

The Influence of Self-Efficacy and Emotional Intelligence toward Caring Behavior among Nurses in Public Hospital Denpasar Bali

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Abstract : *Although self-efficacy has been incorporated into the work of many professions, including clinical nursing profession, minimal research has been conducted by using this concept as determinant of caring behavior, especially about individual's attitude mechanism. On the other side, emotional intelligence has been known as determinant of individual behavior, especially individual performance. The purpose of this study is to examine the effect of nurses' self-efficacy and emotional intelligence toward their caring behavior, so that implications and suggest could broaden insight about significance of self-efficacy and emotional intelligence to the nursing profession. 138 nurses in public hospital in Denpasar Bali was taken as respondent in this study. By using PLS as statistical tool to analyze data, result has shown that self-efficacy has no significant effect on caring behavior. Only emotional intelligence, which mainly characterized by nurse interpretation about how someone else was feeling and maintain a positive outlook, has a positive significant effect toward caring behavior.*

Keywords : *Self-Efficacy, Emotional Intelligence, Caring Behavior, Nurse*

I. Introduction

Health care is one of those organizational types where issue of human resource is play a significant role. The behavior at work, work feeling and perception, personality factors in particular, have a important effect to organization. One of the main issue about managing human resource in health care is about nursing profession. Nowadays, nurse are spending more shifting time in the hospital as their workplace. Hospital as healthcare service provide complex situation in its circumstances. Many scholars recognize that knowing factors influencing nursing performance in hospitals is very important. Nursing performance as part of individual healthcare workers is linked to the organizational performance of hospitals itself.

A substantial and growing body of nursing research explores nurses' working situations and proposes recommendations for improvements. Most of this research has been conducted from a quantitative perspective and is highly complex, utilizing a large number of variables and concepts. As quality of care and patient-satisfaction issues become more interesting in nursing profession, caring behavior have a great proportion to explain the quality of care in hospital. The main identification of factors influencing nursing performance in hospitals is very important, and caring behavior as one of individual form of positive behavior which contribute to organizational performance.

Rego et al. [1] stated that caring is the essence of nursing and nurses must (1) be respectful and responsive to individual patient preferences, values and needs and (2) provide patients with emotional support. Interestingly, to date, some studies such as Kaur et al. [2] and Rego et al. [1] has empirically validated the relationship between EI and caring behaviour of nurses. Caring theory has developed within health care over the years, and it have been given meaning through time from a feministic perspective. Many concepts of caring theory are difficult to defined and measured because of the philosophical and ontological nature within [3].

Deklava and Millere [4] said nurses need to interpret and understand how patients feel, to ascertain their motives and concerns, and demonstrate empathy in their care. It also recognized that nurses need to manage their own emotions, because of their own self-protection and health as well, despite the need for maintain high quality care to patient. Individual's sense of efficacy has an impact on his job performance is well known [5] though many previous studies of nursing performance have focused mainly on individual responsibilities.

There has been no simple identification into the significance of how well self-efficacy and emotional intelligence plays in the ability of hospital staff nurses to care for patients. In an attempt to answer these questions, this study sought to ascertain to how self-efficacy and emotional intelligence was related to hospital staff nurses' caring behavior. This research is local in scope and little comprehensive in terms of the variables explored and measured. But the strength of this research paper appears to lie with its verification of the relationship between nurses' self-efficacy and emotional intelligence on their caring behavior.

II. Theoretical Background

Self-Efficacy

Self-efficacy is well known concept which argued early by Bandura [6]. From social cognitive theory this concept was identified with several conditions under which they may co-vary even across distinct domains of functioning [7]. Further, Bandura [7] stated that self-efficacy could boost individual's belief about course of action or behavior being executed.

Self-efficacy recognized for many scholars not only has a powerful effect on individual's motivation and thinking process, but also plays a significant role in process of determining what actions will be initiated and taken, how much individual's effort will be expended and time duration it will be sustained when facing the obstacles and failures [8]. As Bandura [7] said, perceived self-efficacy exerts its influence through cognitive, motivational, affective, and selection process. The stronger sense of individual efficacy enhances personal goal or objective in many ways.

