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The Role of Self-Efficacy Against Workplace Stress, the Intent to Leave, and Burnout in Nursing

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This is to certify that the doctoral study by

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MHA, Clayton State University, 2020

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

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Abstract

Healthcare administrators must sustain the nursing workforce by minimizing workplace stress, the intent to leave, and burnout while maintaining a safe, accessible, high-quality, patient-centered care environment. This quantitative study examined the relationship between the independent variable of self-efficacy and the dependent variables of nurse burnout, workplace stress, and the intent to leave. The theory that grounded this study was the theory of self-efficacy. The research questions were formatted to determine the correlation between the self-efficacy levels of nurses and burnout, workplace stress, and the intent to leave. A quantitative, nonexperimental, cross-sectional (analytical) design addressed the research questions. The secondary data comprised 767 nurses from private and public hospitals in two countries. The tools used in the study were a Modified Maslach Burnout Inventory, a Modified Core Self-Evaluations Scale, a Modified Professional Status Scale, and the Job Satisfaction Survey. Statistical analyses included descriptive statistics, analysis of variance, and multivariate analysis of variance. The findings of this study demonstrated a statistically significant relationship between burnout and self-efficacy, as well as stress and self-efficacy. This study demonstrated no statistically significant relationship between the intent to leave and self-efficacy. The study results can impact positive social change and validate nurse developmental training strategies for healthcare administrators to implement that focus on increasing self-efficacy and reducing burnout, workplace stress, and nurse turnover, increasing the quality of care for all.

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Section 1: Foundation of the Study and Literature Review

A person's performance is based on quality, capacity, and competency on duty (Sinaga et al., 2021). According to Shorey and Lopez (2021), a nurse's performance is at its best when adhering to high-quality standards, practicing to the top of their license, and performing based on their self-confidence. Self-confidence is how a person predicts their ability to perform a certain task or achieve a goal, while self-efficacy is derived from proficiency experiences, vicarious experiences, verbal persuasion, and individual emotional and physiological state. According to Chang et al. (2018), confidence in one's capability is core to self-efficacy. Self-efficacy reflects how high a person believes they can perform sufficiently. In other words, if someone believes they have no chance of succeeding, they will likely not have great enthusiasm for completing a task; such negative assessment of their abilities hinders their efforts to achieve. Conversely, nurses with high self-efficacy may do everything necessary to perform their duties and have the optimism to achieve their expected goals (Sinaga et al., 2021). The following research expanded the knowledge of the current nursing workforce environment to understand the relationships between self-efficacy, workplace stress, the intent to leave, and burnout.

The United States is facing a nursing shortage crisis, with burnout and stress negatively contributing to nurses leaving the industry (Dall'Ora et al., 2020; Chang et al., 2018). To retain nurses, especially those with experience, healthcare administrators should understand the relationship between self-efficacy, burnout, workplace stress, and the intent to leave. This approach could allow healthcare administrators to bring about

positive social changes that help reduce the number of nurses leaving the workforce. This study evaluated the effect self-efficacy has in reducing burnout, workplace stress, and the intent to leave among nurses. Contained in Section 1 is the background, the problem statement, the purpose of the study, the research questions and hypotheses, the theoretical framework, the nature of the study, the literature search strategy, the literature review, definitions, assumptions, the study scope and delimitation, study limitation, significance, and the conclusion.

Background

The nursing workforce significantly contributes to the healthcare industry (Godsey et al., 2020). Nevertheless, nurses often face physical and psychological problems because of their workforce environment (Dadipoor et al., 2021). The patterns identified by previous studies have consistently indicated a variety of adverse job characteristics, such as low staffing levels, causing an overload of duties, responsibilities, working hours, conflicts between different parties, low control, social bias, and stigma, which are all associated with burnout, workplace stress, and the intent to leave (Dos Santos, 2020). The potential consequences of these adverse job characteristics for staff and patients can be severe. Studies on burnout, the intent to leave, and workplace stress in nursing partly support Bandura's (1997) theory of self-efficacy. According to Liu and Aungsuroch (2019), when individuals have positive self-efficacy beliefs, they tend to be more adaptable to managing workplace stress, experience less workplace burnout, and are more engaged in their jobs.

Most previous research has advocated that workplace stress reduces nurse self-efficacy levels because of environmental elements. However, based on Bandura's (1997) theory of self-efficacy, although personal factors and elements could highly influence self-efficacy levels, levels can also be affected by biological elements, behaviors, and environmental elements and factors. These factors are consistent with Dos Santos's (2020) study, which indicated that environmental elements and factors from the working environment contribute to self-efficacy issues. Furthermore, Cherian and Jacob's (2013) study on the impact of self-efficacy on employee motivation and performance found that self-efficacy impacts individuals by influencing their work related to performance and motivation. The following findings contrast with Yunilma and Heriza's (2012) study, which found that self-esteem and self-confidence impacted job satisfaction, not self-efficacy. However, suppose nurses repeatedly experience minimum personal accomplishments and negative emotions at work. Those negative experiences may undermine a nurse's confidence in their capabilities, which aligns with a statement by Chang et al. (2018), stating that confidence in one's capability is core to self-efficacy.

Research from the past decade has revealed several adverse characteristics of the nursing workforce that negatively influences a nurse's career. Yet, those previous studies have insufficiently evaluated the association between self-efficacy against all three variables: burnout, the intent to leave, and workplace stress. This study filled the gap of very little to no literature on the role of self-efficacy in nurse burnout, workplace stressors, and intent to leave stress by analyzing secondary data using a Modified

Maslach Burnout Inventory, a Modified Core Self- Evaluations Scale, a Modified Professional Status Scale, and the Job Satisfaction Survey. This study provides knowledge to healthcare administrators who comprehensively seek to assess organizational consequences. As research regarding the nursing workforce evolves, the nursing workforce should also evolve through implemented strategies. Individuals with a higher sense of self-efficacy tend to develop a more in-depth interest in the activities in which they participate. Therefore, implementing development training strategies to increase self-efficacy levels among nurses can lead to a high quality of care, reducing healthcare service burdens (Allegrante et al., 2019).

Problem Statement

The issue that prompted this literature research was that healthcare administrators are currently challenged to sustain a nursing workforce that provides safe, accessible, high-quality, patient-centered care (Buerhaus et al., 2017). Healthcare organizations struggle to retain nurses because of the continuous increase in nursing burnout and workplace stressors (Haddad et al., 2022). The nursing industry can be exhausting, as nurses give so much of their physical and emotional being to their patients at work and their families outside of work. According to Dadipoor et al. (2021), nurses are among people whose self-efficacy is always estimated as low, which can negatively affect their personality and work-related circumstances. According to Bandura's (1997) theory of self-efficacy, low self-efficacy plays a crucial role in depression, anxiety, stress,

psychosis, and other emotional states, affecting people who feel less competent while performing their duties.

Lu et al. (2005) indicated that individuals with high self-efficacy tend to use problem-focused or coping strategies. Simultaneously, the coping strategies of individuals with low self-efficacy tend to be more emotion focused as they tend to worry about their stressors. Similarly, Semmer and Meier (2009) stated that people who employ problem-focused coping tend to report fewer physical and psychological strains. In addition, self-efficacy has been linked to more effective coping in a demanding workforce, resulting in greater job satisfaction and lower intentions to leave (Laschinger et al., 2016). Again, this study helps healthcare administrators implement and encourage strategies to support self-efficacy among nurses to reduce burnout, workplace stress, and the intent to leave.

Purpose

This quantitative, nonexperimental, cross-sectional (analytical) study examined the relationship between the independent variable, self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave. Nursing is known as a highly demanding job with low control. Jobs that provide the opportunity for control and autonomy in the work environment leave high self-efficacy employees with decreased adverse effects of job stress (Chang et al., 2018). However, the healthcare industry is fast-paced and ever-changing, contributing to personnel having less ability to decide how they work or use their skills. The findings of this study further the knowledge of previous

studies, such as Johnson's (2022) study on exploring the possible mediating effect of leader self-efficacy between burnout and intent to leave, targeting nurse leaders. However, this study helped determine if there was a relationship between self-efficacy, burnout, the intent to leave, and workplace stress, specifically among the general population of nurses. In addition, this study provides helpful strategies for healthcare administrators to maintain high self-efficacy among their staff, particularly in the highly demanding nursing industry.

Research Questions and Hypotheses

Research question (RQ)1: To what extent does a nurse's self-efficacy level correlate with burnout among nurses?

Hypothesis $(H)_0 1$: There is no correlation between a nurse's self-efficacy level and burnout among nurses.

$H_a 1$: There is a correlation between a nurse's self-efficacy level and burnout among nurses.

RQ2: To what extent does a nurse's self-efficacy level correlate with workplace stress among nurses?

$H_0 2$: There is no correlation between a nurse's self-efficacy level and workplace stress among nurses.

$H_a 2$: There is a correlation between a nurse's self-efficacy level and workplace stress among nurses.

RQ3: To what extent does a nurse's self-efficacy level correlate with a nurse's intent to leave?

$H_0$3: There is no correlation between a nurse's self-efficacy level and a nurse's intent to leave.

H_a3: There is a correlation between a nurse's self-efficacy level and a nurse's intent to leave.

