.
- [14] Diana, R.S, Sr., Asrin, O.P., and E, Wahyu. (2006). Hubungan Pengetahuankomunikasi Terapeutikterhadap Kemampuan Komunikasi Perawatdalammelaksanakan Asuhan Keperawatan, p 1.
- [15]. Djaali, H. and Muljono, P. (2007). Pengukurandalam Bidang Pendidikan, p $21.\,$
- [16] Edwards D, Hawker C, Carrier J, and Rees C. (2015). A Systematic Review of the Effectiveness of Strategies and Interventions to Improve the Transition from Student to Newly Qualified Nurse. *International Journal Nursing*, July;52 (7):1254-68
- [17]. Effendy, O. U. (2004). Ilmu, TeoridanFilsafatKomunikasi. Bandung: PT RemajaRosdakarya, p 9, 138.
- [18]. Elcigil, Ayfer., and Sari, H.Yildrim. (2008). Student Opinions about Expectations Of Effective Nursing Clinical Mentors. *Journal* of Nursing Education, March, vol. 47, No. 3, p 118-122.

- [19] Ellis, R.B., Gates, R. J., and Kenworthy, N. (2000). Komunikasi Interpersonal dalam Keperawatan: TeoridanPraktik. Jakarta: EGC, p. 4.
- [20]. Ezzatabadi, M.R., Bahrami, M. A., Hadizadeh, Arab, M., Nasiri, S, Amiresmaili, M., and Tehrani, G. A. (2012) Nurses' Emotional QuotientInfluence on the Quality of Hospital Services. *Iranian Red Crescent Medical Journal*. 14(12) p 758-763.
- [21]. Goleman, D. (2004). Kecerdasan Emosional: Mengapa EI lebih Pentingdaripada IQ. Jakarta: PT Gramedia Pustaka Utama, p 213, 428
- [22]. Goleman, D. (2001). Working With Emotional Quotient. Jakarta: Gramedia Pustaka Utama, p 212, 125.
- [23]. Gusliza, N. (2013). Hubungan Komunikasi Interpersonal Dengan Kepuasan Kerja Pegawai Dinas Pendidikan Pemuda Dan Olahraga Kota Bukit Tinggi. Bahana Manajemen Pendidikan, Jurnal Manajemen Pendidikan. Vol. 1. No 1,p163-172.
- [24]. Hatta, M., Musnadi, S., and Mahdani. (2017).Pengaruh Gaya Kepemimpinan, Kerjasama Tim Dan Kompensasi Terhadap Kepuasan Kerja Serta Dampaknyapada Kinerja Karyawan Pt.Pln (Persero) Wilayah Aceh. Jurnal Magister Manajemen Fakultas Ekonomidan Bisnis Unsyiah. Volume 1, No. 1, September, p 70-80.
- [25] Hsu, L. L., Hsieh, S.I., Chiu, H.W., and Chen. Y.L. (2014). Clinical Teaching Competence Inventory for Nursing Preceptors: Instrumental Development and Testing. *Journal Contemporary Nurse*, Vol. 46 No. 2, p. 214-224.
- [26] Kreitner, R. and Kinicki, A. (2007). Organizational Beavior. Singapore: McGraw Hill. Hal 197, 305, 201.
- [27] Kusumaningrum, P., R. and Anggorowati. (2018). Education Sebagai Upaya Membangun Kemampuan Perawatdalam Berkolaborasidqengan Tenaga Kesehatan Lain. Jurnal Kepemimpinandan Manajemen Keperawatan. Vol 1. No. Mei, p 14-19.
- [28]. Lu H, While K, and Bariball K. (2005). Job Satisfaction Among Nurses: a Literature Review. International Journal of Nursing Studies, vol42, p 211-227.
- [29]. Luthans, F. 2006. Perilaku Organisasi; Edisisepuluh. Yogyakarta: Andi Publisher, p 696.
- [30]. Martin, A. D. (2003). Emotional Quality Management: Refleksi, Revisidan Revitalisasi Hidup Melalui Kekuatan Emosi. Jakarta: Arga, p 111.
