Migration Letters

Volume: 19, No: S2 (2022), pp. 450-457

ISSN: 1741-8984 (Print) ISSN: 1741-8992 (Online)

www.migrationletters.com

Caring Efficacy: Nurses' Perceptions And Relationships With Work-Related Factors

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Abstract:

Background and Aim: Caring nursing practice is integral to service quality. Assessing nurses' perceived caring efficacy is crucial for enhancing outcomes and strategies. This study aimed to analyze: (1) levels of caring efficacy, (2) differences in caring efficacy related to positive and negative work attitudes, and (3) individual and organizational predictors of perceived caring efficacy.

Methods: A sample of 200 nurses from a University Hospital in participated, completing a self-reported questionnaire. T-tests assessed differences in caring efficacy levels related to outcome variables, while regression analysis explored the relationship between work factors and perceived caring efficacy.

Results: Most participants reported high confidence in caring (55%) and low doubts and concerns (72.9%). Nurses with low doubts and concerns experien[1]ced lower emotional exhaustion and higher job satisfaction. Emotional dissonance significantly predicted doubts and concerns and confidence in caring. Supervisor support negatively correlated with emotional dissonance, indirectly influencing confidence in caring.

Conclusions: Education and training interventions should target reducing doubts and concerns in caring and enhancing emotional management skills. Supportive work environments that value caring can mitigate emotional dissonance and boost caring self-efficacy.

Keywords: *caring efficacy, emotional dissonance, emotional job demands, supervisor support, nursing.*

Introduction:

Caring practice is the cornerstone of nursing, underpinned by the cultivation of genuine relationships among nurses, patients, and their families. This emphasis on caring is not only crucial for patient outcomes, both physically and emotionally, but also forms a pivotal aspect of service quality. Extensive scholarly work has been dedicated to delineating the concept of caring and its intricate processes. The roots of the caring process lie in nurses' ethical

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commitments to providing care and in fostering environments that prioritize caring interactions. Notably, a strong focus on caring has been shown to enhance patient satisfaction and contribute significantly to nurses' mental well-being and job satisfaction. (Hogan et al., 2013)

Caring practice encompasses nurses' thoughts and actions rooted in love, compassion (empathy), respect, and availability when interacting with patients. Previous research has highlighted caring as a significant motivator for nurses' recruitment and retention, as well as a key determinant of patient satisfaction. The knowledge, attitude, and skills of nurses form the foundation of their caring behaviors. However, nurses' perceived caring efficacy can be influenced by various individual and organizational factors, such as emotional job demands, emotional dissonance, and supervisor support, which in turn can impact their job satisfaction and overall well-being. (Aiken et al., 2014)

Emotional Job Demand:

Nurses face significant emotional job demands due to their continuous exposure to challenging work contexts, including managing critical patient conditions and addressing patient and family concerns while maintaining high-quality care standards. These emotional job demands, according to the Job Demands-Resources (JD-R) model, are among the most significant factors affecting nurses' well-being, potentially depleting their mental and physical resources. Such demands can compromise the nature of the caring relationship with patients, affecting nurses' perceived efficacy in caring. (Watson & Nelson, 2011)

Emotional Dissonance:

Nurses must navigate understanding and interpreting patients' emotions while displaying empathy effectively—a concept known as emotional labor. This aspect of caring requires nurses to manage their own emotions while providing quality care. Emotional labor can be emotionally taxing, especially when there's a conflict between the emotions felt and those required for the job role, leading to emotional dissonance. This dissonance can adversely impact nurses' well-being, contributing to emotional exhaustion and physical health issues. Emotional labor and dissonance are particularly prevalent in nursing due to the vulnerability and negative health outcomes of patients, potentially affecting nurses' caring relationships and efficacy. (Buckley & Harding, 2014)

Supervisor Support:

Emotional support, including support from supervisors and colleagues, plays a crucial role in emotionally challenging jobs like nursing. According to the JD-R model, supervisor emotional support acts as a resource that mitigates the effects of stressors on nurses' physical and mental health. Research underscores the protective role of supervisor support in alleviating the negative impact of emotional demands on healthcare professionals. This support enables nurses to manage emotional demands during patient interactions, potentially enhancing their caring efficacy. (Watson, 2012)

Caring Efficacy and Individual Outcomes:

Caring is fundamental to nursing practice, shaping nurses' professional identity and well-being. Nurses who can express caring effectively often experience congruence between their professional values and organizational values, leading to enhanced work motivation, job satisfaction, and reduced stress and burnout. Studies have highlighted the correlation between caring efficacy and job satisfaction, with confident expression of caring linked to positive outcomes and reduced burnout. Therefore, assessing nurses' perceived caring efficacy is vital

to enhance their awareness of caring outcomes and improve care strategies. (Finfgeld-Connett, 2008)

Aims:

This study aims to analyze:

a) The perceived level of caring efficacy among nurses (e.g., low, moderate, high).

b) Possible differences in caring efficacy levels concerning nurses' positive and negative work attitudes (i.e., job satisfaction and emotional exhaustion).

c) The association between individual and organizational predictors—such as emotional dissonance, emotional job demand, and supervisor support—and perceived caring efficacy.

