



## The Relation between Nursing Administration's Self-Confidence and the Staff's Vocational Satisfaction

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(Received 18 Oct 2012; accepted 11 Mar 2013)

### Abstract

**Background:** Self-confidence is a glorious feature of an effective administrator. Their main goal is the organizational success. Therefore, we approached this idea by evaluating the self-confidence of nursing Administration in Tehran University of Medical Sciences (TUMS) Teaching Hospitals and its relation to vocational satisfaction of the staff.

**Methods:** In a cross-sectional study, we interviewed 200 nursing administrators and 200 staff in different departments of the TUMS Teaching Hospitals using a standardized questionnaire to assess the self-confidence among nursing administrators and staff satisfaction. Data were entered in SPSS (17.0) and analyzed using this software and STATA (11.0) using non-parametric tests and Spearman's correlation of coefficient. The significant level was set as  $P < 0.05$ .

**Results:** Of 200 nursing administrators 58 (29%) were male and 142 (71%) were female. Mean  $\pm$  SD of the self-confidence score for the nursing administrators was  $134.9 \pm 19.8$ . Among the staff 68 (34%) were male and 132 (66%) were female. The mean  $\pm$  SD of the vocational satisfaction for staff was  $89.12 \pm 18.3$ . After considering the effect of departments in a regression model, the correlation between nursing administration's self-confidence and the staff's vocational satisfaction was found not significant ( $P = 0.055$ ).

**Conclusion:** Gender and years of employment were the only factors affecting self-confidence and vocational satisfaction between the nursing administration and staff respectively, which not significantly correlated after adjustment.

**Keywords:** Self-confidence, Vocational satisfaction, Staff workers, Hospitals

### Introduction

The future managerial burden is over the self-confident man and women. The effective administrators are those who dedicate themselves to success of the organization not showy presentation of their own achievements (1). While narcissism is a disordered sense of self-admiration (2, 3), self-confidence was always a necessary psychological need, which has recently changed into a critical economic need (2). Nowadays, not only knowledge is required for the proper leading of an

organization, but also qualities such as independence, self-assurance, self-dependence, and inventions, all best outlined as self-confidence are mandatory (1-4). According to the previous research, the inventive behavior of the manager is most depends on their communication within the professional environment (2- 4).

Despite general agreement on the importance of managers for provocation of personal new accomplishments, the literature is less congruent regard-

ing the role of managers and new inventions. These researches actually evaluate the effect of managers using outcome models; that is, discarding outcomes related to invention and concentrating on those behaviors of managers that positively affected the efficacy (1-5).

In general, managers may significantly affect the staff function. In other words, now we need many who bear at least some levels of self-confidence as the matter of economic progression. However, historically this was never the case. The vital role of self-confidence is just as evident as the catastrophes resulting from its absence. There are six virtues most valuable regarding development of self-confidence, which all a successful organization should actualize: informative life, self-acceptance, responsibility, assertiveness, directed life, and self-integration (1-6).

If an individual or an organization represents positive attitudes about a behavior and believes in it, that behavior brings about positive outcomes (5). If an organization desires to achieve a prominent behavioral culture and brilliant self-confidence, it should consider at least seven basic principles: respect, responsibility and sources, acknowledgment and reward, relationships, icon presentation, and regeneration. These principles are synergistically related and a greater outcome results if they concomitantly occur (4, 7).

Self-confidence is a complex made of self-efficacy and self-esteem. Major life challenges include the ability to balance fiscal affairs, self-care, competent social interactions, and capabilities to overcome obstacles and persistently accomplish their visions (7-8). A productive self-confidence contains all these elements and its absence results in adverse effects on the physical and emotional state of a human being (8-9). Self-confidence develops in childhood and may be translated as 'I can' (4, 10).

Those with low self-confidence usually judge themselves based on the current accidents and their negative sensations about themselves persist more than their positive perceptions do. A healthy self-confidence emanates from the ability of true evaluation of oneself. Today, educational authorities, parents, financial and governmental leaders, all acknowledge the value of self-confidence in

gaining success (8, 10-13). Self-confidence is related to personality characteristics, capabilities, weaknesses, and other features of psychological order of the person. Self-confidence, in fact, is a reflection of foreign evaluations (8, 13-15).

