



Relationship between Self-Efficacy of Nurses and their General Wellbeing

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ABSTRACT

Background: Nurses, as key personnel in healthcare delivery, play a critical role in the provision and coordination of care, prevention of adverse events, and optimization of health service productivity and patient outcomes. Self-efficacy is the belief, and confidence individuals feel in their ability to perform a particular task or action. Increased self-efficacy is the desired outcome of a self-management program. Several articles used Albert Bandura's concept of self-efficacy.

Objectives: To assess the self-efficacy and wellbeing of nurses. To find out relationship between self-efficacy and wellbeing of nurses. To find out relationship between self-efficacy and wellbeing with socio-demographic characteristics of nurse.

Methodology: A descriptive, correlational study design. The study sample composed of 380 nurses who works in Al-Najaf Al-Ashraf hospitals and primary health care center. self-report questionnaire. The instrument used in this study different scales, self-efficacy scale consists of general and social=23item, and 5-well-being scale. Some nurses' sociodemographic information was included as a separated part. The study was carried out from November 1st, 2023 up to 1 st of April 2024.

Results: The majority of study sample (67.4%) are female, (60.8%) were with age less than 27 years old. (84.5%) of nurses are from urban residency. (46.3%) of them held diploma certificate, (89.5%) of nurses do not smoke, and not suffer from physical and mental illnesses. In addition, the overall assessment of nurses' well-being is normal.

Conclusion: The majority of study sample were female (67.4); all the self-efficacy domains were high, and majority of nurses well-being are normal. The study shows that non-significant relationship between self-efficacy & wellbeing.

Recommendations: 1) Adding a curriculum that explains self-efficacy and its importance in performing tasks in daily life. 2) Conducting educational courses for nursing students on the importance of health-promoting behavior and its impact on self-efficacy.

Keywords: self-efficacy, wellbeing.

INTRODUCTION

The self-efficacy is related to the level of motivation, actions, and psychological state. Schwarzer raised the concept of general self-efficacy, which referring to an individual's overall self-confidence in dealing with challenges of different

environments contexts or burgeoning issues. (Hossein Abbasi & Aghaamiri, 2020).

The self-efficacy of nurses correlated with mental health, resilience, and job burnout. (AL-Hadrawi & Farhoud, 2024; Xiong et al., 2020) Taking

care of nurses' well-being directly affects their ability to fully serve the NURSES because negative well-being in the workplace brings consequences in areas such as performance, absenteeism, and staff turnover (Siddique et al., 2023).

Self-efficacy is one's personal belief in his capacity to attain goals, thus it has been shown to be a key force behind behavioral change and maintenance. self-efficacy is investigated on its mediating effects between health locus of control and health behavior, and self-esteem is examined on its mediating effects between personality traits and health behaviors (Kamil & AL-Hadrawi, 2022a; Peckham et al., 2015).

self-efficacy in an employee greatly contributes to positive psychology at the workplace (Dinesh et al., 2023). well-being is considered important for nurses, the relationship between self-efficacy among nurses during challenging situations, has rarely been assessed (Al-Hawdrawi, 2017; Alquwez, 2023a).

well-being is often defined or discussed as a synonym for wellness, health, happiness, and satisfaction. Within the academic community, we define well-being as a multifaceted construct with definitions that vary by domain. For example, the definition of emotional well-being will differ from the definition of physical well-being or economic well-being. Although aspects of well-being seem universal, how it is depicted in the literature has substantial variation in definition and even greater variation in how it is measured (Bautista et al., 2023). Develop well-being and the potential health power of individuals, families, and communities (Mustafaei Najaf-Abadi & Rezaei, 2018). health "a state of physical, mental and social well-being and not merely absence of disease" (Al-Amarei, 2014). Self-efficacy is an important factor in managing stressful life events. (Ishak et al., 2023; Kamil & AL-Hadrawi, 2022a).

AIMS OF THE STUDY

To assess the self-efficacy and wellbeing of nurses. To find out relationship between self-efficacy and wellbeing of nurses. To find out relationship between self-efficacy and wellbeing with socio-demographic characteristics of nurse.