Examining the concept of self-efficacy in the context of healthcare as well as other disciplines provides greater understanding of the concept by identifying its current usage, and defining attributes from a variety of scholars [9]. Self-efficacy is well known as expected factors affecting nursing performance [10], which this construct has been examined, and founded to have the greatest influence on performance [5].

The focus on Self-efficacy is about perceptions and assessments of self with regard to competence and effectiveness [11]. As Gecas [11] proposed, emerging concept of self-efficacy is found in social psychology area. This conclude (a) motivational theories (self-efficacy as motivational terms) and (b) cognitive theories (self-efficacy in terms of control perception and expectancies).

Self-efficacy appears to have been rarely evaluated in nursing practice in healthcare service using the General Self-Efficacy Scale. From this point, we recognized the using of general self-efficacy concept is needed to maintain a simple explanation about this construct.

Emotional Intelligence

Social intelligence, which has been defined as the ability to understand and manage to act wisely in human relations, firstly identified by Thorndike in 1920. This is basic foundation to develop intelligence as multiple concept. The growing interest about this topic recognized by many scholars and researchers because of emotional intelligence is one of aspect that could boost individual performance. It is one type of intelligence that used to increase individual success .

Salovey and Mayer [12] are who develop emotional intelligence concept in 1990. They define EI as the individual's ability to monitor and manage one's own and also realize than understand other's emotions, divide them from its positive and negative effects, and use emotional information to guide thinking and action. Salovey and Mayer [12] views emotional intelligence as individual cognitive ability to perceive, evaluate, and express emotions. This kind of ability used to generate individual feelings when using thought and understand emotional knowledge.

From the other behavioral perspective such as Locke [13] argue EI is invalid because it is defined so broadly and inclusively that it has no intelligible meaning. Further, if emotional intelligence advocates actually used introspection among people themselves, emotions will be observed as the product of subconscious ideas. This generate stored knowledge among individual about the objects and automatic value which they appraise based on their knowledge [13].

Winship [14] explained that emotional intelligence is recognized as concept which not only identified in nursing practice but also related with other nursing concept such as professionalism, performance, and intuition. Sigmar et al. [15] recognized about some evidence from the neurological sciences perspective which suggests both social and emotional intelligence has a physiological basis. Using neuro-imaging, people could observe and measure social and emotional intelligence, and it could offer insight into how these kind of skills are learned and should be taught to the others.

According Goleman [16] emotional intelligence is twice as important as technical skills. Goleman also suggest emotional intelligence more important than intellectual factors to gain success in various jobs at any level. Based on brain theory and business research, Kunnannatt [17] try to explain emotional intelligence, which it has been seen not as an abstract concept contrary to Locke [13]. Kunnannatt [17] argue that in emotionally intelligent people the mind is trained and used to evaluate and control the brain's natural tendency to enables an individual to link what they feel with what they think. Previous results indicate that emotional intelligence is related to other variables such as performance but still retains a level of distinctiveness which is useful in predicting certain behaviors.

Caring Behavior

The term of caring has been defined as something pragmatic, and grown up to be conceptualized as transcendental and spiritual concept [18]. Generic terms of caring behavior has been defined as Swanson [19]

said that caring is about “being with” another, and becoming emotionally open to the others. Caring in critical care nursing involves affective, cognitive and action processes. Among nursing paradigms, caring behavior plays a key role in the disposition toward critical thinking. From behavioral perspective, caring behavior can be seen as a model of productive or positive behavior.

Prompahakul, Nilmanat and Kongsuwan [20] conducted review from relevant literature about factors relating to nurses’ caring behaviors, identified from data synthesis can be categorized into 3 factors, including personal factors; technological influencing factors; and environmental factors. These factors has been vary in term of which is the most important factors toward caring behavior. Kahn's work shows that the degree to which workers in a social services agency give and receive care from co-workers and supervisors is related to their ability to fully engage in their work [21].

