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## The Role of Self-Efficacy on Job Satisfaction and Burnout

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### **Abstract:**

*The purpose of this study is to assess the effect of self-efficacy on job satisfaction and burnout. The data of the research were collected by way of a survey that was conducted on 396 clinic staff who work in a public hospital in Turkey. Structural equation modeling (path analysis) was conducted to test the hypotheses. From the results of the analyses, it was found that the high self-efficacy perception had an effect on the increase of job satisfaction and the decrease of the feeling of burnout. Job satisfaction was negatively related to burnout.*

**Keywords:** *Self-efficacy, Job satisfaction, Burnout, Healthcare staff*

### **1. Introduction**

Organizations face the dilemma of acting more effectively without increasing the costs. Downsizing, reorganization, and the widespread use of total quality and information technologies have emerged as a response to this dilemma in the recent years (Stajkovic & Luthans, 1998). Today, employees are a vital resource for realizing organizational goals that can lead to change and development together with the innovations that are vital factors of organizations. The effectiveness and development of any organization depend largely on the effective use of its employees. For this reason, individuals who can exhibit entrepreneurial behaviours need to be inside the organization (Meydan, 2011; Erenler Tekmen, Çetin & Torun, 2016). The studies on the organizational behaviour change also confirm this necessity. In studies, it has been identified that an improvement in human resource performance increased the organizational performance by about 17% (Stajkovic & Luthans, 1998). Within the organizational context, the self-efficacy perception of the individuals is an important factor affecting organizational processes, primarily the individual performance, in many ways. Self-efficacy was positively related to job satisfaction and negatively related to burnout. Burnout and job satisfaction were negatively related. The study highlights important relations between self-efficacy, burnout and job satisfaction to quit and extends the literature on principal self-efficacy and its relation to other concepts (Federici & Skaalvik, 2012).

The main aim of this study is to examine the effect of clinical staff's (doctor, nurse, other medical staff) self-efficacy level working in a public hospital on their job satisfaction and burnout. It is believed that research findings and results will contribute to the field of human resources management in health institutions.

#### **1.1. Self-Efficacy**

The theory, developed by psychologist Albert Bandura and referred to as the Social-Cognitive Theory by himself, contains cognitive structures such as self-control mechanisms that go beyond learning and/or behaviour change issues (Stajkovic & Luthans, 1998). Among these concepts, self-efficacy expresses one's belief in his/her ability and capacity to perform a task or cope with the environment (Nielsen & Munir, 2009; Bradley & Roberts, 2004). Self-efficacy beliefs determine how individuals feel, what they think, how they motivate themselves and what kind of behaviours they possess when they face certain events. These beliefs show their influences together with four main processes. These include cognitive, motivational, emotional and selection processes (Bandura, 1994). The self-efficacy perception influences activity and behaviour preferences, involving how long and how much the individuals spend effort when they face a problem or an unpleasant experience. The stronger the perceived self-efficacy, the more active the effort of coping with the difficulties will be (Bandura & Adams, 1977).

Self-efficacy creates a difference in people's ways of feeling, thinking and acting. In terms of emotions, low self-efficacy perception is associated with depression, anxiety, and despair. Individuals with low self-efficacy perception also have low self-esteem and have pessimistic opinions about their success and personal development. A strong sense of self-efficacy, in terms of opinions, facilitates cognitive processes and improves performance in a variety of settings, including strong jurisdiction, decision-making quality, and academic success. Self-efficacy is an important component of the motivation process, and its level may accelerate or prevent motivation. People with high self-efficacy levels undertake more challenging tasks, define goals with higher levels, and stick to these goals. The actions are shaped by thought beforehand and people foresee the optimistic or pessimistic scenarios according to their self-efficacy levels. People with high self-efficacy levels spend more efforts and when there are obstacles, they recover faster and maintain their commitment to their goals. Self-efficacy also allows people to explore their surroundings or create new environments (Schwarzer et al., 1997). In addition, as the self-efficacy perceptions of the individual as well as the educational needs and professional roles are stronger/higher, the career options that they wish to follow seriously are expanded and they prepare themselves better for the educational level that is required by different professional groups (Bandura, 2009: 181).

In the literature, the self-efficacy perception is basically evaluated in three different scopes. The first one among these is the self-efficacy perception specific to the task. Some researchers think that self-efficacy is specific to a certain task and can only be generalized to other tasks associated with this task. The second type of self-efficacy perception is specific to the field and managerial self-efficacy perception is evaluated in this context. Third, general self-efficacy perception is mentioned. The general self-efficacy perception is related to all the difficulties that an individual may encounter and it is emphasized that this type is more stable than other self-efficacy types (Çetin, 2011).

