

Empathy, Self-Efficacy, and Nursing Performance of Nurses at Care Hospitals

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Abstract

This study aims to investigate the relationship between empathy, self-efficacy, and nursing performance of nursing hospital nurses. The results of the study are as follows. When comparing all the research above, the higher the empathy of the nurse in the nursing hospital and the higher the self-efficacy, the higher the nursing performance. Empathy was higher according to marital status and satisfaction with nursing. Self-efficacy was also reported to be higher when the nursing satisfaction was high. The nursing performance showed differences according to marital status and working style.

Keywords: Nurses, Care hospitals, Empathy, Self-efficacy, Nursing performance

1. Introduction

1.1. Necessity of study

To be specific, care hospital nurses involve themselves in direct and indirect nursing care to treat diseases of elderly patients, carry out specialized nursing care activities, provide patients with specific care services by organizing teams for rehabilitation training and adjustment training, and help patients with activities of daily living [1]. In addition, their nursing services cover training, management, and supervision of nurse's aides and caregivers who are non-medical personnel, psychological care of dying patients, patient safety management, part of the doctor's area of practice, and consultations with patients' guardians [2].

However, nurses spend more time performing mechanical tasks than directly treating patients. Thus, patients tend to feel distant from nurses who do not show empathy for their conditions [3]. Nurses' great empathy for elderly patients is perceived as a positive attitude towards them [4]. Therefore, empathy is a significant factor in developing a therapeutic relationship and influences therapeutic effects. In that sense, it is necessary to stimulate nurses' empathy. Nurses' greater self-efficacy can motivate patients to do individual activities and accept changes in nursing care settings [5]. In addition, nurses' self-efficacy becomes an essential factor influencing job stress and job satisfaction, thus having a positive effect even on nursing performance. Further, it is related to providing elderly patients with high-quality

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nursing care [6][7]. Therefore, this study aims to verify the relevance between care hospital nurses' empathy, self-efficacy, and nursing performance.

1.2. Objectives of the Study

To identify the degree of subjects' empathy, self-efficacy, and nursing performance.

To identify differences in empathy, self-efficacy, and nursing performance depending on subjects' general characteristics.

To identify the correlation between subjects' empathy, self-efficacy, and nursing performance.

2. Study method

2.1. Study design

This study was designed as correlational research to analyze the correlation between care hospital nurses' empathy, self-efficacy, and nursing performance.

2.2. Subjects

A total of 152 nurses from seven care hospitals were selected as subjects of this study, and 150, except two who responded insincerely or inadequately, were chosen as final subjects.

2.3. Study tools

2.3.1. Empathy

Jeon's [8] empathy tool was used for the empathy assay. This tool consisted of a total of 30 questions: 15 questions each for cognitive empathy and emotional empathy. Cognitive empathy involves taking a viewpoint and imagining, and emotional empathy is related to empathic concern and personal pain. A 5-point Likert scale was used, ranging from 1 ('Strongly Disagree') to 5 ('Strongly Agree'), which means the higher the score, the greater the empathy. Regarding the reliability of this tool, Cronbach's α was .83 for the study by Jeon and .85 for this study [8].

2.3.2. Self-efficacy

For self-efficacy, Jung's tool targeted at nurses was used [9]. This tool consisted of 17 questions based on the 5-point Likert scale. The higher the score, the greater the self-efficacy on a scale of 1 ('Never') to 5 ('Always'). Regarding the reliability of this tool, Cronbach's α was .94 for the study by Jung and .94 for this study [9].

2.3.3. Nursing performance

The tool developed by Ko, Lee & Lim [10] targeting nurses was used to assess nursing performance. This tool consisted of 17 questions: 7 questions for nursing task performance ability, four questions for nursing task performance attitude, three questions for nursing task level improvement, and three questions for nursing care process application. A 5-point Likert scale was used; the higher the score, the greater the nursing performance on a scale of 1 ('Strongly Disagree') to 5 ('Strongly Agree'). Regarding the reliability of this tool, Cronbach's α was .92 for the study by Ko, Lee & Lim and .93 for this study [10].