Theoretical Framework

The theory that grounded this study was Bandura's (1997) theory of self-efficacy, defined as people's beliefs in their capabilities to exercise control over their functioning and events that affect their lives. In other words, a person's sense of self-efficacy can provide the foundation for motivation, well-being, and personal accomplishment (Lopez-Garrido, 2020). This theory is commonly compared to other psychological behavior theories, such as the intrinsic motivation theory and Antonovsky's salutogenic theory, where self-efficacy is positively associated with a sense of coherence (Mittelmark, 2016).

According to Bandura's (1997) theory of self-efficacy, people with low self-efficacy often blame themselves for their lack of success. Whether the problem is minor or significant, they feel their lack of abilities makes it impossible to succeed. On the other hand, people with high self-efficacy rarely blame their abilities on failure; they typically try again until they succeed because they expect to succeed. Moreover, self-efficacy slightly differs from self-esteem. People with high self-esteem often choose not to take on a challenge because they are content with how they are. On the other hand, a person with

high self-efficacy typically takes the chance to see solutions that are not too obvious to others. According to Bandura's (1997) theory of self-efficacy, individuals with high self-efficacy effectively manage workplace stressors, as they are less likely to avoid frustrating situations by quitting. Hence, high self-efficacy can be protective against stress, burnout, and the intent to leave.

Bandara (1997) listed factors that affect the self-efficacy theory, such as experience, modeling, social persuasion, and physiological factors. The essential factor in high self-efficacy is proficiency in tasks and experience. The more success a person has, the higher their self-efficacy. The next factor is modeling, which is the act of emulating someone a person sees as remarkably similar to them. The third factor is social persuasion, which is the acceptance of other people's opinions. The last factor is a physiological stress response, which causes a reduction in the chances of success. The four mentioned factors can be influenced to increase a person's self-efficacy level. Overall, the logical connection between the framework presented and the nature of this study is that the theory of self-efficacy brings change to the nursing workforce, with positive effects on training and retention. Self-efficacy is vital for nurses because their capabilities have a significant impact on the lives of their patients. When nurses are burned out, that can negatively affect the quality of care, performance level, and organizational commitment increasing their intentions to leave (Aiken, 2002).

Nature of this Study

This quantitative, nonexperimental, cross-sectional (analytical) research design explored the influence of burnout, stress, and the intent to leave on nurses' self-efficacy levels. In the nursing industry, the concept of self-efficacy is applied to self-regulation, self-care, self-monitoring, and self-management (Shorey & Lopez, 2021). Again, the theory used in this study was Bandura's (1997) theory of self-efficacy; it describes self-efficacy as a person's belief in their ability to manage stressful situations. When a person feels unable to respond effectively to stress, their level of self-efficacy can decrease, making them even more prone to experience more distress. Regarding burnout and the intent to leave, several studies have associated the two dependent variables, such as Aiken (2002), who again stated that burnout lowers nurses' quality of life, performance level, and organizational commitment, thereby increasing their intent to leave. Last, two sets of secondary data were used in this study. The raw data from Alfuqaha et al.'s (2019b) study originated from 350 nurses working in six hospitals, two public and four private hospitals, between May 2017 and July 2017. The raw data from Masum et al.'s (2016) study originated from a population of 417 nurses from six private hospitals surveyed from March 2014 to June 2014.

Literature Search Strategy

The search strategy implemented to locate the literature relevant to this study relied on information from various sources. However, the predominant source used in the literature review was peer-reviewed journal articles from the past 5 years. Most articles

reviewed were found through the Google Scholar search engine and Walden University academic databases, including ERIC, ProQuest Nursing & Allied Health Database, Thoreau, CINAHL Plus, Trip Database, and Academic Search Complete. In addition, several books were reviewed and accessed electronically through the various search strategies mentioned above. The following keywords were used in searches: *nurse self-efficacy, cross-sectional study, nurse burnout, nurse dissatisfaction, nurse workplace stressors,* and *nurse intent to leave*. The research was expanded to other key terms when relevant studies offered additional support for other citations. Citations were cross-checked, and documents were located, read, and added to the matrix when current and relevant. As mentioned above, as researchers have previously investigated this issue, this study helps fill the knowledge gap of very little to no literature on the role of self-efficacy in nurse burnout, workplace stressors, and intent to leave stress by analyzing secondary data using a Modified Maslach Burnout Inventory, a Modified Core Self-Evaluations Scale, a Modified Professional Status Scale, and the Job Satisfaction Survey.

Literature Review Related to Key Variables

Self-Efficacy

According to Bandura's (1997) theory of self-efficacy, self-efficacy is essential in how individuals think about themselves and whether they successfully pursue their interests, goals, and achievements within their career development. Nurse education or career development includes conceptual and practical elements to prepare students to transition to clinical practice. According to Cox et al. (2016), workplace learning is

essential in developing students' confidence, clinical skills, and competency. However, Thompson et al. (2016) suggested that there was evidence that students with lower confidence in managing their workplace experiences may benefit less from workplace learning than those with higher levels of preexisting self-efficacy. Workplace learning provides development tools that can build an employee's confidence due to a greater understanding of their industry and job responsibilities. Still, as Thompson et al. stated, students with lower confidence in managing their experience in the workplace may benefit less from workplace learning; this may be due to negative experiences in a high-stress environment. Those negative experiences can lead to ineffective coping mechanisms, such as avoidance, which ultimately reduces a student's physical and mental health, affecting their decision making and ability to provide high-quality care as a nurse (Ab Latif & Nor, 2019).

According to Ulenaers (2021), even during normal circumstances, students in clinical practice are known to develop anxiety. Jamshidi et al. (2016) stated that many students participating in their study became distressed and overwhelmed dealing with new experiences within the clinical practice environment, significantly affecting their learning process. This aligned with Bijl et al. (2001), who stated that the stress of challenging practice placements and experiences of failure could negatively affect students' self-efficacy levels, particularly when those negative experiences occur early in the learning process. Clinical practice is a critical yet complex and challenging element of nursing students' career development (Spence et al., 2019). Jamshidi et al. asserted that

the perspective of one student during clinical practice was, "I was afraid of doing something that causes harm to the patient." Another student stated, "I was full of stress, as I had never seen such a situation" (Jamshidi et al., 2016, p.4).

Several studies have focused on the effect of self-efficacy on stress and physical and psychological outcomes, including college adjustment and depression (Chan, 2006; Chemers, Hu, and Garcia, 2001; Choi and Lee, 2012; Lee and Yu, 2008; Maciecwski, Prigerson, and Mazure, 2000). The mentioned studies indicated that high-stress levels are related to low levels of self-efficacy and, as a result, negatively influence psychological outcomes (Lee et al., 2016). This indication is similar to Tahmassian's et al. (2011) statement regarding students; he stated that a low sense of self-efficacy was strongly related to high levels of depression and anxiety. Additionally, those studies showed the significant effects of perceived stress and self-efficacy on life satisfaction or the mediating effects of self-efficacy on the relationship between perceived stress and life satisfaction, particularly among college nursing students (Lee et al., 2016). However, in this study, I expanded the number of variables examined, including burnout and the intention to leave, to fully identify the impact the three dependent variables have on self-efficacy; also, this study was more diverse, including the general population of nurses instead of college students.

Understanding the concept of self-efficacy can be essential to the nursing industry. Bandura's (1997) theory of self-efficacy supported the need to create mastery experiences, facilitate modeling opportunities, integrate formal coaching and feedback,

and equip future leaders for success. High levels of self-efficacy can enhance one's accomplishments and feelings of personal well-being (Pajares, 1996). As nursing students become licensed nurses, using practical leadership development strategies by investing in self-efficacy training can build and secure a more substantial nurse pipeline for the future. Using the sources of self-efficacy can form the foundation for leadership development and career advancement strategies for nurses (Tsang et al., 2012).

Stress

According to the Mayo Clinic (2021), stress is an automatic physical, mental, and emotional response to a challenging event. Specifically, workplace stress could lead to poor mental and physical health, including psychological, emotional, and social well-being, affecting how one feels, thinks, and acts (Centers for Disease Control and Prevention, 2016). This current study expanded the knowledge of various studies by analyzing datasets from two countries, Turkey and Jordan. Another study by Dos Santos (2020) analyzed data collected from nurses in South Korea and stated that nurses might face high levels of stress and burnout due to overloaded responsibilities, which may be the reason for low self-efficacy based on their sharing and lived experiences. Based on the feedback of participants in the Dos Santos (2020) study, they advocated that the factors of burnout and stress were workplace bullying, family stress, and being misunderstood, which significantly reduced their self-efficacy.

In contrast, during the pandemic, Varughese and MK (2021) examined the relationship between perceived stress, emotional intelligence, and self-efficacy of nursing

students in south India. The result showed no correlation between self-efficacy and perceived stress, indicating that self-efficacy was not affected when more stress was perceived. They concluded that while dealing with stress, the nursing students contributed to helping individuals as they trained to be future frontline workers. In addition, that study found a positive correlation between emotional intelligence and self-efficacy, concluding that for future nurses to have a high level of self-efficacy, training should be provided to increase their emotional intelligence, which could help them increase their self-efficacy.