### 1.2. Job Satisfaction

Job satisfaction is considered as the positive emotional reactions and attitudes an individual has towards their job (Faragher, Cass & Cooper, 2005). The most striking of the different theories about job satisfaction is Herzberg's Two-Factor Job Satisfaction Theory. Herzberg formulated the two-factor theory of job satisfaction; one refers to "hygiene" factors that are extrinsic to the job (company policy and administration, supervision, relationship with supervisor, work conditions, salary, relationship with peers, personal life, relationship with subordinates, status, security) and the other one is known as "motivators" that are intrinsic to the job (growth, advancement, responsibility, work itself, recognition, achievement) (Gülyüz et al., 2008). To summarize, job satisfaction arises from the attitudes of employees towards their professions, in other words, it is an emotional response to their work experience and therefore, it is influenced by individual and organizational factors.

Research has shown that self-efficacy is positively related to job satisfaction (Judge & Bono, 2001; Duggleby, Cooper & Penz, 2009). People with high self-efficacy may be more likely to demonstrate intrinsic interest in the tasks they perform, show greater persistence in the face of obstacles and setbacks, and they are more likely to attain valued outcomes according to their personal standards, from which they derive more satisfaction with the job (Borgognia et al., 2013; Bradley & Roberts, 2004). The review in this article of the existing research literature leads to the following expectation:

- *Hypothesis 1. The self-efficacy perception positively and significantly affects job satisfaction.*

### 1.3. Burnout

People who work face-to-face with people in an intense manner can be filled with feelings of anger, embarrassment, fear, or despair because they have to deal with psychological, social and/or physical problems of customers in the employee-client relationships. It is not always possible to find solutions to these problems clearly and easily, thus, uncertainty and frustration are also added to the situation. Chronic stress can occur in people who work continuously under such conditions and can create a "burnout" risk (Maslach & Jackson, 1981).

Freudenburg (1974) first introduced the concept of "burnout", which is often seen in those who work in a one-to-one relationship with people, and the definition that is accepted today has been made in 1981 by Maslach. Maslach described burnout as a syndrome characterized by physical, emotional and intellectual exhaustion, accompanied by the development of self-esteem loss, chronic fatigue, despair, and hopelessness that lead to adversities in professional life and the relations with other people; and have divided the concept into three distinct subcategories: emotional exhaustion syndrome, depersonalization and lack of personal accomplishment. Emotional exhaustion is the feeling of being overburdened and exhausted because of the individual's profession. Depersonalization can be expressed as developing negative and cynical attitudes and emotions against the individuals they work together. Lack of personal accomplishment is the individual's evaluating himself/herself negatively regarding his/her work, in other words, it means the decrease in the feeling of competency and the sense of achievement (Leiter & Maslach, 1988).

Job satisfaction is an important factor affecting the burnout. Job satisfaction affects not only personal characteristics such as age, gender, education level but also institutional and environmental factors such as the context of the job, wage policy, and working conditions (Ünal, Karlıdağ & Yoloğlu, 2001). For the professionals of the field of health, the reasons such as the heavy workload, giving health care to the serious and fatal cases, and the need to provide emotional support to patients and their relatives when necessary lead to work-related stress and tension. In addition, inadequacies in health care and uneven distribution of services and staff also create frustration and tension in employees (Sünter et al., 2006). In the study on clinical

and non-clinical staff, it was seen that as the job satisfaction increased, the burnout decreased in both the physicians and the nurses (Renzi, Tabolli, Ianni, Di Pietro & Puddu, 2005). Based on the above considerations, it could be hypothesized that:

- *Hypothesis 2. Job satisfaction negatively and significantly affects burnout.*

There are also studies that examined the relationship between self-efficacy perception and burnout. In the study conducted by Evers, Tomic and Brouwers (2001), a significant and positive relationship was found between self-efficacy perception and the feeling of personal achievement; while a significant relationship between emotional exhaustion and depersonalization has not been identified. In the study conducted by Salanova, Peiró and Schaufeli (2002), a significant and negative correlation between self-efficacy perception and emotional exhaustion and cynicism was determined. Based on the above considerations, it could be hypothesized that:

- *Hypothesis 3. The self-efficacy perception negatively and significantly affects burnout.*

The conceptual model that shows the hypothesized relationships among the variables is illustrated in Figure 1.