METHODOLOGY

Study Design:

A Descriptive, correlational study design was carried out, so as to attain the stated objectives. During the period from 1st December 2023 to 1th April 2024.

Setting of the study

The study was conducted in (al Sader medical hospital city al-Hakeem general hospital, Al-Najaf Teaching Hospital, AL-Zahraa teaching hospital, Al-manathera general hospital, Al-haydarya general hospital, Al-Sajad General Hospital, AL-Furat Al-Awst Teaching Hospital and primary health center) using self-report.

Study sample:

Using non probability sampling technique used convenience sample, The study sample composed of 380 nurses (124 males and 256 females), aged between 22 and 60 years old. Participants were recruited using voluntary response sampling technique using a self-report questionnaire.

Study Instrument:

The instrument used in this study different scales, self-efficacy scale consists of general and social, and 5-well-being scale. Some nurses' sociodemographic information was included as a separated part.

The Well-Being Index has five items; every item receives a score ranging from zero to five, and the overall number on this scale is measured depending on the mean. Scores above or equal to 2.5 are considered normal wellbeing, and scores less than 2.5 are considered abnormal wellbeing. the score of items following all time (five), most of the time (four), more than half the time (three), (two) less

than half the time (two), sometimes (One), at no time (zero). (Topp et al., 2015).

The reliability of scales (general self-efficacy and well-being scales) was determined by Cronbach's Alpha values of internal consistency. The reliability analysis was tested on data of 36 nurses. The Self-Efficacy Scale contains 23 items on a 5-point Likert scale which ranges from strongly disagree to strongly agree and each item is scored from 1 to 5. Items 1, 13, 8, 9, 3 and 15 are scored in reverse. Higher scores indicate a stronger self-efficacy and lower scores reflect a poorer self-efficacy. Questions 1-7 relate to the willingness to initiate behavior, items 8-13 are related to willingness to expend effort, and items 14-17 are on persistence in the face of adversity.

Reliability of the current study instrument:

Self-efficacy Scale, Cronbach's Alpha value=0.820. Wellbeing Scale, Cronbach's Alpha value=0.780.

Data collection:

Number of nurses (7660). After completing the mission facilitation letter from the Najaf Health Department, obtaining approval from the hospitals mentioned below and health centers, and obtaining approval from the nursing affairs official, questionnaires were distributed to the nursing staff after clarifying the title of the research, the objectives of the research, and the importance of the research. Some nurses of both genders and from different academic levels were cooperative, and others were not. Refusal to participate in the study. data collection period from December 14, 2023, to February 14, 2024.

RESULTS

Table (1) show the socio- demographic characteristics related to study sample the study results state that the majority of study sample (67.4%) are female, while (60.8%) were with age less than 27 years old. Additionally, the study result indicates that (84.5%) are nurses from urban residency.

Furthermore, approximately half of participants (46.3%) held diploma certificate. As well as for weight 42.4% of study sample weight ranged from 53 to 65 kilogram (Kg). Whereas, 52.9 % of nurses' height in current study ranged from (156 to 168) centimeter (cm).

Correspondingly, the results showed that 89.5% of nurses do not smoke, and 89.7% of nurses do not suffer from physical illnesses. Similarly, the results revealed that 95.5% of nurses do not suffer from mental illness. Then, Table (2) represent assessment of general self-efficacy, social self-efficacy and overall self-efficacy are high.

Wherever Table (3) represent that the overall assessment of nurses' well-being is normal. Finally, Table (4) represent that there is non-significant relationship between exist between general self-efficacy and sociodemographic characteristics of nurses but with suffering from psychological diseases at p-value (0.01). Additionally, social self-efficacy had significant relationship with only age and gender of participants at p-value (0.01) and (0.02), respectively. Overall self-efficacy showed significant relation only to suffering from psychological diseases at p-value (0.01). Concerning overall wellbeing of participants only gender, weight and heights had significant association at p-value (0.01), (0.02) and (0.02), respectively.

