



## Organizational climate and self-efficacy as predictors of staff strain in caring for dementia residents: A mediation model



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### ABSTRACT

**Purpose of the study:** To date, no research has investigated how the organizational climate of aged care influences the self-efficacy of staff in caring for residents with dementia, or, how self-efficacy is associated with the strain experienced by staff. This study sought to investigate the extent to which the self-efficacy of aged care staff mediates the association between organizational climate variables (such as autonomy, trusting and supportive workplace relations, and the recognition of competence and ability, and perceptions of workplace pressure) and staff strain.

**Design and methods:** A cross-sectional survey design was implemented in which 255 residential aged care staff recruited across aged care facilities in Melbourne, Australia. Staff completed self-report measures of organizational climate, self-efficacy, and strains in caring for residents with dementia.

**Results:** Indirect effects analyses using bootstrapping indicated that self-efficacy of staff mediated the association between the organizational climate variables of autonomy, trust, support, pressure, and staff strain.

**Implications:** The findings of this study emphasize that the aged care sector needs to target organizational climate variables that enhance the self-efficacy of staff, and that this in turn, can help ameliorate the strain experienced by staff caring for residents experiencing dementia.

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## 1. Introduction

Over 50% of older people in aged care facilities in Western societies experience dementia (Australian Institute of Health and Welfare, 2011; Seitz, Purandare, & Conn, 2010), a condition broadly defined by a decline in mental processes such as the loss of memory and reductions in cognitive functioning that can compromise a person's ability to undertake daily living tasks (Cohen-Mansfield, 2000; Tunis, Edell, Adams, & Kennedy, 2002). Further, it has been found that approximately 80% of people with dementia experience mood disturbances or anxiety, or exhibit challenging behaviors such as screaming, violence, repetitive

questions, intrusive wandering, and sexual disinhibition (Seitz et al., 2010; Wetzels, Zuidema, de Jonghe, Verhey, & Koopmans, 2010). These concomitant symptoms are commonly known as Behavioral and Psychological Symptoms of Dementia (BPSD, Cohen-Mansfield, 2000; Tunis et al., 2002).

The management of dementia and BPSD among aged care residents is a difficult task for many staff. Aged care staff must have a clear understanding of dementia-related symptoms and provide sensitive care in relation to the cognitive impairment and behavioral and psychological problems of residents (e.g., McCabe, Bird, et al., 2015; McCabe, Mellor, et al., 2015). A number of studies have shown that aged care staff involved in the care of residents with dementia report high levels of strain, stress and burnout (e.g., Duffy, Oyeboode, & Allen, 2009; Edvardsson, Sandman, Nay, & Karlsson, 2009). If not addressed, staff stress could lead to compromised care practices and increased staff turnover (e.g., Karantzas et al., 2012; McCabe, Bird, et al., 2015; McCabe, Mellor, et al., 2015; Mellor et al., 2015).

Despite the need for aged care facilities to provide a workplace environment that can help reduce the strain experienced by staff,

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limited research has been conducted to help guide organizations on how best to meet the needs of aged care staff. Of the few studies that have been conducted, organizational variables have been found to contribute up to 60% of carer strain, with factors such as role conflict and job ambiguity heightening strain (Barber & Iwai, 1996; Duffy et al., 2009). Conversely, supervisor support and an organizational climate fostering staff autonomy and the recognition of skills buffer against job stress (e.g., Karantzas et al., 2012). Moreover, some studies that have found that organizational factors have a greater role in predicting staff strain, exhaustion and professional fulfilment than patient factors (e.g., severity of dementia or depression) or personal factors such as experience or training (e.g., Alarcon et al., 2004; Thomsen et al., 1999).

The organizational factors that are associated with increased stress or that buffer against it fall under the broad concept of organizational climate (Denison, 1996; Koys & DeCotiis, 1991). Organizational climate has been described as the facets of the organizational context that impact upon the cognitions, emotions and behaviors of employees (Brock, Zmud, Kim, & Lee, 2005; Denison, 1996). Specifically, organizational climate comprises numerous dimensions, including autonomy within the workplace, experiencing trust, cohesive and supportive workplace relations, recognition of capabilities and skills, openness to innovation in relation to workplace practices, the perception that workplace practices are fair and the acknowledgment of workplace pressures and challenges (e.g., Koys & DeCotiis, 1991). However, without an understanding of the mechanisms by which organizational climate operates, it is difficult to provide clear explanations as to how organizational climate variables impact on the strain experienced by aged care staff working with dementia residents.