2.4. Data collection & analysis

For data collection, seven care hospitals were randomly selected in J-do Province. Questionnaires were distributed directly to the subjects, and their responses were collected. The respondents were allowed to complete the questionnaires separately before or after work to ensure their confidentiality, etc.

Data analysis was implemented using the SPSS/WIN 24.0 program.

· The mean and standard deviation of the degree of empathy, self-efficacy, and nursing performance were determined.

· To verify differences in variables depending on general characteristics, t-test, one-way, and ANOVA were used, and a post-hoc test was implemented using Scheffe's test.

· The relationship between empathy, self-efficacy, and nursing performance was analyzed using Pearson's correlation coefficient.

3. Results

3.1. Degree of empathy, self-efficacy, and nursing performance

The empathy, self-efficacy, and nursing performance scores were 3.62 ± 0.31 points, 3.69 ± 0.46 points, and 3.76 ± 0.39 points, respectively, out of 5 points [Table 1].

Table 1. Degree of empathy, self-efficacy, and nursing

Variables	M±SD	Min-Max	Range
Empathy	3.62±0.31	2.63-4.57	1-5
Self-efficacy	3.69±0.46	2.53-5.00	1-5
Nursing performance	3.76±0.39	2.94-5.00	1-5

3.2. Differences in empathy, self-efficacy, and nursing performance depending on general characteristics

Empathy showed a statistically significant difference depending on marital status ($t=-2.55$, $p=.012$), and the post-hoc test results revealed that empathy was greater among married nurses than single nurses. Empathy also showed a statistically significant difference depending on satisfaction with nursing as a job ($F=5.55$, $p=.001$); 'Very Satisfied' was more frequently selected than 'Satisfied,' 'Mediocre,' and 'Dissatisfied.' Self-efficacy showed a statistically significant difference depending on satisfaction with nursing as a job ($F=4.94$, $p=.003$), and the results of the posthoc test revealed that in terms of self-efficacy, 'Very Satisfied,' 'Satisfied,' and 'Mediocre' were more frequently selected than 'Dissatisfied.' Regarding marital status ($t=-2.34$, $p=.021$), nursing performance was statistically higher among married nurses than single nurses. In terms of work pattern ($t=.25$ $p=.006$), nursing performance was revealed to be statistically significantly higher in fixed-shift nurses than in 3-shift ones [Table 2]

3.3. Correlation between empathy, self-efficacy, and nursing performance

The nursing performance showed a statistically significantly positive correlation with empathy ($r=.34$, $p<.001$) and self-efficacy ($r=.62$, $p<.001$). There was also a positive correlation ($r=.39$, $p<.001$) between empathy and self-efficacy, which was statistically significant [Table 3].

Table 2. Differences in empathy, self-efficacy, and nursing performance depending on general characteristics