Caring behavior was shown to impact the degree to which group members develop cohesive relationships and engage in appropriate performance routines [21]. The fact that caring behavior has an impact at multiple levels in an organization should not be surprising. These behavior facilitate the formation of relationships, which are fundamental to complex adaptive systems such as groups and organizations [22]. The surprising fact must be known that caring behaviors relatively have not received more attention in the organizational and group literature, especially when related about the attitude mechanism influencing it. This is contrary from the fact that caring behavior had been developed since Watson previously proposed in 1970's.

Morse et al [23] explain about five perspectives of caring which is composed as :

- A human trait
- A moral imperative
- An affect
- An interpersonal relationship
- A therapeutic intervention

McCance et al. [24] develop four important attributes about concept of caring, which are :

- Serious attention
- Concern
- Providing for
- Getting to know the patients

Furthermore, antecedents of caring well known include as amount of time, respect for individuals, and an intention to care. Scotto [25] define caring as offering or self clarifies the actions which must be taken, and as offering of self alerts nurses to the need for holistic preparation and continued development for nursing practice. Jean Watson [18] stated about importance of caring behavior :

- Caring is central to nursing practice.
- Emphasis is on the dignity and worth of individuals.
- Each person's response to illness is unique.
- Caring is demonstrated interpersonally.
- Caring involves a commitment to care and is based on knowledge.

Glembocki and Dunn [26] state that caring behaviors are a central focus of nursing. Reigniting the Spirit of Caring can enhance perceptions of caring behaviors in nurses through self-reflection. The Caring Assessment for the caregiver instrument is an effective tool to measure nurses’ perceptions of caring behaviors. Statistical differences were found in the pretest and posttest measurement of nurses’ perceptions of caring behaviors. To communicate and verbalize caring with patients is the aim of caring behavior [27].

Clearly, nursing's body of knowledge points to caring as its essence or focus. Caring behaviors originate from a strong interest in something or someone that contributes to the good, worth, dignity, or comfort of others. A number of descriptive studies on nurses’ caring behaviors have been conducted. In samples composed of patients or others, several aspects of nurses’ caring behaviors have been identified —empathic communication, competence, providing continuity, meeting needs, and being respectful, non-judgmental, and solicitous. These aspects of nurses’ behaviors provide a starting point for further research on the effects of nurse behaviors on patient satisfaction and patient outcomes.

III. Objectives Of The Study

The general objective of this study was to examine the influence of nurses’ self-efficacy and emotional intelligence on their caring behavior. From the objective we assume following research questions were addressed : What is the association of self-efficacy and emotional intelligence with nurse's caring behavior ? The relationship is must be known among each others, but it would be interesting to test the effect of self-efficacy and emotional intelligence toward caring behavior. The basic assumptions rooted in this objectives which are (1) caring is one of behavioral form (2) self-efficacy and emotional intelligence as attitudes form that could affect behavioral component such as caring.

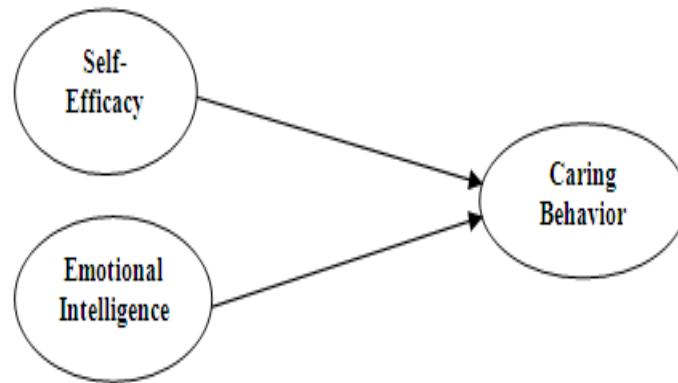


Figure 1 Conceptual Framework

In this study we argue that there are two important variables could influence caring behavior among nurse (see Fig.1). Two hypothesis proposed are :

H1 Increased self-efficacy will increase the level of nurses' caring behavior

H2 Increased emotional intelligence will increase the level of nurses' caring behavior

IV. Methodology

The aim of this paper was to study self-efficacy and emotional intelligence among nurses in State Hospital Denpasar – Bali, Indonesia. The population was 178 general nurses from this hospitals (dental and marital nurses are excluded from sample). This cross-sectional study used all of nurses as target sample. The response rate about 75,28 percent, or 134 questionnaire self-reported was completed by nurses who participated in this study. Subjective evaluation measures were used in this study, which the measures consisted of a self-rating questionnaire to assess self-efficacy, emotional intelligence and caring behavior among nurses.