Table (5). There is no relationship between self-efficacy and well-being because the level of well-being is normal and self-efficacy is high.

DISCUSSION:

The present study included a group of (380) Iraqi nurses with a mean age of 28.48, SD= 7.55 besides, similarity study of Abbasi and Aghaamiri in 2020 which reported that mean age of 28.71, SD=6.68, the mainstream of participants' age was under 27years, which indicates that most nurses are young. but this finding is opposite to a study done by Abbasi and Aghaamiri in 2020 which reported that majority of nurses age was between 26-35 years old

this might be related to nonprobability sampling technique or different country setting (24) (Hossein Abbasi & Aghaamiri, 2020). other study finding was opposite to current result, Mohammadbeigi et al. in 2016 which reported that mean age of 32.04 (Mohammadbeigi et al., 2016). Also, in contrary to present study Stanulewicz et al. in n.d2020 reported that mean of nurses age was 37.70yrs (Stanulewicz et al., n.d2020).

The study results state that the majority of study sample (67.4%) are female nurses similarity study of wang and et al in 2009 which report that the majority of study sample (55.04%) are female nurses (Wang et al., 2009), & likewise similarly a study by Mohammadbeigi et al. in 2016 reported that 70% of them female (Mohammadbeigi et al., 2016). Furthermore, a study done by Lee et al in 2011 reported that all participants were female Study in Taiwan and mean age 27yr which is inconsistent to current findings (Lee et al., 2011).

In addition, the study result indicates that (84.5%) live in urban it refers to that a small percentage of nurses live in rural areas That means most nurses live in the city This finding is opposite to a study done by wang and et al in 2009 which reported that majority of nurses (54.79%) live in rural areas. (Wang et al., 2009). in addition, the most of study sample with (46.3%) diploma the educational level of nurses, followed by a bachelor's degree, this finding is opposite to a study done by Abbasi and Aghaamiri in 2020 which reported that majority of nurses bachelor graduates. (Hossein Abbasi & Aghaamiri, 2020). In addition, the results of the study showed that 32.1% work in emergencies= 122 because these areas require a larger number of nurses compared to the patients who come to these clinics, 42.9% Monthly income is Fairly enough. The study showed that the majority of nurses are of limited or middle income, so their answers were mostly sufficient to some extent so These nurses are considered from the middle classes of society, The results of the study showed that 42.4% of weight

ranged from 53 to 65, this study show that (48.2% normal) ,(2.1% underweight), (37.1% overweight), (12.6% obese) opposite a study done by Abbasi and Aghaamiri in 2020 which reported that (74.04% normal), (19% underweight), (24.07% overweight and obese) but if we collect overweight and obese Almost equal 50%. MEANS= 69.03, SD=15.91 (Hossein Abbasi & Aghaamiri, 2020).

In addition to 52.9% of height, their heights range from 156 to 168cm (SD=9.75) this result opposite a study done by Abbasi and Aghaamiri in 2020 which reported that participant average height was 173.44cm (SD=68.6) this different related to genetic. (Hossein Abbasi & Aghaamiri, 2020).

If we want to extract the body mass index for nurses, it will be within normal, and that is a positive indicator, The results of the study showed that 89.5% of nurses do not smoke= 340 This percentage is very good and a positive indicator towards healthy living, The study also showed that 89.7% of nurses do not suffer from physical diseases= 341, this is an excellent indicator and indicates that most nurses they do not suffer from physical diseases because majority participant young, the results of the study showed that 95.5% of nurses do not suffer from mental illness= 363, this indicates that the percentage of nurses who suffer from mental illnesses is small and almost negligible.

Table (2) shows that the majority of the self-efficacy domains are high. Here, if the arithmetic mean is less than three, the percentage is high, while if the arithmetic average is greater than three, the percentage is low.