Al Hosis et al. (2013) indicated that the most common workplace stress for Saudi nurses was due to job pressure, followed by poor management, and nearly half of the nurses suffered from physical and mental illnesses. As Dos Santos (2020) indicated, besides the factors listed by Al Hosis et al., it is also common for stress in outside environments, such as family stress. Hence, stress from various circumstances can affect nurses, ultimately lowering their self-efficacy. A nurse's ability to cope with stress from work may be improved with specific types of training. Therefore, healthcare administrators should focus on the impact job stress has on nurses and take adequate measures to eliminate the sources of those pressures. More specifically, to relieve the job stress of nurses, healthcare organizations can create an adaptive working environment through incentive management, training, group management, and optimization of work schedules (Zhan et al., 2020).

Burnout

Burnout is an urgent problem and continues to be reported by nurses worldwide. Chang et al. (2018) stated that the formation of burnout is complex and evolves from numerous sources that may be within or beyond the control of a nurse; therefore, once burnout arises, the consequences can be significant. According to Maslach et al. (2001), the creator of the Maslach Burnout Inventory (MBI), emotional exhaustion, depersonalization, and personal achievement are all the core components of burnout. Multiple definitions validate these components, such as burnout is a psychological response to chronic exposure to emotionally demanding jobs (Laschinger et al., 2016). Another definition of burnout is the depletion of one's energy and emotion for work and a reduced level of personal accomplishment (Drudi & Coleman, 2021). According to Shah et al. (2021), many nurses who left the workforce because of burnout reported stressful environmental factors. Those factors consisted of increased workloads, lack of support from leadership, and lack of teamwork among staff (Brooks et al., 2021). Diehl et al. (2021) confirmed that burnout is a significant problem for nurses and social professionals, consequently affecting the quality of care.

Similarly, Abi Hassanpour et al. (2019) indicated that burnout causes mental and physical health problems and impacts organizational performance; the study also mentioned that professional self-efficacy is a factor that can impact organizational performance, influencing both a nurse's workplace and psychosocial well-being. Therefore, understanding the relationship between self-efficacy and burnout is essential

to minimizing the stress that affects workplace performance among nurses. Yao et al. (2018) stated that a machine learning algorithm used within the study indicated that stress is the most fundamental factor in job-related burnout, followed by generalized self-efficacy, personality type, and job title; their research indicated that individuals with low generalized self-efficacy and either introversion or unstable personalities had stronger burnout when they faced stress than others.

However, according to Liu and Aungsuroch (2019), self-efficacy does not directly influence burnout. This statement is inconsistent with Bandura's (1997) theory of self-efficacy, which indicates that when individuals have high self-efficacy, they may experience lower rates of burnout, also contrasting with Yao et al. (2018). Burnout is a common psychological phenomenon among nurses, combined with the unrealistic belief that nurses are superhuman (Rashmi, 2020). Hence, healthcare administrators must be innovative in transforming workflow, human resources, and workplace wellness to reduce burnout among nurses, working toward healthier nurses and, ultimately, better patient care (Bodenheimer & Sinsky, 2014).

Intent to Leave

Locke and Bandura (1987) explained the relationship between the quality of feedback and turnover intentions and the intervening role of self-efficacy. Similarly, Bandura and Ramachaudran (1994) indicated that the social cognitive theory describes the association existing between the turnover intention of nurses and the role of self-efficacy. To note, the theory that grounded this study was Bandura's (1997) theory of

self-efficacy, a subset of Bandura's (1986) social cognitive theory. In Ozyilmaz et al.'s (2017) study, self-efficacy positively affected turnover intentions when trust in an organization was low, indicating that high trust in an organization moderates the effects of self-efficacy on intentions to leave.

Another study by Peterson et al. (2011) focused on job satisfaction and nurse intentions; the findings of the study indicated that job demands were positively related to job dissatisfaction and the intent to leave the job, while support from coworkers/supervisors and self-efficacy showed a negative relationship with job dissatisfaction. Al-Manea and Hasan's (2019) study aligned with Peterson et al., which indicated that job satisfaction positively correlates with self-efficacy. Peterson et al. also stated that identifying factors contributing to job satisfaction and intent to leave for new nurses is a first step in developing interventions. Similarly, Al Zamel (2020) indicated that the intent to leave among nurses could be caused by job satisfaction, as well as organizational commitment, motivation, quality of work-life, demographic, and work. Therefore, healthcare administrators should consider factors contributing to job satisfaction when strategizing to reduce a nurse's intent to leave.

Although the intention is not always followed by action, action is always preceded by the intention that can manifest the decision to leave or stay on (Hasselhorn et al., 2005). The intent to leave has been studied by several researchers as the main predictor of turnover behavior, specifically among nurses. The existing nursing shortage and the potential of present nurses possibly having the intent to leave the workforce are

harming the quality of the healthcare system. The most common reasons for a nurse's intent to leave are feeling underappreciated, a shortage of staff, and complex mental/physical labor (Vaughn, 2020). Vardaman et al.'s (2018) study contributed to reducing nurse retention; one contribution was the importance of self-efficacy because of the everchanging environment nurses face; the results indicated that change-related self-efficacy is linked to turnover intentions. Similarly, Spaulding et al. (2017) stated that because change is frequent in the healthcare industry, healthcare organizations may benefit from fostering self-efficacy among nurses regarding changes to the practice.

Definitions

Definitions are provided as follows to describe essential aspects of the support approach:

Burnout: A state of emotional, physical, and mental exhaustion caused by a long-term mismatch of the demands associated with the job and the worker's resources (Diehl et al., 2021).

Intent to leave: A process of thinking, planning, and deciding to leave a job or profession and does not always lead to actual leaving; it is considered a step before the actual leaving (Sharififard et al., 2019).

Nursing: According to the American Nurses Association (n. d.), nursing can be described as an art and a science (heart and mind). At heart lies the fundamental respect for human dignity and an intuition for a patient's needs, supported by the mind in the

form of rigorous core learning. Due to the vast range of specializations and skills in the nursing profession, each nurse has specific strengths, passions, and expertise.

Self-efficacy: "Beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3).

Workplace stress: Not only a phrase used by individuals in healthcare, but stress is also a word commonly used in daily conversation. Selye (1991) asserted that remarkably few people give the concept of stress the same meaning despite its widespread use and rapid growth. Workplace stress includes harmful, physical, and emotional responses that happen when work requirements do not match the capabilities, resources, or needs of the workers (Centers for Disease Control and Prevention, 2016).

Assumptions

Assumptions are aspects of a study presumed valid to investigate (Vogt, 2005). This study relied on four assumptions. The first assumption was that the participants of the secondary data responded openly and honestly to the research survey. The participants provided accurate and unbiased responses because there was no incentive to provide false information. The provision of anonymity provided participants with an assurance that there were no repercussions for forthcoming responses. Second, it was assumed that participant selection criteria were appropriate for the secondary data. The representation of the study was assumed based on the selection criteria of the secondary data and the characteristics required ensured that individuals possessed the knowledge and experience needed to answer the survey questions. The third assumption was that the

selected instruments were valid study variables applicable to the identified sample, using only existing, validated study instruments. The fourth assumption was that the individuals who participated in the secondary data were out of goodwill with no ulterior motives; this assumption was accepted because incomplete responses were not included in the samples.

Scope and Delimitations

Delimitations are researcher-defined boundaries that limit the scope and outline the parameters of a study (Roberts, 2004). The scope of this study was limited by the choices of the researcher due to the interest in improving practices within a particular industry. A boundary of the study was the location, as the Masum et al. (2016) study excluded public hospitals because of the vast requirements to obtain permission for data collection within the study's allotted timeframe. Also, the relevance of the results could vary due to shifting demographics, skill sets, and organizational structures. Overall, this study highlighted the predictors of workplace stress, the intent to leave, and burnout experienced by nurses. Although other occupations may also experience workplace stress, the intent to leave, and burnout linked to self-efficacy levels, the study does not examine other occupations.

Limitations

This study had a few limitations. First, the secondary data was selected from Jordan, an Arab country in Southwest Asia, and Kocaeli, a province of Turkey. A larger data sample with all variables analyzed in both public and private hospitals could enhance the representation of the nursing workforce to increase the global

generalizability of the findings. Another limitation of the study was the convenience sample, allowing the possibility of under- or over- representation of the data's population. Nevertheless, the results of this study applied to other countries to address and tackle the problem of burnout, the intent to leave, and stress among nurses, ultimately furthering the understanding of the factors that lead to its development.

Significance

This section reviews the significant contributions of this research regarding theory, practice, and social change. This study was significant because the results affect positive social change within the nursing industry by providing the opportunity for healthcare administrators to learn and implement strategies to support self-efficacy while reducing burnout, stress, and the intent to leave. From a theoretical perspective, this research study applied Bandura's (1997) theory of self-efficacy to nurses. From a practical perspective, the results can guide healthcare administrators in transforming these findings into effective recommendations that increase self-efficacy levels among the nursing staff. More in depth, healthcare administrators must develop programs and trainings that support nurses' capabilities to have a lifelong career in healthcare leadership and ensure timely, safe, and high-quality care to provide to patients. Overall, this study added additional research findings to the current knowledge of nurse self-efficacy, burnout, workplace stress, and the intent to leave that support the further development and stabilization of the nursing industry.