Measures

A scale which consist of 6 item adapted from Schwarzer and Jerusalem's [28] to measure nurse efficacy used Likert scale ranging from zero to five (0 = Never, 5 = Often). This scale was based on Bandura's concept of self-efficacy and utilized a questionnaire measure nurse efficacy. It has developed and made corresponding modifications to item wording relevant to a health care service setting. Reliability of this construct which shown from Cronbach alpha value was found about 0,811.

A scale which consist of 9 short-version item adapted from Emotional Intelligence Behaviors Scale [1] to measure emotional intelligence used a Likert scale ranging from zero to five (0 = Never, 5 = Often) to rate how often they engaged in each behavior. Reliability of this construct which shown from Cronbach alpha value was found about 0,848.

A scale which consist of 10 short-version item adapted from Jean Watson [18] to measure caring behavior among nurses. Focus of caring in nursing practice is on performing certain specific tasks for patients. By using likert scale ranging from zero to five (0 = Never, 5 = Often), reliability is high which found about 0,915.

Data Analysis

Data were analyzed using Partial Least Square, because of the interrelationships structural model in the PLS latent variables based on variance matrix to maximizing the explained variance of the dependent latent constructs [29]. PLS can handle both formative and reflective measurement models in structural model, for estimating causal models in many theoretical model and empirical data situations. One of the main key for selecting PLS-SEM which is considered in this research is that PLS could predict key target constructs or identifying key "driver" constructs [29]. PLS-SEM's distinctive methodological features make it a valuable and potentially better-suited alternative structural model. The method which used to supports the theoretical development of standard path models for assessing the success drivers of certain target constructs with key relevance.

V. Result And Discussion

Table 1 AVE Construct, Outer Loadings and Mean

Construct	AVE	Item	Outer Loading	Mean
Self-Efficacy	0,715	Confident that could deal efficiently	0,703	4,254
		Know how to handle unforeseen incidents	0,760	4,239
		Could find the means and ways to get what patients want	0,767	4,216
		Handle whatever comes in nurse way in health care service	0,593	4,216
		Could find several solutions with a health care service	0,714	4,313
		Could manage to deal with health care service	0,743	4,403
Emotional Intelligence	0,671	Remained calm in a stressful situation	0,553	4,403
		Found it is not difficult to identify how I was feeling	0,651	3,761
		Not got upset easily	0,822	3,799
		Ignored a problem, hoping it would go away	0,608	4,194
		Not hurt someone else's feelings	0,573	4,321
		Maintained a positive outlook	0,823	3,933
		Not became discouraged by inability to solve	0,561	4,112
		Broke something out of anger	0,619	3,612
		Interpreted how someone else was feeling	0,830	3,888
Caring Behavior	0,753	Giving information to make a decision.	0,638	3,843
		Responding quickly patient's call.	0,805	3,978
		Meeting the patients needs.	0,593	3,985
		Giving Instructions / teaching patient	0,768	3,739
		Touching patient to communicate caring.	0,803	3,657
		Showing respect for patient	0,840	3,313
		Treating patient as an individual	0,784	3,209
		Being tireless with the patient	0,762	3,425
		Knowing how to give shots or attention	0,741	2,993
				Include patient in planning care

As shown in TABLE 1, average variance extracted (AVE) of the constructs in this study shown above 0,5. This means reflective measurement models in this study have a good convergent validity. Result indicates that self-efficacy is primary reflected by nurse ability and belief about find the means and ways to get what patients want. This is the main component about self-efficacy among nurse. But in the fact, nurse usually feel could manage to deal with health care service as the most item in which has the highest mean score. In otherwise, emotional intelligence mainly reflected by nurse ability to interpreted how someone else was feeling. As nurse, respondent show that the feel by not hurt someone else's feelings is the main thing to maintain and manage their emotional life at working time.