Methods:

Study Design, Participants, and Procedure:

A cross-sectional study design was employed, involving 200 nurses from various wards at an Academic hospital . Inclusion criteria were registered nurses working either full-time or part-time in the hospital, excluding nurse managers due to their indirect patient relationships. Formal approval was obtained from the hospital's health manager, and nurses were recruited with their informed consent during working hours. A self-reported structured questionnaire was administered, and completed questionnaires were returned to locked boxes accessible only to researchers. Data collection occurred from February to April 2019, resulting in 140 usable questionnaires (70% response rate).

Ethical Statements:

The study received approval from the Independent Ethics Committee , Nurses were informed of their voluntary participation and the option to withdraw from the study without repercussions for their employment. Informed consent was obtained upon questionnaire return to ensure anonymity.

Instruments:

1. Caring Efficacy Scale: The Italian version of the Caring Efficacy Scale by Coates was used, comprising 17 items measuring nurses' perceived ability to develop caring relationships with patients. The scale includes two sub-dimensions: doubts and concerns to care for patients and confidence to care.

2. Emotional Job Demands: Three items from the Italian version of the Emotional Job Demand Scale assessed nurses' perception of emotional demands at work.

3. Emotional Dissonance: Four items from a scale by Zapf et al. measured nurses' tendency to repress emotions in patient interactions, reflecting emotional dissonance.

4. Supervisor Emotional Support: Four items adapted from the Perceived Organizational Support (POS) scale by Eisenberger et al. assessed nurses' perception of supervisor emotional support.

5. Emotional Exhaustion: Three items from the Italian version of the Maslach Burnout Inventory measured emotional exhaustion among nurses.

6. Job Satisfaction: Three items from Cammann et al.'s scale gauged nurses' satisfaction with their job.

Data Analysis:

Data were analyzed using SPSS 20.0. Descriptive analysis, Cronbach's Alpha, t-tests, Pearson's correlation, and linear regression analysis were conducted to examine relationships between variables and predictors of perceived caring efficacy. Mediating effects were tested using the PROCESS macro with Model 4 (simple mediation), and bootstrapping was performed to measure indirect effects with confidence intervals.

Results

The first aim of the study was to analyze the nurses' perceived level (low, moderate, high) of caring efficacy. The findings showed that participants referred having high confidence to care (CC) for 55% (n=77/140), moderate CC for 43.6% (n=61/140), and low CC for 1.4% (n=2/140). Nurses claimed to have moderate doubts and concerns (DC) for 27.1% (n=38/140), and low DC for 72.9% (n=102/140). No one referred having high DC.

The second aim of the study was to examine possible differences in the levels of caring efficacy regarding nurses' positive and negative work attitudes (job satisfaction and emotional exhaustion). T-test analysis showed that nurses with low DC to care referred having lower emotional exhaustion (M=2.47) than nurses with moderate DC (M=3.18) (t=-2.34, 95% CI=-1.32--.10, p<.05). Similarly, nurses with low DC to care had higher job satisfaction (M=3.06) than nurses with high DC (M=2.78), but this difference was marginally significant (t=1.80, 95% CI=-.03-.59, p=.08). Regarding confidence to care levels, T-test showed no significant differences between mean values for both the attitudes at work (moderate CC [emotional exhaustion M=2.91], high CC [emotional exhaustion M=2.47] p=.09; moderate CC [job satisfaction M=3.01], high CC [job satisfaction M=2.98], p=.79).

The third aim of the study was to analyze how as emotional dissonance, emotional job demand, and supervisor support were associated to the sub-dimension of the caring efficacy. Means, standard deviations, and correlation analysis for the studied variables are shown in Table 1. Regression analysis showed that emotional dissonance is the only one predictor significantly and positively associated with DC to care (β =.17, p<.05), and negatively associated with confidence to care (β =-.26, p<.01). Both emotional job demand and supervisor support did not contribute to explain variance in nurses' DC and confidence to care (see Table 2 for all the results). Nevertheless, the results showed that supervisor support had a negative link with emotional dissonance (β = -.12, p<.05) which in turn was negatively related to confidence to care. Table 3 shows the results from mediation analysis. The emotional dissonance is a mediator in the relationship between supervisor support and confidence to care even its effect is marginally significant (indirect effect: g = 03, bootstrap CI = .005-.08; Table 3).