Summary and Conclusions

Issues dealing with the challenges of consumer demand and increased costs in the healthcare industry while supporting a nursing workforce will continue over the next decade (Edmonson et al., 2021). This section introduced the study by providing the problem, purpose, research objectives, key terms, and study limitations. The theoretical framework represents the association between the variables found in the related research regarding self-efficacy, workplace stress, the intent to leave, and burnout. Once more, this research filled the gap of very little to no literature on the implementation of strategies for healthcare administrators, who comprehensively seek to assess organizational consequences to enhance the self-efficacy levels of nurses and reduce burnout, workplace stress, and the intent to leave, using a Modified MBI, a Modified Core Self-Evaluations Scale, a Modified Professional Status Scale, and the Job Satisfaction Survey.

Section 2: Research Design and Data Collection

In this quantitative, nonexperimental, cross-sectional (analytical) study, I aimed to examine the relationship between the independent variable, the role of self-efficacy, and the dependent variables, burnout, workplace stress, and the intent to leave. The findings can produce practical strategies for healthcare administrators to maintain high self-efficacy among their nurses within the highly demanding healthcare industry. Section 1 included the background, problem statement, purpose of the study, research questions and hypotheses, theoretical framework, nature of the study, literature search strategy, literature review, definitions, assumptions, scope and delimitation, limitations, and significance of the study. Topics discussed in Section 2 are the research design, methodology, threats to validity, ethical considerations, and summary.

Research Design and Rationale

In this quantitative, nonexperimental, cross-sectional (analytical) study, I determined whether a statistically significant relationship existed between the independent and dependent variables. More in depth quantitative research relies on collecting and analyzing numerical data to describe, explain, predict, or control variables and phenomena of interest (Gay et al., 2009). In addition, nonexperimental research designs can take the following forms: cross-sectional and longitudinal. The longitudinal research design is used for continuous or repeated measures to follow individuals over a prolonged period (Caruana et al., 2015). In contrast, empirical researchers use the cross-sectional research design during a specific timeframe to describe a population of interest

and meet resource restraints (Allen, 2017). Suppose the entire population is considered for the cross-sectional research design; researchers can consider all local influences when gathering data, lowering the error rate because of a higher level of control (Kesmodel, 2018). Datasets obtained through cross-sectional research are suitable for secondary data analysis because the data generate observational studies, analytical or descriptive. However, after a cross-sectional study is conducted, future studies should be longitudinal. For instance, a longitudinal study on this research topic could help researchers understand the effects of nurses' self-efficacy levels over a prolonged period. As a final point, as a quantitative, nonexperimental, cross-sectional (analytical) study, the research questions of this study are formatted to examine the correlation between the independent variable, self-efficacy, and the dependent variables, burnout, workplace stress, and the intent to leave. The nature of the research questions influenced the selection of the methodology.

Methodology

Population

Nurses from Jordan and Turkey were the target population in the secondary data sets. The raw data from Alfuqaha et al. (2019a) contained 350 nurses from six hospitals, two public and four private hospitals, surveyed between May 2017 and July 2017. The raw data from the manuscript by Masum et al. (2016) contained 417 nurses from six private hospitals employed in the pediatric ward, general ward, intensive care unit, and day ward, surveyed from March 2014 to June 2014.

Sampling Procedures Used to Collect Secondary Data Materials

Alfuqaha et al.'s (2019a) study population was divided into two major groups by type of hospital, public or private, of which a convenience sample comprising 20% of the 2,500 nurses in each major group was then surveyed. The nurses took part in the study voluntarily; the researchers distributed the questionnaires during the nurses' break times. Alfuqaha et al. (2019b) provided the data within the data availability section of the study; the raw data were readily available and provided in an Excel format.

A cross-sectional (face-to-face) survey was used in Masum et al.'s (2016) study to describe the relationships between the variables. The questionnaire contained a cover letter, permission form, the research purpose, and the guidelines for filling out the questionnaire. In addition, the fitness criteria of the participants were ensured at all involved hospitals. The six private hospitals were selected because of their up-to-date medical facilities with a large number of patients of different socioeconomic levels. Masum et al. provided the data within the supplemental information section of the study; the raw data were readily available and provided in a PDF format.

Masum et al. (2016) focused on the intent to leave, while Alfuqaha et al. (2019a) focused on burnout and stress. By analyzing the datasets of those two studies, this study furthered the knowledge of the effect of the independent variable, self-efficacy, on the three dependent variables, intent to leave, workplace stress, and burnout among nurses from private and public hospitals, while validating nurse developmental training strategies for healthcare administrators to implement for mitigation of the three

dependent variables. Also, the two studies of the obtained secondary data were qualitative; this study was quantitative and focused on highly controlled approaches and numerical information. Furthermore, the two mentioned studies had data sets readily available to the public. The available data were not individually identifiable and did not involve human subjects as defined in *45 CFR 46.102* (Legal Information Institute, n.d.).

Instrumentation and Operationalization of Constructs

All scales of the study are described below.

Modified MBI

The MBI is a psychological assessment instrument comprising 22 items on occupational burnout (Maslach et al., 1996). Maslach and Jackson (1981) developed the original form of the MBI to assess an individual's experience of burnout. MBI measures the three core dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion has nine items measuring emotional, overwhelming feelings, energy loss, and tiredness. Depersonalization has five items measuring negative views toward patients and loss of idealism. Last, personal accomplishment has eight items measuring decreased productivity and efficacy. Items of emotional exhaustion and depersonalization were rated on a 5-point Likert-type scale: 1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *frequently*, and 5 = *always*. Items of personal accomplishment were also rated on a 5-point Likert-type in reversed order. In Alfuqaha et al.'s (2019a) study, the modified MBI version consisted of 27 items developed according to a survey of 10 nursing and educational psychology specialists in Jordan. The modified

version was originally developed in Alfuqaha and Alshra'ah's (2018) study. The Modified-MBI scale was applied to 30 nurses outside the study sample to assess the validity and reliability; the results were used to calculate the correlation coefficients between dimensions, Cronbach's alpha, and test-retest values.

Modified Self-Evaluation Scale

The concept of core self-evaluations was initially examined in 1997 by Judge et al. The earliest evaluation involved a 12-item scale that comprised self-esteem, generalized self-efficacy, neuroticism, and locus of control. The scale has a 5-point Likert format ranging from 1 = *disagree strongly* to 5 = *agree strongly*. According to Sheykhshabani (2011), example items from the scale were "I am confident I get the success I deserve in life" and "I determine what will happen in my life." In the study by Alfuqaha et al. (2019b), the Self-Evaluation scale measured the self-evaluation among nurses in Jordan, comprising 17 items and modified based on a survey of 10 specialists in educational psychology and measurement in Jordan. The self-evaluation items were rated on a 4-point Likert-type scale: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree* for positive items; the scale was reversed for negative items. The average score of all items on each scale was calculated as low, moderate, or high: low (for average scores of 1.00–1.99), moderate (for average scores of 2.00–2.99), or high (for average scores of 3.00–4.00). The content validity and reliability were evaluated by applying the scale to 30 nurses outside the study sample; the results were used to

calculate the correlation coefficients between dimensions, Cronbach's alpha, and test-retest values.

Modified Professional Status Scale

The Professional Status Scale was designed and developed by Liu et al. (2009) based on interviews, expert consultations, and literature reviews. The Professional Status Scale was used to measure the perception of professional status among nurses. The nurses' professional identity scale comprises five dimensions: professional cognition assessment (9 items), professional social support (6 items), professional social skills (6 items), professional coping with frustration (6 items), and professional self-reflection (3 items). Each item was scored on a scale of 1 being *very inconsistent* to 5 being *very consistent*. The scale score was the sum of all items, and the total score ranged from 30 to 150; a high scale score indicated a high level of professional identity. The modified scale in Alfuqaha et al.'s (2019a) study comprises 18 items. The scale was modified based on a survey of 10 specialists in educational psychology and measurement in Jordan. The professional status items were rated on a 4-point Likert-type scale: 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree* for positive items; the scale was reversed for negative items. The average score of all items on each scale was calculated as low, moderate, or high: low (for average scores of 1.00–1.99), moderate (for average scores of 2.00–2.99), or high (for average scores of 3.00–4.00). The content validity and reliability were evaluated by applying the scale to 30 nurses outside the study sample; the results

were used to calculate the correlation coefficients between dimensions, Cronbach's alpha, and test-retest values.

Job Satisfaction Survey

The Job Satisfaction Survey (JSS) by Spector (1985) is a 36-item, nine-facet scale to assess employee attitudes and aspects of their job. The nine facets are pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. Each facet was evaluated with four items and the total score included all four items. A summated rating scale format has six choices per item, ranging from *strongly disagree* to *strongly agree*. Items are written equally positively and negatively, so approximately half are reverse scored. Although the JSS was initially developed for human service organizations, it can apply to all organizations (Tsounis & Sarafis, 2018). In the study by Masum et al. (2016), the Modified JSS was based on the nursing profession. The questionnaire was divided into three segments. The first segment comprised various demographic characteristics, such as gender, age, marital status, education level, and nursing experience. The second segment included 36 items related to job satisfaction acknowledged in the JSS and a 6-point Likert scale, where 1 = *strongly disagree* to 6 = *strongly agree*. Approximately one-fourth of the items were described positively, and the rest were negative. The scores of negative items were invalidated before analysis. The third segment contained one item and a 4-point Likert scale, where 1= *very unlikely* to 4 = *very likely*; the nurses in this segment expressed their intent to leave their current job in the coming year. The Cronbach's

coefficient revealed the internal consistency of data. The content validity was evaluated by applying the scale to 30 nurses not in the study sample, and the acceptability was considered in missing responses and refusal rates.

