Examining relationships between socio-demographics and self-efficacy among registered nurses in Australia

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ABSTRACT

Background: Self-efficacy in nursing is the nurses' perception of their abilities to show caring orientations, attitudes, and behaviours and to develop caring relationships with patients. Self-efficacy is associated with years of experience, higher levels of job satisfaction and changes to nursing practices that conform with best practice. There is currently a paucity of evidence and no Australian studies were found examining the relationships between socio-demographic variables and self-efficacy in Australian nurses.
Aim: The aim of this study was to examine if relationships existed between the socio-demographic variables, years of experience, age, gender, marital status, level of education, years employed in the same workplace, employment status, geographical location, specialty area, health sector and Australian state and the perceived self-efficacy of Australian registered nurses.
Research: Design Cross-sectional survey of Australian registered nurses.
Methods: A stratified random sample of registered nurses was drawn from the database of a national industrial and professional organisation. The Caring Efficacy Scale (CES) was categorised into quartiles, and bivariate and multivariable relationships were examined using ordinal logistic regression.
Results: The proportion of nurses reporting low caring efficacy scores tended to decrease with years of experience and was lower in nurses who have been married. After adjustment in the final multivariable model, marital status and years of experience remained significantly related to caring efficacy ($p < 0.05$).
Conclusion: A relationship exists between years of nursing experience, marital status and perceived self-efficacy among Australian registered nurses who belonged to an industrial and professional organisation. Targeted professional development programmes that support the improvement of perceived self-efficacy of all levels of nurses, might improve nurses' confidences and abilities to develop caring relationships with patients.

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Summary of Relevance

Problem or Issue

A description of the relationships between self-efficacy and socio-demographic variables in the Australian nursing population is highlighted in order to identify what professional development strategies are needed.

What is already known

Perceived self-efficacy is related to a person's experience, nursing management, practices, job satisfaction, and patient care.

Conflicting evidence, exists in some studies on the relationships between a person's experience and nursing self-efficacy.

What this paper adds

Relationships between marital status and perceived self-efficacy were found and this is novel. Less experienced nurses were more at risk of having poorer perceived self-efficacy. This could guide the development of targeted strategies for professional development programmes for Australian nurses.

1. Background

1.1. Self-efficacy

Self-efficacy is conceived as an individual's perceived confidence and ability to conduct the needed tasks to accomplish desired results. Put simply, it is the belief that one can get things done (Bandura, 1997). Seminal work in this area by Bandura (1977) found

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that perceived self-efficacy is influenced by four main factors: mastery experiences (having successfully completed a task); vicarious experiences, such as seeing a peer achieve success; social persuasion through verbal encouragement, which can help develop skills and a sense of personal efficacy; and reducing anxiety about an event by encouraging a positive understanding of one's physical and emotional states.

Poor perceived self-efficacy in nursing (i.e., nurses believing they lack the ability and confidence to complete tasks) could lead to avoidance of patient care in order to manage stressful clinical situations (Begat et al., 2005; Manojlovich, 2005a). Professional nursing practice behaviours include developing good relationships with patients and other staff; working in a self-directed manner; making clinical decisions and the management of practice. Manojlovich (2005a) found strong relationships existed between perceived self-efficacy and professional practice behaviours and suggested a lack of perceived self-efficacy may therefore explain poorer practice behaviours. Self-efficacy in nursing might predict improvement in nursing practices (Amendolair, 2012; Le Blanc, Schaufeli, Salanova, Llorens, & Nap, 2009; Manojlovich, 2005a; Salanova, Lorente, Chambel, & Martínez, 2011; Scott, Sochalski, & Aiken, 1999).

Earlier work by Judge, Locke, and Durham (1997) highlighted that individuals with high levels of perceived self-efficacy also reported higher levels of perceived job satisfaction, as they might be better able to manage difficult situations and endure difficult challenges to achieve outcomes they value. A United States study of perceived self-efficacy in nurses by Amendolair (2012), has also shown it might be an essential attribute to enhance job satisfaction in nurses.

Perceived self-efficacy has also been found to be related to the perceived enhancement of nursing management, nursing practice, and patient care (Coates, 1997; Hass, 2000; Manojlovich, 2005a). All of these studies were of cross sectional survey design and used the Caring Efficacy Scale.