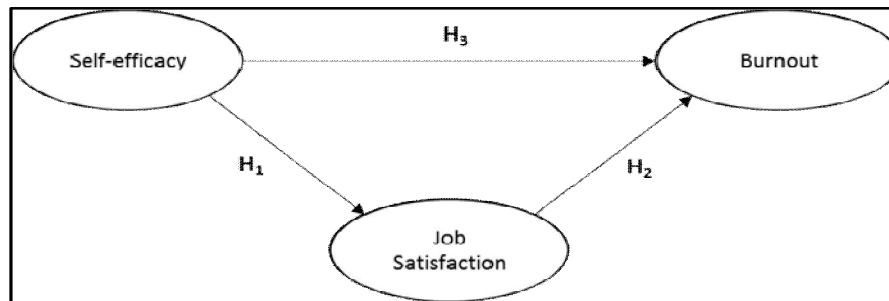


Figure 1: Hypothesized Model

## 2. Research Methodology

### 2.1. Population and Sample

The population of this study consisted of 892 people, including physicians (261), nurses (492) and other healthcare staff (139) working at a Public Hospital in Turkey. No sample was drawn (since the entire population was included) and the data collection tool was distributed to all of the participants. The data collection period took place between January-March of 2016, after which the responses of 396 (44%) participants were obtained and used in the present study.

When the distribution of the participants in the research is examined in terms of various demographic features, it is seen that 80.8% of them are women and 19.2% of them are men. 24.3% of the participants are physicians, 47.7% are nurses and 28% are other health personnel. While 24% of the health personnel contributing to the research are aged 30 and below, 41.2% of the health personnel contributing to the research are aged 31-40, 34.8% of the health personnel contributing to the research are aged 41 and more. When viewed in terms of education, while 10.4% of the participants are high-school graduates, 21% hold associate, 45.7% hold bachelor and 22.9% hold postgraduate degrees.

### 2.2. Data Collection Tools

The original form of the Self-Efficacy Scale consisting of 23-items was developed by Sherer et al. (1982) (Cronbach alpha = 0.86). The validation of the Turkish form was done by Gözüm and Aksayan in 1999.

Minnesota Job Satisfaction Questionnaire, developed by Weis et al. (1967) was used to evaluate the job satisfaction of the participants. Minnesota Job Satisfaction Questionnaire has a long form (100 items) and a short form (20 items). In this study, the short form of the questionnaire, containing two dimensions: internal satisfaction and external satisfaction, is used. The questionnaire consisted of 20 questions on a 5-point Likert Scale.

The Maslach Burnout Inventory (Maslach & Jackson, 1986) consists of 22 items. Emotional exhaustion was measured by nine items, depersonalization by five items, and personal accomplishment by eight items. All items were scored on a seven-point frequency rating scale ranging from 0 ('never') to 6 ('always'). The Turkish version of the questionnaire developed by Christina Maslach and Susan Jackson was validated by Ergin (1992) and a 5-point Likert scale was used in the questionnaire form.

### 2.3. Data Analysis

The reliability and validity of the measurement model was assessed by confirmatory factor analysis (CFA) using the SPSS Amos 23 software package. In addition, the fit for the hypothesized models was evaluated by using the following goodness of fit measures: the goodness of fit index (GFI); the adjusted goodness of fit index (AGFI); the normed fit index (NFI); the comparative fit index (CFI); and the root square mean of approximation (RMSEA). The next step in analyzing the data was to test the hypothesized models. In this case, this study conducted structural equation modeling (path analysis) using the SPSS Amos 23 software package.

#### 2.4. Descriptive Statistics

The means, standard deviations, intercorrelations and scale reliabilities among the key variables are presented in Table 1. According to the table, it is seen that there is a positively significant relation between Self-efficacy, Job Satisfaction and Burnout.

Variables	Mean	SD	1	2	3
Self-efficacy	3,744	0.543	(0.828)**		
Job Satisfaction	2.960	0.751	0.228*	(0.922)**	
Burnout	2,795	0.572	-0.408*	-0.538*	(0.866)**

Table 1: Descriptive statistics, reliabilities, and correlations among the variables

\*Correlation is significant at the 0.01 level (2-tailed).

\*\*Cronbach's alpha; SD = Standard deviation.

Note. n=396.

#### 2.5. Measurement Model

First of all, we tested our variables for model fit. We used confirmatory factor analysis (CFA) with SPSS Amos 23 to test our variables. We tested a measurement model that had three latent factors (i.e., self-efficacy, job satisfaction and burnout) and 65 indicators (twenty-three items for self-efficacy, twenty items for job satisfaction, and twenty-two items for burnout). The modification indices indicate that eleven variables should be dropped because of low factor loadings (four items from the Self-efficacy, three items from the Burnout and three items from the Job Satisfaction scales were dropped). The fit indices appear in Table 2. We use generally, the measurement model as analyzed using a CFA of the variables indicates a good fit ( $\chi^2 = 1418.16$ ,  $df = 479$ ,  $p < 0.01$ ;  $GFI=0.94$ ,  $AGFI=0.86$ ,  $NFI=0.92$ ,  $CFI=0.93$ ,  $RMSEA=0.06$ ).