The study in this table showed that most of the results are high, such as the ability to implement plans, go to work, and continue trying to accomplish work and achieve goals. The study showed that the arithmetic mean for them is less than 3, while some of them are low because the arithmetic mean is greater than three, such as not experiencing unpleasant things and desires. In meeting people and not trying to make new friends, similarity study by (Kapitan et

al., 2023) reported that the results showed that high self-efficacy. (Kapitan et al., 2023)

(Table 2) represent overall assessment of general self-efficacy' social-self efficacy and overall self-efficacy are high. (Hassan et al., 2023). In (Table 2), the general assessment of the nurses' self-efficacy, the study showed in this table that the number of the general self-efficacy assessment reached 340, and their percentage was high, 89.5% and the arithmetic mean was 2.42%, while those whose rating was low reached 40, and their percentage was 10.5, so the final result was high. similarity study in mohammedbeigi et al in 2016 that se is high (Mohammadbeigi et al., 2016), also similarity study in AMIRI et al in 2019 that Self efficacy is high (Amiri et al., 2019). Also similarity study by Dinesh et al in 2023, that self-efficacy is High (Dinesh Et Al., 2023), and there are opposite study by (Amiri et al. In 2020), report that self-efficacy is Low (Amiri et al., 2020).

(Table 3) represent that the overall assessment of nurses' well-being is normal. There is similarity study by (Amiri et al. in 2020), report that wellbeing was normal (Amiri et al., 2020) however opposite study by chung et al 2020 reported that level of wellbeing of nurses were high (Chung et al., 2020).

Table (4) represent there is non-significant relationship between gender and general self-efficacy, overall self-efficacy has significant relationship with social self-efficacy and wellbeing. while age there are non-significant relationship with, general self-efficacy, overall self-efficacy, wellbeing but there is significant relationship with social self-efficacy. Living address shows non-significant relationship with, general self-efficacy, overall self-efficacy, wellbeing, social self-efficacy.

Level of education indicates that there are non-significant relationship with, general self-efficacy, overall self-efficacy, wellbeing, social self-efficacy, while workplace there are non-significant relationship with, general self-efficacy, overall self-efficacy, wellbeing, social self-efficacy. Monthly income shows

there are non-significant relationship with, general self-efficacy, overall self-efficacy, wellbeing, social self-efficacy,

Weight shows non-significant relationship with, general self-efficacy, overall self-efficacy, social self-efficacy, but significant relationship with wellbeing, and height there are non-significant relationship with, general self-efficacy, overall self-efficacy, social self-efficacy, but significant relationship with wellbeing, while cigarettes smoking there is non-significant relationship with, general self-efficacy, overall self-efficacy, social self-efficacy, wellbeing.

Physical disease shows non-significant relationship with, general self-efficacy, overall self-efficacy, social self-efficacy, wellbeing; while, psychological disease has significant relationship with, general self-efficacy, overall self-efficacy. In study of (Alquwez, 2023a) self-efficacy was also found to be a significant predictor of workplace well-being. The present finding confirms that of Kumar Pradhan et al. (2020) who identified a significant association between self-efficacy and workplace well-being. Self-efficacy is essential to how an individual feels, thinks, performs, comprehends, and changes behaviors and attitudes, enhancing physical and mental welfare. (Alquwez, 2023b). Thus, a person with high self-efficacy exerts effort to improve interpersonal and organizational systems to have healthy relationships. (Ng & Lovibond, 2020) this notion could be associated with the study's findings of the importance of organizational support, leadership support, and solidarity in the nurses' workplace. Similarly, a study conducted among employees in the US and UK shows that high self-efficacy has a significant influence on relations with others and organization management). (Alquwez, 2023a).

Amiri in 2019 in his study found that there was a significant relationship between the health promoting lifestyle of students and their well-being. (Amiri et al., 2019).

Table (5) there are no relationship between self-efficacy and wellbeing. Opposite study found

(Kamil & AL-Hadrawi, 2022b) there are relationship between self-efficacy and wellbeing.

CONCLUSIONS:

The majority of nurses were female, with an age below 27 years old. According to what the study showed in the results, the assessment of nurses' self-efficacy was high. Regarding nurses' wellbeing assessments, the results showed normal well-being. There was a significant relationship between self-efficacy and wellbeing of nurses with socio-demographic characteristics (gender, age, weight, Height and psychological diseases).

