original article

Coping self-efficacy and psychological distress: Results from an Italian study on nurses

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Background

Coping self-efficacy (CSE) beliefs refer to an individual's beliefs about one's ability to cope with external stressors. Efficacy beliefs can determine whether people will invest effort, and how long they will persist in their effort in the face of obstacles and aversive experiences. People with higher levels of CSE beliefs tend to approach challenging situations in an active and persistent way, whereas those with lower levels of CSE beliefs tend to direct greater energy to managing increasing emotional distress (Bandura, 1997). Although the construct is rooted in the Social Cognitive Theory of Bandura (1997), it is consistent with the assumptions of secondary appraisal of controllability as described in the Stress and Coping Theory (Lazarus & Folkman, 1984). During the process of secondary appraisal, the individual judges that an outcome is controllable through coping; and addresses the question of whether or not he or she believes that they can carry out the requisite coping strategy (Lazarus and Folkman, 1984).

CSE beliefs are not a general disposition; a high level of CSE in one domain does not necessarily correlate with high levels of CSE in other domains (e.g. Benight & Bandura, 2004;, Neilands, Chambers, Taylor, & Folkman, 2006). High CSE has been related to a wide range of physiological measures including lower catecholamine responsivity during stress (Bandura, Taylor, Williams, Mefford, & Barchas, 1985) and a reduced blood pressure response to fear arousal stressors (Bandura, Reese, & Adams, 1982). In addition, high CSE has been associated with a better psychological adjustment to highly stressful life changes and events, such as aging (Kraaij, Garnefski, & Maes, 2002), chronic disease (HIV-seropositive, Chesney et al., 2006), natural disaster (Benight et al., 1999), peer aggression among adolescents (Singh and Bussey, 2009), pre-competitive anxiety and subjective performance among athletes (Nicholls, Polman, & Levy, 2010), and physical assault (Ozer & Bandura 1990). Overall, these results suggest that CSE has direct effects on distress/well being outcomes, beyond the impact of external stressors. A high level of coping self-efficacy tends to create an adaptive approach leading individuals to view tasks or situations that require high efforts as challenging and as positive experiences. Whereas, when CSE perceptions are low, it is more likely that individuals perceive the same tasks or situations as stressful and greater energy is directed to manage the increasing emotional distress (Bandura, 1997).

However, it is surprising that a literature search, conducted in December 2011, using the keywords "coping self-efficacy", resulted in only 53 studies measuring CSE (in relation to stress), while the keyword "self-efficacy" resulted in 4922 studies and the keyword "coping" results in over 16200 studies. Moreover, to our knowledge, no published studies have looked at the relationship between occupational coping self-efficacy (which is an occupational version of coping self-efficacy beliefs, that refer to an individuals beliefs about ones ability to cope with specific occupational stressors) and

distress/well-being dimensions, beyond occupational stressors and job resources, such as job control and social support (Karasek & Theorell, 1990).

Our research

Therefore, on the basis of these considerations, the main purpose of the present study was to gain more insight in the relationships between occupational stressors, job resources (job control and social support), occupational coping self-efficacy, and job-related and general psychological distress and well being in nurses. More specifically, we explored the direct and moderating effect of occupational coping self-efficacy on distress/well-being.

Initially, we developed a situation-specific CSE measure for nurses, called the Occupational Coping Self-Efficacy for Nurses (OCSE-N) scale (Pisanti, Lombardo, Lucidi, Lazzari, & Bertini, 2008). Two different and highly correlated factors emerged that described the nurses self-appraisals of their ability to cope with occupational demands: coping self-efficacy to cope with the occupational burden and coping self-efficacy to cope with the relational difficulties in the workplace (χ^2 = 163.10; df = 36; CFI = .92; RMSEA = .08).

In the second phase (Pisanti, van der Doef, Maes, Lombardo, & Violani, 2011) we tested the direct and moderating effect of occupational coping self-efficacy on job demands and resources in explaining distress (emotional exhaustion, depersonalization, somatic complaints, psychological distress) and job-related well-being (personal accomplishment and job satisfaction) in a sample of Italian nurses. From 9 Italian public health care organizations, 2292 nurses were randomly selected. Of this initial sample, 1509 nurses agreed to take part in the study. They were contacted at their workplace and received a questionnaire and an accompanying letter in which they were invited to participate in the study. They were asked to leave their completed questionnaires in a sealed box. Incomplete questionnaires were excluded, resulting in a final sample of 1479 nurses (65% response rate).