Characteristics	Categories	Empathy		Self-efficacy		Nursing-performance	
		M±SD	t/F(p)	M±SD	t/F(p)	M±SD	t/F(p)
			Scheffe'		Scheffe'		Scheffe'
Age (yr)	20-29	3.56±0.39	1.16 (.332)	3.61±0.49	.766 (.549)	3.57±.36	2.18 (.074)
	30-39	3.55±0.38		3.62±0.44		3.74±.43	
	40-49	3.69±0.27		3.71±0.44		3.85±.37	
	50-59	3.64±0.26		3.77±0.48		3.80±.38	
	≥60	3.66±0.28		3.69±0.31		3.77±.27	
Gender	M	3.41±0.54	-1.41 (.184)	3.76±0.35	.395 (.694)	3.62±.37	-1.62 (.109)
	F	3.64±0.28		3.70±0.45		3.81±.38	
Marital status	Single	3.51±0.37	-2.55 (.012)	3.61±0.38	-1.39 (.166)	3.64±.42	-2.34 (.021)
	Married	3.66±0.28		3.73±0.48		3.80±.36	
Education	College	3.60±0.28	1.99 (.140)	3.64±0.49	2.45 (.090)	3.74±.42	.891 (.412)
	University	3.64±0.37		3.82±0.37		3.80±.31	
	≥Master	4.03±0.47		3.76±0.33		4.03±.04	
Total clinical career (yr)	1->5	3.62±0.41	.05 (.996)	3.67±0.47	.78 (.542)	3.63±.38	2.32 (.060)
	5->10	3.63±0.32		3.74±0.47		3.80±.40	
	10->15	3.61±0.28		3.71±0.43		3.88±.38	
	15->20	3.61±0.24		3.58±0.52		3.72±.39	
	≥20	3.64±0.28		3.79±0.42		3.79±.35	
Type of work shift	3-shift	3.64±0.31	1.55 (.124)	3.67±0.47	-1.54 (.125)	3.72±.38	.25 (.006)
	Full-time	3.54±0.34		3.81±0.40		3.93±.37	
Satisfaction with job	Very Satisfied ^a	3.91±0.36	5.55 (.001) a>b,c,d	3.99±0.52	4.94 (.003) a,b,c>d	3.88±.39	1.62 (.188)
	Satisfied ^b	3.58±0.31		3.70±0.42		3.77±.40	
	Mediocre ^c	3.62±0.27		3.64±0.45		3.74±.31	
	Dissatisfied ^d	3.47±0.26		3.21±0.46		3.48±.47	

Table 3. Correlation of nursing competency, role conflict, and nursing professionalism

	Empathy r(p)	Self-efficacy r(p)	Nursing performance r(p)
Empathy	1		
Self-efficacy	.390**(< .001)	1	
Nursing performance	.338**(< .001)	.617**(< .001)	1

4. Discussion

In this study, the empathy, self-efficacy, and nursing performance scores showed various distribution patterns (high or low) compared to precedent studies. Although empathy scores were not precisely classified depending on targeted patients, nurses' empathy for the elderly

was usually low. According to the results of research by Roh, Kim & Sok [11], this was probably attributed to nurses' stress from heavy workload with an increasing number of long-stay elderly patients with the rapid increase of the aging population and elderly patients' inability to actively express their needs due to their cognitive decline including insufficient communication skills. Therefore, it is deemed necessary for nurses who provide the elderly with nursing services to more sensitively respond to their needs, more carefully observe them, effectively manage the job stress stemming from a lack of nursing manpower and heavy workload, and then understand the elderly. Meanwhile, care hospital nurses' self-efficacy scores were similar to those at general hospitals or clinics. Still, they were higher than nurses in integrated nursing care service wards. This suggests that the work environments of care hospitals have been greatly improved compared to the integrated nursing care service wards, which are in the initial implementation stage. According to Song & Huh [12], self-efficacy may become low in poor work environments because objective conditions such as work environment affect it. Roh, Kim & Sok [11] state that self-efficacy is influenced by nursing care time for patients and heavy responsibilities and tasks. This indicates a need for adequate personnel arrangement depending on workload. In the study by Oh & Wee [13], differences in nursing performance are attributed to the working conditions of the relevant medical institution, organizational culture, conditions of inpatients, and nurses' professionalism and proficiency in nursing care. When it comes to the nursing performance scores depending on the medical institution, as shown in this study, the scores were found to be different even in the same medical institution. In this regard, it is considered necessary to carry out training programs to enhance professionalism and proficiency in nursing care, which are factors closely related to nursing performance, improve working conditions and organizational culture, and conduct repetitive follow-up studies on more medical institutions.