RECOMMENDATIONS:

It is necessary for community health nurses in Iraq to conduct similar studies on various settings.

Adding a curriculum that explains self-efficacy and its importance in performing tasks in daily life. Larger sample with probability sampling.

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TABLES:

Table (1): Statistical Summary of the Socio-demographic Data related to the Study Sample

Demographic Data	Rating and interval	Freq.	%
Gender	Male	124	32.6
	Female	256	67.4
Age	<= 27	231	60.8
	28 - 36	103	27.1
	37 - 45	24	6.3
	46 - 54	18	4.7
	55+	4	1.1
	Mean		28.48
	SD		7.55
Address	Rural	59	15.5
	Urban	321	84.5
Level of Education	Nursing school	61	16.1
	Diploma	176	46.3
	Bachelor	138	36.3
	Master	5	1.3
Weight	<= 52	32	8.4
	53 - 65	161	42.4
	66 - 78	106	27.9
	79 - 91	55	14.5
	92+	26	6.8
	Mean		69.03
	SD		15.91
Height	<= 142	2	.5
	143 - 155	68	17.9
	156 - 168	201	52.9
	169 - 181	85	22.4
	182+	24	6.3
	Mean		163.87
Do you smoke cigarettes?	No	340	89.5
	Yes	40	10.5
Do you suffer from chronic physical	No	341	89.7
	Yes	39	10.3
Do you suffer from psychological diseases?	No	363	95.5
	Yes	17	4.5

Table (2): Assessment of nurses' Self-Efficacy domains and overall

Domains	Levels	Freq.	%	MS.	Asses.
General Self-Efficacy	High	340	89.5	2.42	High
	Low	40	10.5		
Social Self-Efficacy	High	247	65.0	2.91	High
	Low	133	35.0		
Overall Self-Efficacy	High	331	87.1	2.55	High
	Low	49	12.9		

Freq.: Frequency; MS: Mean of Scores; High: $MS \leq 3$; Low: $MS > 3$.

Table (3): Overall Assessment of nurses' wellbeing

Levels	Freq.	%	MS.	Asses.
Abnormal	181	47.6	2.65	Normal
Normal	199	52.4		

Freq.: Frequency; MS: Mean of Scores; Abnormal: $MS \leq 2.5$; Normal: $MS > 2.5$.

Table (4): Relationship between self-efficacy and wellbeing of nurses with their socio-demographic data

Socio-Demographic	General Self-Efficacy		Social Self-Efficacy		Overall Self-Efficacy		Wellbeing	
	F	Sig.	F	Sig.	F	Sig.	F	Sig.
Gender	0.37	0.54	6.42	0.01*	1.99	0.16	7.92	0.01*
Age	1.03	0.39	2.95	0.02*	2.16	0.07	0.38	0.82
Address	0.10	0.75	1.81	0.18	0.55	0.46	0.04	0.85
Level of Education	0.86	0.46	0.33	0.80	0.87	0.45	0.49	0.69
Workplace	1.54	0.19	0.52	0.72	1.72	0.15	1.36	0.25
Monthly Income	0.41	0.67	1.31	0.27	0.46	0.63	2.40	0.09
Weight	1.35	0.25	0.96	0.43	0.57	0.69	2.82	0.02*
Height	0.10	0.98	1.14	0.34	0.05	1.00	2.92	0.02*
Do you smoke cigarettes?	1.48	0.23	1.23	0.27	0.46	0.50	2.34	0.13
Do you suffer from chronic physical	3.50	0.06	0.51	0.48	3.55	0.06	0.44	0.51
Do you suffer from psychological diseases?	7.14	0.01*	0.15	0.70	6.08	0.01*	2.07	0.15

*Significant at P-value <0.05.

Table (5): The relationship between overall self-efficacy and wellbeing

Overall Self-Efficacy	Wellbeing		X ²	DF	P-Value
	Abnormal	Normal			
High	160	171	0.514	1	0.473
Low	21	28			

*Significant at P-value >0.05.