Additionally, a person's perceived self-efficacy influences how much effort is invested in a task. For example, high levels of perceived self-efficacy will lead a person to apply themselves more, persist longer, continue in difficult situations and challenge themselves further until proficiency at the task is reached (Bandura, 1994). Increased levels of perceived self-efficacy among nurses might improve the quality of patient care and patient outcomes because nurses might spend more time and effort managing patient problems (Amendolair, 2012; Manojlovich, 2005a). To identify relevant courses of actions required in their practice, nurses need to believe that they have the understanding and ability to make such decisions; otherwise, they might be unable to practice effectively and consistently in keeping with professional standards (Manojlovich, 2005a).

1.2. Caring and caring efficacy

Swanson (1991) noted caring is the practice of knowing, presence, providing for, enabling, and maintaining a belief. The philosophical underpinnings of caring include the responsibility of a person to care for and develop relationships with other people (Watson, 2005). Watson (2005) and Leininger (2002) regard caring as the foundation of nursing and from caring, nurses finding meaning in their work and become engaged in their role.

Caring efficacy is defined as "nurses' beliefs in their abilities to express caring orientations, attitudes, and behaviours and to establish caring relationships with clients or patients" (Coates, 1997, p. 54). The caring relationship and the caring experience is highlighted in Watson's transpersonal caring theory (1996, 1988, 1979), which informed the development of the Caring Efficacy Scale (Coates, 1997). Watson (1988) describes the main force

of transpersonal caring theory as directing people through caring interactions to harmony or health in the mind, body and soul. This enables self-healing within the person. The theoretical framework of caring efficacy underpinning this scale not only reflects Watson's transpersonal caring theory (Watson, 1985; Watson, 2005), but the equally important social learning theory of Bandura (1977) i.e., the perception one has of one's confidence and ability to provide care and develop caring relationships with patients (Coates, 1997). Self-efficacy beliefs stem from a person's determinant of their performance in specific areas i.e., it is domain specific. This is demonstrated in the Caring Efficacy Scale (Coates, 1997), which captures nurses' perceptions of their caring orientation, attitude and behaviour along with the capacity to develop caring relationships with patients. This self-report scale ties human beliefs about caring and their caring practices in specific environmental nursing contexts (Coates, 1997). More recently, Amendolair (2012) found perceived self-efficacy and personal factors (age, years of experience) were related to the development of caring behaviours. In addition, Soudagar, Rambod, and Beheshtipour (2015) found perceived self-efficacy (measured by the General Self-Efficacy Scale [Schwarzer & Jerusalem, 1995]) and years of experience were highly correlated.

1.3. Self-efficacy in nurses

Australia is expected to have a shortfall of 85,000 registered nurses by 2025 and of 123,000 nurses by 2030. Several strategies have been recommended to reduce this, including retention strategies for early-career registered nurses such as, developing confidence, proficiency (self-efficacy) and building capacity (Health Workforce Australia [HWA], 2014). Amendolair (2012) found perceived self-efficacy in nursing was an attribute that positively contributed to job satisfaction and patient care outcomes and went on to suggest these findings could lead to nursing retention. Studies investigating variables such as, nurses' job satisfaction and nurses' intention to remain in a job were found to be highly correlated with each other (Aiken Clarke, & Sloane, 2002Hairr, Salisbury, Johannsson, & Redfern-Vance, 2014). Other studies have also reported finding associations between job satisfaction, staff retention, staff turnover, and intention to leave, among nurses (Cameron Armstrong-Stassen, Bergeron, & Out, 2004Leveck & Jones, 1996; Lynn and Redman, 2005).

Moreover, self-efficacy has been shown to be a mediator in relation to work performance and professional nursing practices (Manojlovich, 2005a). Manojlovich (2005a) examined the relationship between structural empowerment, perceived self-efficacy and the effect upon nursing practice behaviours. The results showed perceived self-efficacy partially mediated the relationship between structural empowerment and professional practice behaviours.

Furthermore, evidence suggests the socio-demographic variable, years of experience, is a predictor of enhanced care provision resulting from nurses being more knowledgeable, and having the ability and confidence to provide care to their patients (Benner, 2001). Amendolair (2012) more recently reported that age and years of nursing experience were related to nurses' perceived self-efficacy.

A cross-sectional survey of 2000 Australian registered nurses from a national industrial and professional organisation was undertaken in 2008–2009. The data reported here were part of a larger study (Reid, 2012) that examined relationships between general self-efficacy, work locus of control, the nurses' practice environment and job satisfaction. Still today there is a paucity of available studies that discuss the relationships of socio-demographic variables in relation to self-efficacy in nursing in the Australian and international contexts. It might, therefore, be advantageous to iden-