Reviewing literature shows that self-confidence is a psychological concept formed during growth of an individual and may not be expeditiously changed. Improvement of self-confidence requires long-term professional programs. Authorities believe that both the inventive mind and self-confidence belong to acquired characteristics of a human being (3-5, 14-18). In fact, selfishness or more specifically narcissism is the preference of self to others (2, 3). While selfishness is a common trait, narcissism bears a psychodynamic nature (2, 3). According to Freund's analysis of this personality, disorder the confidence of the sufferer is limited only to the positive points to only accept positive points and reject weaknesses (3). They believe they are absolute and ideal without defects (2-4).

The aim of this study was to evaluate the relation between the self-confidence of nursing administrators and vocational satisfaction of the staff in the Teaching Hospitals of TUMS, Tehran, Iran.

## Materials and Methods

This cross sectional study was a descriptive analytical study and performed over 6 months from May to November 2011. We collected the detailed list of 16 teaching hospitals under administration of Tehran University of Medical Sciences early 2010 and gathered data via stratified randomized sampling scheme. As there are only a few Iranian studies on self-confidence of nursing administration and its correlation to vocational satisfaction of the staff, we arbitrarily choose the ratio of nursing administration self-confidence to vocational satisfaction of staff to be 50% and using the below formula for sample size calculation,

$$n = \frac{Z_{1-\alpha/2}^2 \times p \times (1-p)}{d^2},$$

where  $d$  was the accuracy (7%) and for the  $\alpha=.05$

we computed sample size as 196 and interviewed 200 individuals in each group of nursing administrators and staff.

The instrument for measurement was a questionnaire designed by researcher that containing demographic section and nursing administration self-confidence (56 items) and vocational satisfaction (21 items) sections using Likert's 5-point scale. However, before the start of the study the questionnaires were considered by colleagues and their comment were implemented to improve the quality of the questionnaires and the content validity found reasonable by them. Then, after collecting the data from 30 nursing administrators and 30 staff, the Cranach's alpha was calculated on the corresponding questions and found to be 0.95 and 0.97 respectively, which are evidences of high reliability.

After the data were collected, we used SPSS (17.0) for data entry and primary evaluation. We scored the answers for both nursing administrators and staff and divided them into three groups as: 1) below 33%, 2) 33% to 67% and 3) above 68%. The demographic characteristics of the nursing administrators and staff described as a table. Also, the ratio of score of self-confidence of nursing administrators and vocational satisfaction of staff in the above three groups were computed and presented as a table.

After description of demographic features ratio of scores, the univariate analysis of the effects of personal factors on the self-confidence of nursing administration and vocational satisfaction of the staff was carried out. As the scores were grouped and were ranks we used non-parametric tests such as Mann-Whitney and Kruskal-Wallis. In addition, we used Spearman's correlation of coefficient. In order to adjust for the effect of dependency of scores in the same department the random effect regression was carried out using STATA (11.0).

The research ethics was approved by Deputy of Research of School of Public Health of Tehran University of Medical Sciences. We described the goal and nature of this study for nursing administrators as consent their questionnaires.

## Results

In the administration group, 29% [58] were male and 71% [142] were female. The age of 39.5% of administrators was between 30-39 years and 9.5% were more than 50 years. Most of them were academically trained and had the BSc (47%) or MSc (49.5%) degrees. In the staff group, 66% [132] were female and 34% [68] were male. The age of 38.5% of the staff was between 30-39 years and 10% were over 50 years. 44.5% of them had academic degree as BSc and 8% had technician degree (Table 1).

As the Table 2 presents, the ratio of administrators with low self-confidence score was 32.5% [65], moderate score was 34.5% [69] and high score was 33% [66]. Furthermore, this table demonstrates that the satisfaction in the staff group was low in 35.5% [71], moderate in 27% [54], and high in 37.5% [75]. The mean  $\pm$  SD of score value for self-confidence of managers and satisfactory of staff were  $134.9 \pm 19.8$  and  $89.12 \pm 18.3$ , respectively.