Model	df	$\chi^2$	$\chi^2/df$	GFI	AGFI	NFI	CFI	RMSEA
CFA model	479	1418.16	2.962	0.948	0.866	0.921	0.930	0.068
Hypothesized model	479	1319.25	2.754	0.948	0.852	0.918	0.930	0.070

Table 2. Goodness of Fit Indices

#### 2.6. Structural Model

The next step in analyzing the data is to test the hypothesized model. We used structural equation modeling (path analysis) with Amos 23 to test our hypothesis. Having confirmed that the measurement model had adequate fit, we tested our proposed structural model. Results of the structural analysis of the proposed model provides an acceptable fit to the data (Table 2).

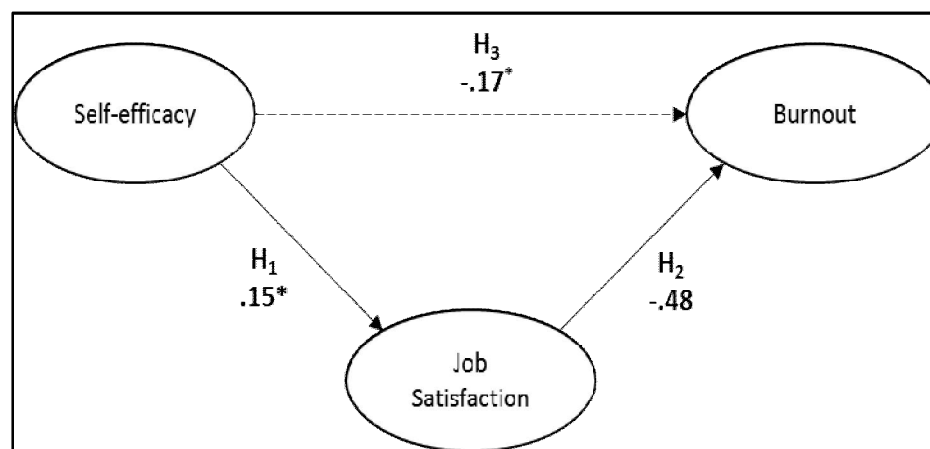


Figure 2: The effect of self-efficacy on job satisfaction and burnout

The first hypothesis examines the relationship between self-efficacy and job satisfaction. In support of Hypothesis 1, the path coefficient between self-efficacy and job satisfaction ( $\beta = 0.15$ ,  $p < 0.01$ ) was positive and significant. The results indicate that an increase in the level of Self-efficacy also causes an increase in job satisfaction of healthcare staff. The second hypothesis examines the effect of job satisfaction on burnout. In this case, there was a statistically significant and negative effect of job satisfaction on burnout. ( $\beta = -0.48$ ,  $p < 0.01$ ). Finally, the third hypothesis analyzes the effect of self-efficacy on burnout. The results show that self-efficacy had a statistically significant and negative effect on burnout ( $\beta = -0.17$ ,  $p < 0.01$ ). The results indicate that an increase in the level of Self-efficacy of healthcare staff causes an increase to their job satisfaction and a decrease to their level of burnout (see Figure 2).

### 3. Discussion and Conclusions

In addition to the negative effects of not having job satisfaction on the general life satisfaction and physical and mental health level, there may be organizational effects such as absenteeism, leaving the work and a decrease in the performance. Job satisfaction is important for every profession. However, factors such as long working hours and heavy working conditions in the health sector can cause job satisfaction to be lower. In addition, physical and emotional fatigue, depersonalization and burnout may be experienced when exposed to a stressful working environment for a long-term (Freudenberger 1974, Maslach & Jackson 1981). In a study conducted with radiologists, the workload was identified as the greatest stress effect; while positive relationships with patients and the perception that the job is successfully accomplished by the colleagues were regarded as the sources of job satisfaction (Graham et al., 2000). Self-efficacy belief plays an important role in psychological and physical health outcomes. Individuals with higher self-efficacy perceptions have lower levels of stress and have a direct influence on physical outcomes such as blood pressure ratio and cardiovascular heart disease (Zellar et al., 2001).

In this study conducted on the health professionals of a public hospital, it was found that the high self-efficacy perception had an effect on the increase of job satisfaction and the decrease of the feeling of burnout. Similarly, in other studies, it was found that a high level of self-efficacy perception is associated with an increase in job satisfaction and a decrease in intent to leave work and a decrease in perception of burnout (Zellar et al., 2001; Federici & Skaalvik, 2012).

Given that increasing the self-efficacy perceptions of the occupants will increase job satisfaction and reduce burnout, it is important for employers to increase their perception of self-efficacy, to provide them with the opportunity to use their knowledge and skills and granted authorities to face positive experiences, to eliminate potential obstacles that could lead to failure in this experiential process, encouraging them to act is thought to be beneficial. In addition, new projects can be developed that will enable occupants to promote themselves, encouraging them to make suggestions by listening to the views of employees who are likely to be affected by the decisions taken. Apart from these, new authorities and responsibilities can be given to the employees, and they can be encouraged to try to solve the problems they have encountered without the approval of their seniors.

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