Result also indicates that caring behavior mainly manifested by how well nurse showing respect for patient. But from the fact shown that there is some concern about their perception of caring behavior. Mean score result indicates that caring behavior among nurse must be increased, which is shown from the table above that total mean of caring behavior score is only about 3,579. It means that average nurse have answer only "sometimes" on every behavioral factor that reflected the caring behavior, which nurses has not always doing caring in their healthcare practice. Nurses' perspective meeting the patient needs is the most important for them to show their care for patient. There are a little concern about knowing how to give shots or attention with patient

Table 2 Beta Coefficients

Relationship Among Variables	Original Sample Estimate	p value	Note
Self Efficacy -> Caring Behavior	0,033	0,001	NS
Emotional Intelligence -> Caring Behavior	0,774	0,000	Sign.

There are two relationships between variables tested in this study. The results shown that self-efficacy has not influence significantly toward caring behavior among nurses. Self-efficacy, as perceptions and assessments of self with regard to competence and effectiveness, could not used as a predictor of caring behavior among nurses. Despite of being seen as behavioral mechanism, surprisingly caring is found to not always influenced by attitude mechanism such as efficacy. Caring behavior seen as a form to facilitate the formation of relationships [22] and develop cohesive relationship engage in appropriate performance routines [21]. It means that from caring perspective, the key of caring is about nurturing the relationship through a way

such as show respect for patient, this is more important than other thing such as individual's belief to deal and handle with patient.

The aim of caring theory is to communicate and verbalize caring phenomena [27]. Result may validate the concept of care that includes taking care of objective things, taking care of things at hand, and taking care of being itself [3]. Nurses' efficacy related about their perceptions and assessments of themselves with regard to competence and effectiveness [11] in nurse or healthcare practice and as expected factors affecting nursing performance [10]. This implies the importance of strengthening nurses' self-efficacy in communication, not the general self-efficacy in common. It appear to be necessary developing concept of nurse efficacy of communication with consideration about components for exemplary communication with patients.

The findings indicate emotional intelligence has positive significant relationship with caring behavior. As individual cognitive ability to perceive, evaluate, and express emotions, emotional intelligence plays an important role to foster caring behavior among nurses. Caring behavior has its own unique concept as behavioral form, and these result could support this opinion. Boykin and Schoenhoffer [31] stated as a characteristic of humanness, caring is enhanced through involving one' self in nurturing relationships with others. It also well known concept that is relevant to nurse staff, especially when they try to develop a meaningful relationship with patients they recognize and address their concerns. When nurturing relationships with patient, emotional element of nurse is private and important, despite of being difficult to ascertain sometimes in particularly cases like this study considered to enhance behavior among nurses.

VI. Conclusion

Even though the framework in this study has been validated in the context of Indonesia, especially in Bali which has been known as great tourism destination, this study has some limitations. First, the study was conducted only in general public hospitals in Denpasar, which is the largest city in Bali as one of province in Indonesia. We did not include private hospitals, which this may cause the results might not be completely generalized. In order to generalize it has to be repeated in other and larger study samples. Second, we have done nurses' self-assessment about their caring behavior, due to the difficulty in matching each patient with each of the nurses made us unable to measure the patients' perception of nurses' caring behaviors.

Caring seems to have dedicated aspects that increase its significance on healthcare service. It could generate meaning by nurses' consciousness of caring itself and its efficacies in clinical practice. The results of this research study support the significance of emotional aspect to enhance caring behavior among nurses. But from the context of this study, we suggest the importance of nurturing a good relationship with patients as main factor of caring. Efficacies in clinical practices could not generate caring effectively, because of this concept did not include nurses' belief about completed action to nurture relationship with patient.

As a practical implications for nurses in the workplace, they need to explore how treat their patient most effectively. Nurses also have a need to improve their caring behavior toward patient. Their belief about whether they could accomplish nursing duty not seen as certain factor that could improve their caring. Maybe it is helpful for nurses to use any certain of interpersonal technique as part of their caring approach. In otherside, there may be important for nurse to develop concept of individual's efficacy about nurturing relationship or communication. Another suggestion that training in communication skills can be used to improve nurses' confidence in own performance of communication.

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