- [31]. McClure, E., and Black, L. (2013). The Role of the clinical preceptor: an Integrative Literature Review. *Journal of Nursing Education*, 52(6), p 335-341.
- [32] Melani, P.D., Warso, M.M., Haryono, A.H., Bagia, I.W. and Susila, G.P.A. (2016). Pengaruh Komunikasi Organisasi, Stres Kerja, Dan Motivasi Kerjaterhadap Efektivitas Kerja Karyawandengan Kepuasan Kerjasebagai Variabel Intervening Pada PT Ungaran Sari Garments III Pringapus Unit Pringapus III Departemen Sewing Assembly Line. Journal Of Management, Volume 2 No.2 March.
- [33]. Mingpun R, Srisa-ard B, and Jumpamool A. (2015) Strengthening Preceptor's Competency In Thai Clinical Nursing. *Educational Research and Review*, Academic Journals. Vol. 10 (20). 23 October, p 2653-2660.
- [34] Muhammad, A. (2007). Komunikasi Organisasi, Jakarta: Bumi Aksara, p 158.
- [35]. Muir J, Ooms A, Tapping J, Marks-Maran D, Philips S, and Burke L. (2013). Preceptors' perceptions of a Preceptorship Programme for Newly Qualified Nurses. *Journal Nurse Education Today*. Juni vol.33 No. 6: Hal. 633-638. Diunduh 2 Januari 2016.
- [36]. Mulyana, D. (2000). IlmuKomunikasi: Suatu Pengantar. Bandung: PT Remaja Rosdakarya. Hal 73.
- [37] Nurhidayah, R.E. (2011). Pendidikan Keperawatan. Pendekatan KBK. Medan: USU Press.
- [38]. Nurhidayah, R.E., Ariyani, Y., and Siregar, C.T. (2017). Preceptors' Perceptions of Preceptorship at Surgical Care Room, General Hospital Haji Adam Malik Medan. *Ideas for 21st Century Education*. Proceeding. *Taylor & Francis Group, London, ISBN 978-1-138-05343-4*

- [39]. Nursalam. (2002). Manajemen Keperawatan: Aplikasidalam Praktik Keperawatan Profesional. Jakarta: Salemba Medika.
- [40]. Odelius A., Traynor M., Mehigan S., wasike, M., and Caldwell, C.(2017) Implementing and Assessing the Value of Nursing Preceptorship. *Nursing Management*. Volume 23 no. 9. February, p. 35-37.
- [41] Omansky. (2010). Staff Nurses' Experiences as Preceptors and Mentors: an Integrative Review. *Journal of Nursing Management*. Sep; 18 (6), p 697-703.
- [42]. Phelps, L. L. (2009). Effective Characteristics of clinical Instructors. A Research Paper Submitted to the Graduate School, p
- [43]. Poniasih, N.L.G., andDewi, A.A.S.K. (2015). Pengaruh Motivasi Kerja, Komunikasi Dan StresKerja Terhadap Kepuasan Kerja Karyawan. E-Jurnal Manajemen Universitas Udayana. Vol. 4, No. 6, p 1560-1573.
- [44]. Rahayu, S. (2017). Komunikasi Interpersonal Kepemimpinan Kepala Sekolahdan Budaya Kerja Organisasi Terhadap Motivasi Kerjadan Dampaknyapada Kepuasan Kerja Guru Sekolah Menengah Pertama. *Jurnal Manajemen Pendidikan* - Vol. 12, No. 1, January, p 73-84.
- [45] Rappold, S. M. (2017). The Effect of Nursing Education on Emotional Quotient Scores. Graduate Student Theses, Dissertations, & Professional Papers Graduate School. Scholarworks at University of Montana. University of Montana, p 1-143
- [46]. Reilly, D E dan Obermann, M H. (2002). Pengajaran Klinis Dalam Pendidikan Keperawatan. Jakarta: EGC.
- [47]. Riduandan Engkos, A. K. (2012). Cara Menggunakandan Memakai Path Analisis. Bandung: Alfabeta. p 49.
- [48] Rizky, N. (2010). Hubunganantara Komunikasi Interpersonal danStres Kerjadengan Kepuasan Kerja Perawat di Ruang RawatInap RSUD Dr Moewardi Surakarta.