Empathy significantly differed depending on marital status and satisfaction with nursing as a job. In terms of marital status, married nurses' empathy was higher than that of single nurses, and this result is similar to the results of precedent studies [14][15]: married nurses showed greater empathy than single nurses. Satisfaction with nursing as a job influences empathy because heavy tasks and stress nurses may lead to a lack of emotional empathy and communication between nurses and patients, and personal elements of nurses may also be relevant to empathy. Therefore, nurses' satisfaction with nursing is a significant factor in enhancing nurses' empathy. In addition, self-efficacy showed a considerable difference depending on satisfaction with nursing as a job, academic background, and work pattern. Since there are few precedent studies on the relationship between satisfaction with nursing as a job and self-efficacy, precedent studies on job satisfaction, which is regarded as related to satisfaction with nursing as a job, were examined. The study on clinical nurses by Park, Han & Jo [16] suggests a positive correlation between self-efficacy and job satisfaction of nurses, and lower job stress and higher self-efficacy lead to higher job satisfaction. Their study also states that nurses' self-efficacy is important in increasing job satisfaction [13]. In terms of academic background, self-efficacy was revealed to be higher in nurses who have completed four-year university or graduate school than those graduating from two-year junior college, which is to findings of the study by Han & Kwon [17] that education level influences self-efficacy. This indicates that acquiring new knowledge due to higher education may increase professionalism and self-confidence at work, thus enhancing self-efficacy. Regarding work pattern, self-efficacy was higher among fixed-shift nurses than three-shift nurses, which indicates that the fixed shift leads to increased self-confidence at work and further enhanced self-efficacy due to repetition of work through the same work pattern. Based on these study results, it is essential to develop work environments and educational programs that help

enhance nursing satisfaction, improve care hospital nurses' self-efficacy, and create adequate working conditions at the organizational level.

The nursing performance significantly differed depending on marital status and work pattern. As for marital status, nursing performance was higher among married nurses than single nurses. This is in relation to the study's results by Sim & Kim [18]. Married nurses' nursing performance was higher because they tended to view their current job as stable for their older age and, consequently, were less likely to consider changing jobs than single nurses, which is regarded to positively affect nursing performance. This result is related to married nurses' psychological, social, and emotional stability under the support of their family members despite the burden of combining home and work responsibilities due to marriage and their greater sense of responsibility at work. In addition, with age, their monthly income becomes stable, and their sense of connectedness and attention to their organization increases, which leads to enhanced nursing performance [19]. Regarding work patterns, nursing performance was higher among fixed-shift nurses than among three-shift nurses, and this is also similar to the results of the study by Lee & Lee [20].

As for the correlation between empathy and nursing performance, the results of this study are related to those of the study by Lee [21], which showed a significantly positive correlation between emotional intelligence and nursing performance. The findings of this study are supported by those of Jeong & Kim [22], who found that nurses with more significant empathic concern showed greater nursing task performance. As such, nurses with greater empathy are highly likely to appropriately communicate with patients and fellow workers by identifying their emotions or health status when carrying out nursing tasks and properly resolving personal relations conflicts. In addition, this study confirmed a positive correlation between empathy and nurses' self-efficacy: the greater the empathy, the higher the self-efficacy. This is related to the findings of Park, Lee & Kim [14], suggesting the higher the self-efficacy, the higher the empathy, and those of Roh, Kim & Sok [11] on nursing practice for the elderly, which states that there was a positive correlation between empathy and self-efficacy, and the most influential factor in nursing care for the elderly was empathy.

The self-efficacy of the subjects in this study showed a positive correlation with nursing performance: the higher the self-efficacy, the higher the nursing performance, and this is to the result of the study by Park [23] that higher self-efficacy leads to higher task performance ability, and the influential variable in nurses' task performance ability was self-efficacy. This means that nurses with high self-efficacy are highly likely to be active in performing nursing tasks [20]. Even in the study by Ann [24] conducted on general-duty nurses in general hospitals, self-efficacy was the variable with a significant direct effect on nursing performance. The study by Jung & Kim [25] on the structural model of nursing performance also revealed that higher self-efficacy led to greater nursing performance.

5. Conclusion

This study was intended to identify correlations between empathy, self-efficacy, and nursing performance among care hospital nurses. Regarding the relationship between subjects' empathy, self-efficacy, and nursing performance, nursing performance showed a positive correlation with empathy and self-efficacy. Therefore, it is necessary to develop various empathy programs suited to respective settings for nurses who carry out nursing tasks at care hospitals, which are in greatest demand in modern society. In addition, it is deemed necessary to create desirable working conditions and actively study and develop training

programs to enhance self-efficacy in an attempt to stimulate nursing performance among care hospital nurses.

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