Table 1. Means, Standard Deviations, and Pearson's Correlation for the Study Variables (N = 140)

Variable	M	SD	1	2	3	4	5	6	7
Confidence to care	4.85	0.689	(.62)						
Doubts and concerns	2.51	0.782	-0.321**	(.72)					

Emotional dissonance	1.88	0.727	-0.212*	0.182*	(.75)				
Emotional job demand	3.05	0.598	0.110	-0.018	0.125	(.66)			
Emotional supervisor support	2.46	1.211	-0.099	-0.098	-0.182*	-0.060	(.95)		
Job satisfaction	2.98	0.667	-	0.012	-0.164*	-0.044	0.090	0.126	(.75)
Emotional exhaustion	2.67	1.495	-0.134	0.217*	0.384**	0.159	-0.116	-0.289**	(.87)

Note. **p<0.01, *p≤0.05 (2-tailed). Cronbach's Alpha is shown in parenthesis.

Table 2. Regression Analysis for the Relationships between Emotional Dissonance, Emotional Supervisor Support, and Emotional Job Demand on both Confidence to Care and Doubts and Concerns (N = 140)

Dependent variable	Predictor	B	Std.Error	Beta	t	Sig.
Confidence to care	(Constant)	5.041	0.350		14.405	.000
	Emotional dissonance	-0.243	0.080	-0.256	-3.036	.003
	Emotional supervisor support	-0.084	0.048	-0.147	-1.756	.081
	Emotional job demand	0.154	0.095	0.134	1.612	.109
Doubts and concerns	(Constant)	2.441	0.408		5.988	.000
	Emotional supervisor support	-0.048	0.056	-0.074	-0.857	.393
	Emotional job demand	-0.057	0.111	-0.044	-0.515	.608
	Emotional dissonance	0.188	0.093	0.174	2.019	.045

Table 3. Mediating Role of Emotional Dissonance (N = 140)

Model	Path coefficient	SE	Bias corrected bootstrap 95% CI	Lower limit	Upper limit
Emotional support on emotional dissonance	-0.12*	0.05	-0.22 to -0.02		
Emotional dissonance on confidence to care	0.23**	0.08	-0.39 to -0.07		
Total effect of emotional support on confidence to care	-0.06	0.05	-0.16 to 0.03		
Direct effect of emotional support on confidence to care	-0.09	0.05	-0.19 to 0.003		

Indirect effect of emotional support on confidence to care through emotional dissonance	0.03†	0.02	0.005 to 0.08		

Note. **p<.01, *p<.05, †p=.05.

Discussion

The findings of this study indicate a positive caring orientation among the nurses, with a significant proportion expressing high confidence in their ability to provide care and low doubts and concerns. This aligns with previous research highlighting the importance of nurses' confidence and minimal doubts in their caring abilities. However, nurses reporting moderate doubts and concerns about their caring abilities showed lower job satisfaction and higher emotional exhaustion compared to those with fewer doubts and concerns. This correlation between doubts and concerns, emotional exhaustion, and job satisfaction is consistent with previous research findings. (Ranheim et al., 2012)

Emotional dissonance emerged as a significant negative factor associated with both sub-dimensions of caring efficacy, whereas emotional job demand and supervisor support did not directly influence perceived caring efficacy. It appears that emotional job demand may impact actual caring behavior rather than perception, as one of the critical antecedents to caring is having sufficient time for it. However, supervisor support indirectly affected caring efficacy by mediating emotional dissonance; greater support reduced perceived emotional dissonance, leading to higher perceived caring efficacy. This underscores the role of supervisor support as a resource for nurses to manage their emotions effectively during patient care interactions, enhancing their overall caring efficacy. (Karaca & Durna, 2019)

Practical Implications

Nurse managers can leverage these findings to create work environments that promote supervisor support for nurses and enhance their caring competencies. Training programs should focus on reducing doubts and concerns about caring abilities and improving emotional management during patient interactions. Organizations should develop strategies emphasizing a caring culture to enhance patient care quality, bolster nurses' professional identity, and ultimately improve job satisfaction and reduce emotional exhaustion among nurses.

Conclusion

Measuring perceived caring efficacy can inform targeted interventions to address weaknesses, doubts, and concerns in patient care provision, ultimately enhancing nurses' ability to meet patient needs effectively and improve their care strategies.

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