Operationalization

Self-efficacy refers to an individual's belief in their capacity to execute behaviors necessary to produce specific performance achievements (Bandura, 1977). In other words, self-efficacy reflects confidence in exerting control over one's motivation, behavior, and social environment (Carey & Forsyth, 2009). Because self-efficacy influences how the environment and social support are perceived (Bandura, 2001), people who display high levels of self-efficacy tend to interpret task and social characteristics as a challenge that promotes their attitudes and behaviors, contributing to positive job outcomes, such as job satisfaction. As mentioned earlier, Al-Manea and Hasan (2019) validated the statement from Bandura (2001), indicating that job satisfaction positively correlates with self-efficacy. In addition, the Modified JSS assesses nurses' attitudes and aspects of their jobs.

Furthermore, generalized self-efficacy, adopted from Bandura's definition of self-efficacy, states, “efficacy expectations also differ in generality. Some experiences create circumscribed mastery expectations. Others instill a more generalized sense of efficacy that extends well beyond the specific treatment situation” (Bandura, 1977, p. 194). Other researchers, such as Judge et al. (1998), stated that general self-efficacy is an individual's estimation of their ability to perform well and manage various situations. A person with

high generalized self-efficacy is more determined than someone with low generalized self-efficacy and is likelier to conduct new tasks that allow growth in their abilities (Balivada, 2020). As mentioned above, this Modified Self-Evaluation Scale has 17 items comprising self-esteem, generalized self-efficacy, neuroticism, and locus of control.

According to the World Health Organization (2020), *workplace stress* is the response an individual may have when presented with work demands and pressures that are not matched to their knowledge and abilities and challenges their capacity to cope. According to Zajenkowska et al. (2017), chronic stress may cause a person to feel like they are not in control of their life, leading to further frustration and even depression. One of the Professional Status Scale dimensions is professional coping with frustration. Stress and frustration align with each other; feeling stressed can cause an individual to experience frustration, and frustrating situations often cause stress. According to Tohidi et al. (2016), nurses with lower professional status suffer from certain physical and psychological problems and are shown to have higher blood pressure and heart rate. Stress can negatively impact lives, causing physical conditions and psychological/emotional strains (Salleh, 2008).

Intent to leave is the degree an individual has toward the idea of voluntarily leaving their employer or an organization (Kovner et al., 2009). Similarly, one instrumentation of this study was the JSS, a scale to evaluate employee attitudes and aspects of the job (see Spector, 1985). As mentioned above, a study that focused on nurses' intentions to leave by Peterson et al. (2011) indicated that identifying factors

contributing to job satisfaction and intentions to leave for new nurses is the first step in developing interventions. Hence, when strategizing to reduce a nurse's intent to leave, healthcare administrators should consider the following factors: organizational commitment, motivation, job satisfaction, quality of work-life, demographic, and work environment, according to Al Zamel (2020).

Maslach et al. (1986) provided the most often cited definition of *burnout,* a syndrome of emotional exhaustion, depersonalization, and personal accomplishment among individuals who collaborate with people. The Maslach Burnout Inventory - Human Services Survey (MBI-HSS) is the most used measurement for evaluating burnout syndrome. The MBI-HSS was designed for professionals in human services; therefore, the survey was appropriate for respondents working in occupations focused on helping people live better lives by offering guidance, preventing harm, and minimizing physical, emotional, or cognitive problems, such as nurses (Maslach, 2016). Similar to MBI-HSS, the modified MBI survey mentioned above measured the exact three core dimensions of burnout: emotional exhaustion, depersonalization, and personal accomplishment.

Data Analysis Plan

Statistical Package for the Social Sciences (SPSS) version 28.0.1.0 was the statistical technique used in this study to conduct secondary data analysis. Once the data were reviewed and prepared, the options to display the data and output were checked and modified. Next, the variables were defined, and the data were imported into SPSS to be

checked for errors (see Pallant, 2016). The SPSS can identify missing values; running a missing values analysis under the "analyze" tab can identify missing data patterns. If no patterns were detected, pair-wise deletion could be performed to manage the missing data. However, if the analysis detects a missing value pattern, a review and implementation of overlooked values should be performed. Also, any other errors should be corrected before total scores are calculated, including correcting any outside the range of possible values for a particular variable. Lastly, the frequencies for each variable should be inspected; this includes all the items that make up the scales.

Moreover, one of the first steps of secondary data analysis is to have a clearly defined intent. In this quantitative study, I examined the relationship between the independent variable, the role of self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave.

RQ1: To what extent does a nurse's self-efficacy level correlate with burnout among nurses?

$H_0$1: There is no correlation between a nurse's self-efficacy level and burnout among nurses.

H_a1: There is a correlation between a nurse's self-efficacy level and burnout among nurses.

RQ2: To what extent does a nurse's self-efficacy level correlate with workplace stress among nurses?

$H_0$2: There is no correlation between a nurse's self-efficacy level and workplace stress among nurses.

H_a2: There is a correlation between a nurse's self-efficacy level and workplace stress among nurses.

RQ3: To what extent does a nurse's self-efficacy level correlate with workplace stress among nurses?

$H_0$3: There is no correlation between a nurse's self-efficacy level and a nurse's intent to leave.

H_a3: There is a correlation between a nurse's self-efficacy level and a nurse's intent to leave.

The primary purpose of an analysis of variance (ANOVA) is to evaluate if two or more groups differ significantly in one or more characteristics. The ANOVA assumes the cause-effect relationships. Multivariate analysis of variance (MANOVA) is an extension of the univariate analysis of variance (Statistics Solutions, 2021). In an ANOVA, the statistical differences examine one continuous dependent variable by an independent grouping variable, while the MANOVA considers multiple continuous dependent variables and bundles them into a weighted linear combination or composite variable (Statistics Solutions, 2021). The MANOVA tests if the independent grouping variable explains a statistically significant amount of variance in the dependent variable. An ANOVA analyzed the Masum et al. (2016) dataset, independent variable (self-efficacy), and dependent variable (intent to leave). A MANOVA analyzed the raw data from

Alfuqaha et al. (2019a), independent variable (self-efficacy), and dependent variables (burnout and workplace stress). Based on the research questions, the correlation of the variables was deemed significant if the p-value was below the conventional threshold of .05. According to Warner (2012), alpha levels known as p-values set at .05, .01, or .001 are common and help to reduce the probability of falsely rejecting the null hypothesis.

Threats to Validity

External Validity

External validity refers to how the relations among variables observed in one sample of observations in one population will hold for other samples of observations within the same population or in other populations (Mitchell, 2018). One threat to external validity was generalization because of the use of convenience sampling; there was no sampling frame, nor was it chosen randomly. Therefore, there is a lack of a noticeable link to the target population (Baker et al., 2013). Random sampling gives the chance to select sampling units from the larger population and is unbiased, concluding in a firmer belief in generalizations to the larger population. As mentioned before, the results of this study may not be highly generalizable to a larger population because of the data sampling process; however, the results are applicable to other countries regarding understanding the problems that lead to the development of burnout, the intent to leave, and workplace stress among nurses. Lastly, another threat to external validity was that the cross-sectional design allows the evaluation of the predictor and outcome variables and cannot be used to analyze behavior over a period of time. A longitudinal study would

allow continuous or repeated measures to follow particular individuals over prolonged periods (Caruana et al., 2015).

Internal Validity

Internal validity is how the observed results represent the truth in the population studied and, therefore, are not due to methodological errors (Patino & Ferreira, 2018). Threats to internal validity are mostly attributed to participant selection, such as convenience sampling. Participants may have similar characteristics within convenience sampling, suggesting a tendency for participants to get similar outcomes (Creswell & Creswell, 2018). This threat to internal validity could be addressed by sampling a more sizeable group of nurses globally instead of limiting the sample to one or two countries of the nursing industries. Another potential threat to internal validity was the instrumentation. Statistical tests help the researcher determine if the null hypothesis is rejected or accepted. Unfortunately, errors can be made in determining whether to reject the null hypothesis. According to Warner (2012), a Type I error rejects the null hypothesis even when the population means the value is specified. As mentioned before, alpha levels set at .05, .01, or .001 are common and help to reduce the probability of Type I errors (Warner, 2012). However, the lower the alpha, the higher the risk of a Type II error occurring; this type of error is when the null hypothesis is false but is not rejected accurately (Frankfort-Nachmias & Leon-Guerrero, 2015). Therefore, the alpha was set at .05 for this study. Considering the potential threats early on helped reduce the likelihood and improve the reliability and validity of the study. There was confirmation of valid and

reliable measuring tools within the secondary data's original studies, minimizing threats to internal validity.

Ethical Procedures

Ethical procedures in this study were to acquire ethical approval from the institutional review board to perform the secondary analysis of existing qualitative data and ethical approval from the original studies. The two studies by Alfuqaha et al. (2019b) and Masum et al. (2016) thoroughly described the ethical soundness and relevance of their qualitative analysis. Again, the two datasets accessible to the public are not individually identifiable; therefore, this analysis does not involve human subjects. In the Alfuqaha et al. (2019a) study, the nurses voluntarily participated as the researchers distributed the questionnaires during the break times of various shifts. The participating nurses were informed that completing the questionnaire was taken as informed consent to participate in the study. In the Masum et al. (2016) study, the questionnaire completion was deliberate and anonymous, and data privacy was assured and maintained. All participating nurses provided their written consent to participate in the study. After data collection, any data in PDF format was converted to Microsoft Excel, exported from Microsoft Excel, and imported into SPSS. Again, once the data was imported, the data was reviewed for errors and corrected. Then, a statistical analysis was performed within the SPSS version 28.0.1.0.