- [49]. Robbins, S. P dan Coulter, M. (2009). Managemen. Edisi 8: Buku 1. Jakarta: PT Indeks, p 24.
- [50]. Robbins, S. P dan Coulter, M. (2009). Management. Edisi 8. United States of America: Pearson Prentice Hall; Pearson Education Inc,p 419, 261, 263, 301.
- [51]. Robbins, S. P. dan Judge Timothy. (2008). Perilaku Organisasi: Konsep, Kontroversidan Aplikasi. Jakarta: Prehalindo, p 406, 413.
- [52] Rokhmah, N.A and Anggorowati, (2017). Komunikasi EfektifdalamPraktek Kolaborasi Interprofesi Sebagai Upay a Meningkatkan Kualitas Pelayanan. *Journal Of Health Studies*, Vol. 1, No.1, March, p 65-71.

- [53] Satriowati, E. Paramita, P.D., and Hasiholan, L.B. (2016). Pengaruh Gaya Kepemimpinan Transformasional, Kompensasidan Komunikasiterhadap Kinerja Karyawandengan Kepuasan Kerjasebagai Variabel Mediasipada Laundry Elephant King. Journal Of Management, Vol2 No.2 March.
- [54]. Sharry, E. M., and Lathlean, J. (2017). Clinical Teaching and Learning Within a Preceptorship Model in an Acute Care Hospital In Ireland; a Qualitative Study. *Nurse Education Today*. Vol51, April, p 73-80.
- [55] Siburian, P. (2012). Komunikasi Interpersonal Berpengaruh Positifdan Signifikanterhadap Kepuasan Kerjamelalui Motivasi Berprestasi. Genersi Kampus. Vol. 5 No.2 September, p 67-81.
- [56] Siegler, E. L. and Whitney, F. W. (2000) Kolaborasi Perawat Dokter. Jakarta: EGC
- [57] Smith, K.B., Profetto-McGrath, J., and Cummings, G.G. (2009). Emotional Quotient and Nursing: An Integrative Literature Review. *International Journal of Nursing Studies*, 46, 1624-1636.
- [58]. Suhoyo, Y and team (2018). Pendidikan Kedokteran UGM. Modul Pelatihandasardan Pembimbing Klinik: Pembimbingandan Penilaian di Pendidikan Klinik. Yogyakarta: Departemen Pendidikan Kedokterandan Bioetik UGM.
- [59] Sundari S., and Sembodo, A. (2013). Perbedaan Persepsi Mahasiswa Tahap Profesi di FKIK UMY tentang *Interprofessional Education* di Asri Medical Center Yogyakarta. Med Educ. FKIK UMY, p 1-8.
- [60]. Sveinsdottir H, Biering P, and Rahel A. (2006) Occupational Stress, Job Satisfaction and Working Environment among Ice landing Nurses: A Cross-Sectional Questionnaire Survey. International Journal of Nursing Studies, 6; 43:875-89.
- [61]. Tang, F., Chou, S., and Chiang, H. (2005). Students' Perceptions of Effective and Ineffective Clinical Instructors. *Journal of Nursing Education*, 44 (4), 187-192.
- [62] Timothy, I. (2017) Pengaruh Motivasi Kerjadan Kepuasan Kerjaterhadap Kinerja Karyawan PT. Cocacola Amatil Indonesia Surabaya. AGORA Vol. 5. No. 1. p 1-12.
- [63]. Valizandeh, S., Borimnejad, L., Rahmani, A., Gholizadeh, L., and Shahbazi, S. (2016). Challenges of The Preceptors Working with New Nurses: a Phenomenological Research Study. *Nurse Education Today*. Volume 44, September, p 92-97.
- [64]. Vecchio, R. P. (1995). Organizational Behavior. NewYork: The Drayden Press, p 124
- [65] Widyastuti, M., Winarni, I. danImavike, F. 2014. Pengalaman Menjadi Pembimbing Klinik Mahasiswa Keperawatan di Instalasi Gawat Darurat Rumkital Dr. Ramelan Surabaya. JurnalIlmiah Keperawatan Stikes Hang Tuah Surabaya. Vol 2. No. 2.