Mean  $\pm$  SD for self-confidence scores in men and women administrators were  $140.3 \pm 20.1$  and  $132.63 \pm 19.4$ , respectively ( $P=0.016$ ). However, there was no significant difference between self-confidence score of administrators with different age ( $P=0.69$ ), educational level ( $P=0.11$ ), and organizational ranking ( $P=0.35$ ). Thus, the results confer that the only effective factor in the self-confidence of administrators is their gender.

Similarly, the satisfaction score was only related to the years of experience of staff ( $P=0.03$ ) in which satisfaction was lower among those with less than 10 years of experience. In addition, there was insignificant relationship between satisfaction score of the staff and their sex ( $P=0.19$ ), age ( $P=0.13$ ), educational level ( $P=0.28$ ), marital status ( $P=0.11$ ), number of children ( $P=0.31$ ), educational level of spouse (0.93), and employment status of spouse ( $P=0.46$ ). As the distribution of both the satisfaction and self-confidence were not normal ( $P<0.0001$  and  $P<0.0004$  respectively), therefore Spearman correlation of coefficient was computed to analyze the correlation between these two variables.

**Table 1:** Demographic characteristics of nursing administrators and staff

Demographic Characteristics		Managers n (%)	Staff n (%)
Sex	Male	58 (29)	68 (34)
	Female	142 (71)	132 (66)
Age Group	<30	39 (19.5)	47 (23.5)
	30-39	79 (39.5)	77 (38.5)
	40-49	63 (31.5)	56 (28)
	≥50	19 (9.5)	20 (10)
Education	Diploma	2 (1)	54 (27)
	Associate Degree	2 (1)	16 (8)
	Bachelor Degree	94 (47)	89 (44.5)
	Master Degree	99 (49.5)	23 (11.5)
	Doctorate Degree	3 (1.5)	18 (9)
Position	Nurse	98 (49)	-*
	Supervisor	88 (44)	-
	Matron	14 (7)	-
Duration of service	<10 Years	-	81 (40.5)
	10-19 Years	-	84 (42)
	≥20 Years	-	35 (17.5)
Marital status	Married	-	91 (45.5)
	Single	-	109 (54.5)
Spouse education	Diploma	-	30 (34.1)
	Associate Degree	-	4 (4.5)
	Bachelor Degree	-	31 (35.2)
	Master Degree	-	9 (10.2)
	Doctorate Degree	-	14 (16)
Spouse employment status	Employed	-	70 (78.6)
	Unemployed	-	19 (21.4)
Number of children	0	-	125 (62.5)
	1-2	-	55 (27.5)
	3-5	-	20 (10)

\* Were not questioned or not related

Preliminary analysis demonstrated a positive correlation between the two so as the higher the self-confidence the higher the staff satisfaction is ( $P=0.037$ ). Then, it may be asked if this correlation is under influence of factors affecting either vocational satisfaction (such as years of employment) or

self-confidence (such as gender). In fact, the staff employment history should significantly correlate with the self-confidence of the administrators and the latter gender should correlate with the staff satisfaction. However, this turned not to be the case for either the former ( $P=0.82$ ) or the latter ( $P=0.10$ ).

**Table 2:** Self-confidence or job satisfaction status of nursing administrators and staff

Status	Score of self-confidence or job satisfaction	n (%)
administrators	Low (<123.5)	65 (32.5)
	Medium (123.5-141)	64 (34.5)
	High ( $\geq$ 142)	66 (33)
Staff	Low (<84)	71 (35.5)
	Medium (84-99)	54 (27)
	High ( $\geq$ 100)	75 (37.5)

It is worth mentioning that all the analysis was carried out without adjusting for the effect of sampling scheme, department effect, means looking at the possible effect of correlation of the variables as the administrators and staffs were from same department. However, since adding this effect will always attenuate the correlations (increase the *P*-value) and as none of the univariate analysis was significant; therefore the findings will remain the same. Then, only we need to look at the association of the self-confidence of the administrators and staff satisfaction in the presence of department effect. After adjusting for the effect of department in a random effect modeling, the *P*-value of the correlation between self-confidence and the staff satisfaction from 0.037 increased to 0.055. Therefore, the found correlation is no longer significant.