Summary

According to Keel (1993), emotional stress can lead to burnout in various healthcare professions; the syndrome is characterized by emotional exhaustion, loss of empathy, and decreased accomplishment. In other words, the long-term consequences of burnout can lead to depression or psychosomatic disorders. Maslach et al. (2016) also highlighted that burnout resulted from prolonged interpersonal stressors in the workplace. Moreover, research has shown that burnout is related to reduced workplace performance, often leading to withdrawal, such as the intent to leave (Ruotsalainen et al., 2015). In this quantitative, nonexperimental, cross-sectional (analytical) study, I examined the relationship between the independent variable, self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave as minimal research measures nurses' self-efficacy levels and the effects on all three variables: intent to leave, stress levels, and burnout. There are also limited longitudinal studies that explore how to improve self-efficacy levels among nurses that will reduce burnout, stress levels, and the intent to leave.

According to Handiyani et al. (2019), nurses with high self-efficacy typically have high confidence in their ability to perform specific tasks successfully; the self-efficacy of nurses significantly determines the ability of nurses to improve the performance and quality of nursing care. Therefore, it is essential to continue to pursue research that can further explore ways to mitigate burnout, workplace stress, and the intent to leave by maintaining high self-efficacy among nurses. Due to time constraints, a

benefit of this research design was that it allowed researchers to compare multiple variables simultaneously. Also, the cross-sectional design is not costly to perform and does not require much time, capturing a specific point in time. In this secondary analysis of cross-sectional data, I yielded an analytic study with a target population of nurses from the countries of Jordan and Turkey.

Furthermore, although there were a few limitations to the research design, appropriate steps were taken to minimize these limitations. Also, ethical procedures indicated a commitment to integrity and honesty with all study participants and collaborating organizations. To conclude, Section 2 presented the methodology used to understand the relationship between the independent variable, self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave. As mentioned before, in this study, I filled the knowledge gap of very little to no literature on the role of self-efficacy in burnout, workplace stress, and intent to leave by analyzing secondary data using a Modified MBI, a Modified Core Self- Evaluations Scale, a Modified Professional Status Scale, and the JSS. Providing knowledge to healthcare administrators who comprehensively seek to assess organizational consequences allows the opportunity to develop strategies to increase the self-efficacy levels of nurses to reduce burnout, workplace stress, and the intent to leave.

Section 3: Presentation of the Results and Findings

The concept development process of self-efficacy is essential to nursing knowledge development. Defining, analyzing, and researching concepts, such as the role of self-efficacy, provides valuable knowledge to the nursing industry as healthcare administrators continue to develop training strategies to maintain institutes of evidence-based practice. In this study, I aimed to examine the relationship between the independent variable, self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave. Specifically, these findings can benefit healthcare administrators who seek to maintain self-efficacy among their nursing staff in the highly demanding healthcare industry. Analyzing the datasets of Alfuqaha et al.'s (2019a) and Masum et al.'s (2016) studies allowed me to further the knowledge of the effect of the independent variable, self-efficacy, on the three dependent variables, intent to leave, workplace stress, and burnout among nurses from private and public hospitals while validating various nurse developmental training strategies for healthcare administrators to implement for mitigation of the three dependent variables.

RQ1: To what extent does a nurse's self-efficacy level correlate with burnout among nurses?

$H_0$1: There is no correlation between a nurse's self-efficacy level and burnout among nurses.

H_a1: There is a correlation between a nurse's self-efficacy level and burnout among nurses.

RQ2: To what extent does a nurse's self-efficacy level correlate with workplace stress among nurses?

$H_0$2: There is no correlation between a nurse's self-efficacy level and workplace stress among nurses.

H_a2: There is a correlation between a nurse's self-efficacy level and workplace stress among nurses.

RQ3: To what extent does a nurse's self-efficacy level correlate with workplace stress among nurses?

$H_0$3: There is no correlation between a nurse's self-efficacy level and a nurse's intent to leave.

H_a3: There is a correlation between a nurse's self-efficacy level and a nurse's intent to leave.

Topics discussed in Section 3 are the data collection process of the secondary data set, an explanation of the results, and a summary related to the research questions. In the end, the application of the results to professional practice and implications for social change are addressed in Section 4.

Data Collection of Secondary Datasets

Masum et al.'s (2016) study used a cross-sectional (face-to-face) survey to describe relationships between the variables. Six private hospitals in Kocaeli were selected to be surveyed from March 2014 to June 2014. The questionnaire included a cover letter, a permission form, the research's purpose with a brief description, and

guidelines on how to complete the questionnaire. The data sample included pediatric, general wards, intensive care units, and day ward nurses. After the survey was complete, nonprobability sampling was employed. The modified JSS questionnaire was served to 650 nurses; 552 nurses completed the questionnaires, and the response rate was 84.92%. According to the study, after cleaning the data, there were 417 usable questionnaires from the 552 nurses taking part in the study, representing 13.98% or 417 out of 2,982 (total nurse population from the six private hospitals). Public hospitals were excluded because of the extensive requirements to obtain permission for data collection. During the secondary analysis of this study, the data of the second segment containing 36 questions from the JSS were used for the independent variable, self-efficacy. Also, the data of the third segment containing one question from the JSS was used for the dependent variable, the intent to leave.

In Alfuqaha et al.'s (2019a) study, the population comprised 2,500 nurses working in six hospitals, two public and four private hospitals, between May and July 2017. The hospitals were in two major cities in Jordan: Amman and Zarq. Based on the stratified convenience sampling method, the 2,500 nurses were divided into two major groups, public and private hospitals, using 500 out of 2,500 nurses. Then, a convenience sample of 20% of the nurses in each major group was conducted. Out of the sample, 400 nurses returned the questionnaire, resulting in a response rate of 80%; however, 50 questionnaires were excluded because of missing data. Therefore, the analysis was performed on 350 questionnaires. The nurses voluntarily took part in the research study;

the researchers distributed the questionnaires during the break time of nurses on various shifts. During the secondary analysis of this study, the data of the 17 items of the Modified Self-Evaluation Scale were used for the independent variable, self-efficacy. Regarding the dependent variables, the data from the 18 items of the Modified Professional Status Scale were used for stress; the data from the combined 25 items of emotional exhaustion, depersonalization, and personal accomplishment from the Modified MBI were used for burnout.

Once again, any data in PDF format was converted to Microsoft Excel, exported from Microsoft Excel, and imported into SPSS. The data were then reviewed for errors, and one discrepancy was discovered. The discrepancy was found in Masum et al.'s (2016) dataset; the answers from the Modified JSS of Respondent #392 were not listed. Therefore, only 416 questionnaires were usable for the secondary data analysis; with the correct calculations, the usable questionnaires represented 13.95% (416/2,982) of the total population from the six hospitals.

Results

Descriptive Statistics

Tables 1 and 2 contain the secondary data from Alfuqaha et al.'s (2019a) study, containing 350 participants. The mean score and standard deviation of the Modified Burnout Inventory was (2.9193 ± 0.48898), indicating that the surveyed nurses in Jordan suffered from a moderate level of burnout, as moderate represented average scores of 2.34–3.66. According to Alfuqaha et al., this finding supported that nurses in Jordan are

poorly compensated and deal with situations such as high job demands, lack of resources, work under pressure, and lack of social support. All these listed factors can contribute to increased chances of burnout. Moreover, the mean score and standard deviation of the Modified Professional Status Scale, which represents the dependent variable, stress, was (2.3787 ± 0. 56402). This mean score was relatively lower than burnout but also indicated a moderate level averaging between scores of 2.00–2.99 with 2 = *disagree*. As mentioned before, professional coping with frustration is one of the Professional Status Scale dimensions. Stress and frustration align with each other; feeling stressed can cause an individual to experience frustration, and frustrating situations often cause stress. This moderate level among the nurses surveyed in Jordan can justify that the nurses are professionally coping with frustration because of the lack of authority and promotion opportunities. Last, the mean score and standard deviation of the Modified Self-Evaluation Scale, which represents the independent variable, self-efficacy, was (2.7698 ± 0. 36072). This mean score indicates that the level of self-evaluation among nurses in Jordan was also moderate, specifically on the higher end of the moderate scale, with the scores averaging between 2.00–2.99. According to Alfuqaha et al., numerous nurses reported their perception of not having much to be proud of, not being able to achieve career goals, not being evaluated fairly by supervisors, lack of moral appreciation, lack of opportunities to share families' moments due to work overload, and low financial returns compared to their effort in work. On the other hand, the modified self-evaluation scale revealed that participating nurses have the opportunity to openly express their points of

view, acknowledge their mistakes, and make decisions with high self-confidence. As mentioned above, the Modified Self-Evaluation Scale has 17 items comprising self-esteem, generalized self-efficacy, neuroticism, and locus of control.