Nevertheless, research into aged care has provided some evidence that self-efficacy is a variable that can help to explain the association between various organizational climate variables and the strain experienced by aged care staff. Self-efficacy is conceptualized as a belief that an individual holds in relation to his or her capacity to draw on motivational, cognitive and behavioral resources and skills to perform a given task, even in the face of challenges and difficulties (Bandura, 1997).

The role of self-efficacy as a mediator has not been examined within the context of residential aged care. However, a small number of studies within community aged care point towards the potential mediating role of self-efficacy where self-efficacy has been conceptualized as either an outcome of organizational climate or as a predictor of carer strain and burnout. These studies have found that staff who report high levels of self-efficacy perceive less carer strain and burnout compared to staff reporting low levels of self-efficacy (Duffy et al., 2009; Evers, Tomic, & Brouwers, 2001; Mackenzie & Peragine, 2003). Further, self-efficacy appears to reduce the stressors and strains experienced by aged care staff working with residents, including those with dementia. Specifically, it has been suggested that staff with high levels of self-efficacy perceive themselves as competent and skilful enough to manage residents' dementia symptoms, alongside their comorbid behavioral and psychological difficulties, while doing so in the context of significant caseloads and time pressures (e.g., McCabe, Davison, Mellor, & George, 2009).

McCabe, Mellor, et al. (2015) found that specific organizational climate variables were found to enhance aged care staff's sense of self-efficacy in working with residents with dementia. In particular, organizational climate variables such as autonomy, trust, and support were found to be positively associated with self-efficacy even when controlling for job stress, job satisfaction and years in the aged care profession. McCabe, Mellor, et al. (2015) contended that a number of organizational climate variables can foster an environment that instils a sense of agency in staff whereby the competencies of staff are acknowledged, and staff feel confident

and assured that support can be sought to manage workplace challenges and stressors. As a consequence, McCabe, Mellor, et al. (2015) suggested that staff capacities are likely to be further enhanced by receiving support from skilled others that can provide additional job skill development.

Taken together, the studies suggest that self-efficacy is an important explanatory variable in the link between organizational factors and strain among staff caring for residents with dementia. Despite this, there is currently no research examining how these organizational factors are related to self-efficacy among aged care staff, and how this in turn is associated with the strains they experience. Thus, the aim of the current study was to investigate the extent to which aged care staff self-efficacy mediates the association between organizational climate variables (such as autonomy, trusting and supportive workplace relations, recognition of competence and ability, workplace innovation, and perceptions of workplace pressure) and strain in providing care to dementia residents. In doing so, this study provides novel insights into the role of self-efficacy in buffering the strain experienced by staff caring for people with dementia, and the role that organizational climate plays in broadening and building the self-efficacy of aged care staff.

It was hypothesized that the organizational climate variables of autonomy, trust, support, cohesion, recognition, fairness, and innovation would be positively associated with self-efficacy, but that organizational pressure would be negatively associated with self-efficacy. In turn, it was hypothesized that the self-efficacy of staff would be negatively associated with strain of caring for residents with dementia.

## 2. Design and methods

### 2.1. Participants

A total of 255 staff (M = 42.86 years; SD = 12.13 years; 228 women and 33 men) employed across 21 residential aged care facilities in Victoria, Australia participated in the study. An initial 53 aged care facilities were contacted, however, 32 declined to participate resulting in a recruitment rate of 39.62%. All aged care facilities provided a range of care to residents from low (i.e., assisting living level) through to high (i.e., nursing home level). The purpose of recruiting aged care facilities that provided low and high care was to assist with the generalization of research findings to aged care facilities that encompass diverse aged care services. Across recruited facilities, approximately 17% of residents had dementia. On average, staff had worked in the aged care sector for 10.86 years, with experience ranging from six months to 38 years. Participating staff consisted of two groups; management and non-management. The management staff group (n = 131) consisted of Registered Nurses (nurses with  $\geq 5$  years practice, a degree in nursing and registered with state/territory nursing boards). This group also included physiotherapists and staff who worked at multiple facilities within their organization (for example, a Psychiatric Nurse and an Education Manager). The non-managerial staff consisted of Personal Care Assistants (PCAs, n = 124), direct carers who attended to residents' Activities of Daily Living (ADL) including showering, dressing, and feeding. This group also included an 'other' subgroup of participants, such as Leisure and Lifestyle staff (diversional therapists), and one cleaning staff member.

### 2.2. Materials

Participants completed a questionnaire measuring organizational climate, staff self-efficacy, and the strains experienced by staff caring for older adults with dementia. Each of these measures

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