Results from hierarchical regression analyses showed that OCSE accounted for substantial additional variance in all outcomes (from 2% to 6%), after controlling for the job demands and resources (job control and social support) variables. In addition, the results indicate that occupational coping self-efficacy buffers the impact of low job control on distress. High OCSE moderates the harmful effects of low control on all distress outcomes (emotional exhaustion, depersonalization, psychological distress, somatic complaints), whereas for nurses with low OCSE, lower levels of control are associated with higher distress.

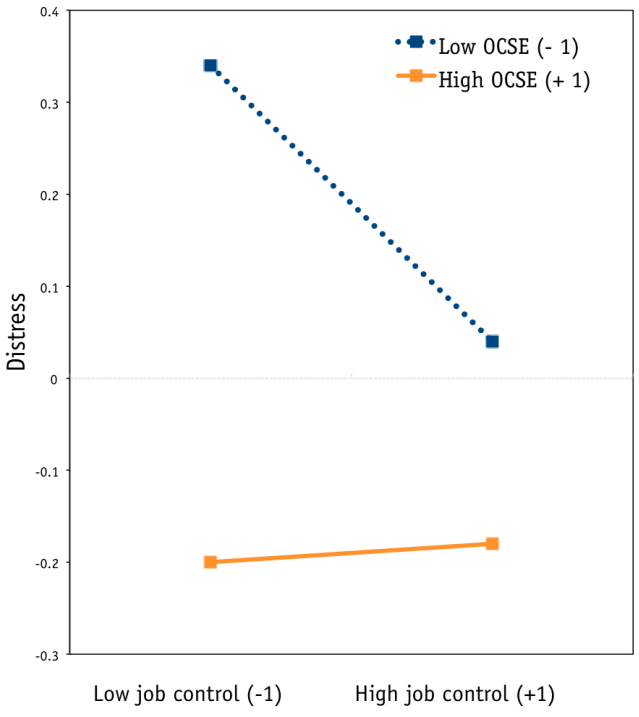

Figure 1. Interaction effect of job control and OCSE on psychological distress outcomes.

Conclusion

These findings lend support to the notion that it is important to measure self-efficacy related to the specific tasks employees have to deal with in their work context in order to gain insight into employee well-being and distress. Individuals with higher levels of OCSE are more likely to interpret occupational situations as challenging tasks. As a result, they may be more likely to invest more effort to effectively deal with a less favourable work situation, thereby reducing the potential for development of negative affective outcomes (Bandura, 1997).

Practical implications of the present studies are that, besides focusing organizational interventions on the reduction of demands, and enhancement of job resources, enhancing employees coping self-efficacy beliefs may have beneficial effects on their distress and well-being levels. Coping self-efficacy beliefs are directly amenable to intervention (Bandura, 1997). There are four processes through which occupational coping self-efficacy could be boosted, including mastery experiences (e.g. workshops that provide experiences of successfully facing occupational stressors), vicarious experience (e.g. examining how colleagues handle occupational stressors), verbal persuasion (e.g. encouragement from a more experienced and respected supervisor), and physiological states (e.g., positive and negative feedback received from physiological and emotional states when facing occupational stressors). According to social cognitive researchers (e.g., Bandura, 1997; Zimmerman, 2000), the most influential way to improve self-efficacy beliefs is by promoting mastery experiences. Mastery experiences provide individuals with an active experience of the positive effects of their actions, and their interpretations of these effects stimulate their efficacy beliefs. Success in coping with occupational stressors raises self-efficacy, whereas failure lowers it.

Therefore, we developed and implemented stress management-interventions that focused on organizational learning tools such as after-event reviews (AER) to analyze the causes for success or failure in facing specific occupational stressors of the nursing profession. AERs enable individuals to reflect on their cognitions, emotions and behaviours, and to understand what lessons can be drawn from their past experience, and to evaluate how these lessons can be quickly internalized to improve occupational self-efficacy (Ellis, Ganzach, Castle, & Sekely, 2010).

In conclusion, we believe that our understanding of the stress and of the adaptive strategies could benefit by testing comprehensive models including domain specific CSE beliefs. The self-evaluative appraisals of coping capability add important specificity in the understanding of secondary appraisal, an advance particularly relevant to research on stress.

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