Table 1

Descriptive Statistics of Burnout, Workplace Stress, and Self-Efficacy

	N	Range	Minimum	Maximum	Sum	Mean		Std. Deviation	Variance
						Statistic	Std. Error		
Burnout	350	3.52	1.12	4.64	1021.76	2.9193	.02614	.48898	.239
Stress	350	2.78	1.00	3.78	832.55	2.3787	.03015	.56402	.318
SE	350	2.64	1.18	3.82	969.44	2.7698	.01928	.36072	.130
Valid *N* (listwise)	350								

Table 2

Descriptive Statistics of Burnout, Workplace Stress, and Self-Efficacy

	Burnout	Stress	*SE*
N	350	350	350
Mean	2.9193	2.3787	2.7698
Median	2.9400	2.3600	2.7600
Mode	2.96	2.33	2.65
Std. Deviation	.48898	.56402	.36072
Variance	.239	.318	.130
Range	3.52	2.78	2.64
Minimum	1.12	1.00	1.18
Maximum	4.64	3.78	3.82
Sum	1021.76	832.55	969.44

Table 3 and Table 4 contain the secondary data from Masum et al.'s (2016) study; there were 416 observations. During the observation, nurses were asked about their intentions to leave by answering the question, "Considering your career aims, do you want to change your present workplace in the coming year?" The mean and standard deviation of the dependent variable, intent to leave, was 2.6322 out of 4 ± 1.08742, which indicated that the average nurse of the respondent was unlikely to have the intention to leave, and because the distribution with the coefficient of variation was 1.182, which was higher than 1, there was an indication of high variance. A high variance indicates that the data points are spread out from one another and the mean. The mean and standard deviation of the Modified JSS, which represented the independent variable, self-efficacy, was 2.8831 ±.17043, which indicated that the average nurse respondent disagreed with the survey questions that represent the nine facets of the Modified JSS: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication that all contribute to the increase in an individual's self-efficacy. Also, because the distribution with the coefficient of variation was .029, which was lower than 1, there was an indication of low variance. A low variance indicates that the data points are close to the mean and each other.

Table 3

Descriptive Statistics of Intent to Leave and Self-Efficacy

	N	Range	Minimum	Maximum	Sum	Mean		Std. Deviation	Variance
						Statistic	Std. Error		
ITL	416	3.00	1.00	4.00	1095.00	2.6322	.05332	1.08742	1.182
SE	416	1.17	2.36	3.53	1199.38	2.8831	.00835	.17034	.029
Valid *N* (listwise)	416								

Note. ITL = Intent to leave

Table 4

Descriptive Statistics of Intent to Leave and Self-Efficacy

	ITL	SE
N	416	416
Mean	2.6322	2.8831
Median	3.0000	2.8900
Mode	3.00	2.92
Std. Deviation	1.08742	.17034
Variance	1.182	.029
Range	3.00	1.17
Minimum	1.00	2.36
Maximum	4.00	3.53
Sum	1095.00	1199.38

Statistical Assumptions

Statistical Analysis Findings for Table 5

This study had a significant level of 0.05. the corresponding confidence interval was 95%. The *p*-value indicates either that there was a statistically significant difference between the means of at least two of the groups if *p* was less than or equal to the level of significance or that there was no statistically significant difference in the means between any of the groups if *p* was greater than the level of significance (Curtin University Library, n.d.). According to Table 5, the *p*-value was <.001 for burnout and stress; therefore, it was strong evidence against the null hypothesis, and there was confidence that the alternative hypothesis was correct.

The *F* value was the test statistic for ANOVA/MANOVA. The *F* value was the ratio of the variation between groups to the variation within each group. A higher *F* value means a statistically significant difference in group means, while a small *p*-value means all results are significant. The *F* statistic compares the combined effect of all the variables together. If the null hypothesis is true, the *F* value is likely close to 1.0. A higher *F* ratio means that the variation among group means was more than what was expected to see by chance. According to Table 5, the *F* value for the dependent variable, burnout, was 4.8, and the dependent variable, workplace stress, was 4.199. The results of the *F* value agree with the *p* values indicating strong evidence against the null hypothesis.

Last, Eta squared (η2) value measured effect size. The Eta squared value ranged from 0 to 1, where values closer to one indicate a higher proportion of variance. More

specifically, when η2 = 0.01, this indicates a small effect; when η2 = 0.06, this indicates a medium effect; and when η2 = 0.14, this indicates a significant effect. According to Table 5, for burnout, the η2 value was .363, indicating that 36.3% of the variation can be attributed to self-efficacy. The η2 value for workplace stress was .332, indicating that 33.2% of the variation can be attributed to self-efficacy. Therefore, both variables indicated a significant effect.

Table 5

Tests of Between-Subjects Effects for Burnout, Workplace Stress, and Self-Efficacy

Source	Dependent variable	Type III sum of squares	*df*	Mean square	*F*	Sig.	Partial Eta squared	Noncent. parameter	Observed power[c]
Corrected	Burnout	30.270[a]	37	.818	4.800	<.001	.363	177.601	1.000
Model	Stress	36.907[b]	37	.997	4.199	<.001	.332	155.363	1.000
Intercept	Burnout	834.092	1	834.092	4893.835	<.001	.940	4893.835	1.000
	Stress	490.003	1	490.003	2062.723	<.001	.869	2062.723	1.000
SE	Burnout	30.270	37	.818	4.800	<.001	.363	177.601	1.000
	Stress	36.907	37	.997	4.199	<.001	.332	155.363	1.000
Error	Burnout	53.176	312	.170					
	Stress	74.116	312	.238					
Total	Burnout	3066.285	350						
	Stress	2091.421	350						
Corrected	Burnout	83.446	349						
Total	Stress	111.023	349						

a. *R* Squared =.363 (Adjusted R Squared =.287)

b. *R* Squared =.332 (Adjusted R Squared =.253)

c. Computed using alpha =.05

Statistical Analysis Findings for Table 6

The significance level was 0.05; the corresponding confidence interval was 95%. Table 6 revealed a *p*-value of .892 for the dependent variable, intent to leave. Therefore,

since the *p*-value was greater than 0.05, the null hypothesis was not statistically significant and was accepted. Next, according to Table 6, the *F* value for the dependent variable, intent to leave, was .706, which agreed with the *p*-value indicating the null hypothesis was likely valid. Lastly, according to Table 6, for the dependent variable, intent to leave, the η2 value was .059, indicating that 5.9% of the variation can be attributed to self-efficacy. Therefore, the dependent variable, intent to leave, had a small effect on self-efficacy.

Table 6

Tests of Between-Subjects Effects for Intent to Leave and Self-Efficacy

Source	Type III sum of squares	*df*	Mean square	*F*	Sig.	Partial Eta squared	Noncent. parameter	Observed power[b]
Corrected Model	29.072[a]	34	.855	.706	.892	.059	23.993	.723
Intercept	844.401	1	844.401	696.875	<.001	.647	696.875	1.000
SE	29.072	34	.855	.706	.892	.059	23.993	.723
Error	461.656	381	1.212					
Total	3373.000	416						
Corrected Total	490.728	415						

Note. Dependent variable: intent to leave.

a. *R* Squared =.059 (Adjusted R Squared = -.025)

b. Computed using alpha =.05

Summary

In this quantitative, nonexperimental, cross-sectional (analytical) study, I aimed to examine the relationship between the independent variable, the role of self-efficacy, and the dependent variables, burnout, workplace stress, and the intent to leave. In addition, the findings may produce practical strategies for healthcare administrators to maintain high self-efficacy among their nurses within the highly demanding healthcare industry. The results of this study demonstrated that there was a statistically significant relationship between burnout and self-efficacy, as well as stress and self-efficacy. On the other hand, there was no statistically significant relationship between the intent to leave and self-efficacy.

H_a1: There is a correlation between a nurse's self-efficacy level and burnout among nurses.

H_a2: There is a correlation between a nurse's self-efficacy level and workplace stress among nurses.

H_03: There is no correlation between a nurse's self-efficacy level and a nurse's intent to leave.

Research hypothesis testing aims to see if there is enough evidence against the null hypothesis. In other words, to see if there is enough evidence to reject the null hypothesis. The findings revealed that the null hypothesis for research question #3 was accepted; the null hypothesis for research questions #1 and #2 was rejected. In Section 4, there was a further interpretation of the findings, a discussion of the limitations,

recommendations for future research, addressing the implications for professional practice and social change, and finally, a conclusion.

Section 4: Application to Professional Practice and Implications for Social Change

This quantitative, nonexperimental, cross-sectional (analytical) study examined the relationship between the independent variable, self-efficacy, and the dependent variables, nurse burnout, workplace stress, and the intent to leave. The theory applied to this study was Bandura's (1997) theory of self-efficacy. Within the theory, self-efficacy was defined as a person's beliefs about their ability to manage stressful situations. This study added to the existing literature by addressing the gap in research that provides innovative ideas on how to positively affect social change within the nursing industry by focusing on self-efficacy development strategies to reduce workplace stress, burnout, and the intent to leave. As a result, healthcare administrators should be able to use these strategies to increase self-efficacy levels while seeking to reduce burnout, workplace stress, and the intent to leave. The results of this study demonstrated that there was a statistically significant relationship between burnout and self-efficacy, as well as stress and self-efficacy. On the other hand, there was no statistically significant relationship between the intent to leave and self-efficacy. In Section 4, I discuss the interpretation of the findings, the limitations of the study, recommendations for further studies, and, again, the implications for professional practice and social change for healthcare administrators.

Interpretation of the Findings

Working in any healthcare profession can be simultaneously demanding and rewarding. However, regarding a highly demanding job such as nursing, Babapour et al. (2022) indicated that workplace stress can compromise physical and mental health,

decrease energy, lead to burnout, and cause failure in providing proper nursing care. The findings of this study contributed to understanding workplace stress, burnout, and the intent to leave within the nursing industry.

H_a1: There is a correlation between a nurse's self-efficacy level and burnout among nurses.

H_a2: There is a correlation between a nurse's self-efficacy level and workplace stress among nurses.

H_03: There is no correlation between a nurse's self-efficacy level and a nurse's intent to leave.

Burnout and Stress

The results of the study confirmed that there was a statistically significant relationship between burnout and self-efficacy, as well as stress and self-efficacy. These results aligned with previous studies, such as Dos Santos's (2020) qualitative study, where a relatively small number of 60 nurse participants from South Korea advocated factors that reduce their self-efficacy due to stress and burnout. Dos Santos stated that future researchers should interview additional participants and people with various backgrounds to increase the detail and content of the study; the secondary data from this study contained over 750 nurses from various cities in two countries. Furthermore, similar to the Babapour et al. (2022) study on nurses' job stress and its impact on quality of life and caring behaviors, Yao et al. (2018) focused on personalities and self-efficacy, implying that individuals with low generalized self-efficacy and either introversion or

unstable personalities had stronger burnout when they faced stress than others. The results of this study confirmed that healthcare administrators should implement and promote self-efficacy in the workplace to mitigate burnout and stress among nurses.

Intent to Leave

According to Ulupinar et al. (2021), new nurses who undergo high workloads typically have poor communication with patients, families, and team members or have inadequate skills and knowledge, increasing the likelihood of leaving the nursing industry. At the same time, nurses with years of experience tend to leave the nursing workforce for professional advancement or retirement (Warden et al., 2021). This study confirmed no statistically significant relationship between the intent to leave and self-efficacy. The findings align with Hsieh et al. (2019), who revealed that self-efficacy accounted for a significant portion of the variance in the intent to leave; however, self-efficacy was negatively associated with the intent to leave. On the other hand, Muhangi (2017) revealed a correlation between self-efficacy, job satisfaction, and the intent to leave, but for a different profession; the study recommended that educational administrators ensure that their school fosters teacher self-efficacy and job satisfaction. The inconsistency in the findings, along with various other studies, indicate there are still opportunities to extend research knowledge for healthcare administrators to establish strategies that increase nurse retention and promotion.

Theory of self-efficacy

Bandura's (1997) theory of self-efficacy acknowledges that physiological stress response can influence the capacity to manage a situation. Healthcare administrators need to understand that self-efficacy is a significant component of the self and can function as a factor that modifies the course of mutual dependence between experienced stress and professional burnout among nurses. Thus, nurses should pay attention to self-efficacy in burnout prevention, health activities, and psychoeducation (Makara-Studzińska et al., 2019). When self-efficacy is well managed, the rewarding factors of nursing can flourish through the opportunity to make a difference in the lives of others by giving high-quality care to patients in their time of need. The research of this study indicated that self-efficacy was related to workplace stress and burnout. Overall, research should be conducted based on recommendations to further the knowledge of this study.

Limitations and Recommendations of the Study

The main strength of this study was that it provided foundational research for exploring and improving self-efficacy in the nursing industry, as it suggested possible strategies for healthcare administrators to support and retain nurses. However, convenience sampling, cross-sectional design, and lack of generalizability are three limitations of this study. Over 750 nurse participants were used from Jordan and Turkey. However, a larger, more global data sample from public and private hospitals across the globe could further increase the findings' generalizability. Additionally, there was the use of convenience sampling, even though random sampling would provide the chance of

unbiasedness, resulting in a greater belief in generalizations to the larger population. Nevertheless, as stated before, the results of this study can apply to other countries to address and tackle burnout, the intent to leave, and workplace stress among nurses, ultimately furthering the understanding of the factors that lead to the development of the dependent variables.

Moreover, this study used a cross-sectional design to evaluate the variables. A recommendation for further research would be to conduct a longitudinal study to allow continuous or repeated measures following particular individuals over prolonged periods to clarify the cause and effect that self-efficacy has on the nursing industry. Last, another recommendation for further research is using a mixed methods study approach, which could benefit and add more context to this quantitative data finding. A mixed methods design would allow the opportunity for detailed, contextualized insights of qualitative data and the generalizable, externally valid insights of quantitative data to explore why nurses want to leave the industry, leading to various suggestions for healthcare administrators to implement. As a healthcare administrator, there is often a lasting impact on effecting change to improve the healthcare system in various ways.

Implications for Professional Practice and Social Change

The Practice of Healthcare Administration

The findings of this study developed the foundation for training suggestions based on Bandura's (1997) theory of self-efficacy. As stated earlier, Bandura found that self-efficacy can be developed by the following sources: past experiences, vicarious

experiences, verbal persuasion, and physiological cues. Currently, there is an absence of psychological prevention programs in the healthcare industry, such as stress inoculation training. Besides problems in the workplace, as mentioned before, it is also common for stress in outside environments (Applebaum et al., 2010). Thus, healthcare administrators should focus on the impact of stress on nurses and take adequate measures to eliminate the sources. Moreover, burnout is a common psychological phenomenon among nurses, combined with the unrealistic belief that nurses are superhuman (Rashmi, 2020). Therefore, healthcare administrators must be innovative in transforming workflow, human resources, and the overall workplace environment to reduce burnout among nurses and improve patient care (Bodenheimer & Sinsky, 2014).

Overall, the suggested strategies for healthcare administrators to increase self-efficacy levels and reduce burnout and workplace stress are implementing training courses, group management, establishing consultations for nurses to assist with improving their health, creating an adaptive working environment through incentive management, creating a more supportive and collaborative environment to support the workforce morale, avoiding unorthodox and unstandardized work shifts, and developing a mentorship program to improve retention while encouraging nurses' self-efficacy. Moreover, the intent to leave among nurses is extremely prevalent. Hence, further research should be performed to understand why nurses leave at high rates, enabling healthcare administrators to develop programs that support and prepare new nurses differently and reemerge workforce stabilization.

Positive Social Change

Specifically, nurse burnout has been widespread due to a more demanding practice environment while caring for patients through a pandemic, causing an increase in the nursing shortage as many healthcare professionals reevaluate their commitment to the profession (Fauteux, 2021). There is possibly no better time to implement positive social change to mitigate this issue. This study was significant as it offers healthcare administrators strategies to implement supporting self-efficacy in nurses while ensuring the reduction of burnout and stress. As mentioned above, one of those strategies is developing training courses, interactively transferring the knowledge and skills from the professional learning environment to the professional clinical setting by identifying better practices that promote self-efficacy. The mentioned strategies within this study could enhance the meaningfulness of work among nurses enabling them to take part in decisions, increasing confidence in their abilities to perform at a high level, facilitating goal attainment, and providing autonomy. Effective dissemination and communication are necessary to ensure this research has a positive social impact. This research can draw the attention of stakeholders, more specifically healthcare administrators, to examine the results and conclusions, enhancing the research's visibility, comprehension, and implementation. A variety of approaches are available for the dissemination of these research findings, such as publication in national journals and statewide publications; presentation of results at national conferences, meetings of professional associations or to local community groups and other local stakeholders; or sharing information through social media or on an organization's website (University of Nebraska, 2011).

Conclusion

Healthcare administrators are an essential part of the medical field, as they are responsible for facilitating patient care. They also plan, direct, and coordinate services so stakeholders such as physicians, patients, insurance providers, and healthcare institutes can stay aligned, easing the communication related to the provision of care. There are a variety of healthcare administrator job titles, with each job description comprising a unique set of duties. Still, the majority of healthcare administrators typically find themselves occupied in many daily activities, such as researching and implementing procedures that improve operational efficiency and promote high-quality patient care, recruiting, training, evaluating, supervising department staff, etc.

Hence, healthcare administrators have been challenged with sustaining the nursing workforce that provides that safe, accessible, high-quality care. The demand for implementing operational efficiency, as mentioned above, allows the capability to deliver cost-effective and high-quality care. However, asking nurses to work under those demanding conditions puts nurses at high risk for workplace stress and burnout. According to the American Hospital Association (2021) survey data analysis, job vacancies for nursing positions increased by up to 30% between 2019 and 2020 (before the COVID-19 pandemic). The research of this study addressed the relationship between self-efficacy and burnout, workplace stress, and the intent to leave. The analysis revealed a statistically significant relationship between burnout and self-efficacy, as well as stress

and self-efficacy. On the other hand, there was no statistically significant relationship between the intent to leave and self-efficacy.

This research study validates that if healthcare administrators focus on implementing nurse developmental training strategies that focus on increasing self-efficacy while reducing workplace stress and burnout, nurses will be able to thrive and be satisfied while delivering quality patient education to achieve high-quality care within their healthcare organization. A nurse's most extraordinary power lies in their ability to be aware of many factors, such as effective communication and patient empathy. Therefore, healthcare administrators should collaborate with nurses to eliminate adverse elements, resulting in effective, high-quality care and better health outcomes.

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