## Discussion

According to our findings, male administrators have more self-confidence than female administrators do. In addition, we found that the employment experiment of the staff is a significant factor in their vocational satisfaction so that the higher the experience the more the satisfaction. After adjusting for department, the correlation between administration's self-confidence and the staff's vocational satisfaction was found not significant. In our previous study to assess self-confidence over managerial staff in the Tehran University of Medical Sciences, we found a significant correlation between gender and self-confi-

dence. Male managers were more self-confident as approved by the current study. The organizational ranking of a manager did not affect self-confidence as is seen in the current study. In the previous study, we found a positive correlation between educational degrees of a manager (more self-confidence with PhD degree) which was not repeated in the present study. It is worth to note that there was no correlation between age groups and self-confidence. Furthermore, we found that there was a significant correlation between administrators' self-confidence and the staff vocational satisfaction (19). Our previous results about the correlation of administrators' self-confidence and the staff vocational satisfaction are in contrast with the results of the present study. This difference mainly results from the nature of the administration in the two studies: the previous study was done over the official managers while the current study is done over nursing field administration (supervisor, matron, head nurse). The evidence for the effect of organization on the self-confidence comes from previous studies, who demonstrate that self-confidence is under influence of the type of organization, its size, complexity and context (20). Thus, the observed difference results from the different population. We could not find a similar study regarding this variable.

However, there are studies illustrating the important role of self-confidence in determination of incentives and work dependent behaviors (1, 9-13). Many studies demonstrate significant and positive relation between self-confidence and person's efficacy (4, 21-22) The Lee study in 2003 demonstrates the positive relation of the self-confidence and improved efficacy (21). Heck et.al also found a positive relation between the quality of communications between managers and staff and self-confidence of administrators ( $r=0.67$ ) (22). In 2003 Lee showed that administrators self-confidence and the interactions of managers and staff are positively correlated ( $r=0.67$ ) (21). However, the current study shows that the administrators' self-confidence not only adds nothing to improvement of the system situation but also results in the reduced staff satisfaction.

Theoretically, these differences may result from

different structures of the studied organizations. Our study is performed in a medical organization while the referring studies were done over non-medical organizations. Acknowledging this, there are studies demonstrating the negative correlation between the size of the organization and the administration's self-confidence (23, 24). Thus, type of the organization, its size, and complexity all affect the self-confidence of both the staff and administrators and may differentially influence their efficiency or satisfaction (21).

The aforementioned considerations call the need for more studies in order to define the role of administrators' self-confidence and staff satisfaction in the organizational efficiency of patient satisfaction. In other words, the findings from one organization may not necessarily generalizable to other structurally different organizations. For instance, the results from our study on nursing administrator may not be expanded to non-medical managers or even medical official managers.

## Limitations

Our research was a new subject, with limited resources. Considering the lack of research in this area, the results from our study on nursing administrator may not be expanded to non-medical managers or even medical official managers. Our study results are generated from public hospitals, which are located in Tehran; therefore, the generalization of the results to the other public hospitals in Iran should be done cautiously, even though around 50% of these hospitals are operating in Tehran. Similar studies in other parts of the country might improve the generalizability of this study. In addition, other cross-sectional the studies are beneficial to monitor the ratio and the correlation between the self-confidence and vocational satisfaction.

## Conclusion

Our results demonstrate that gender and years of employment are the only factors affecting self-confidence and vocational satisfaction between the administration and staff respectively. The staff

employment history was not significantly correlates with the self-confidence of the administrators and the gender was not correlated with the staff satisfaction. Self-confidence in the administration was not significantly correlated with vocational satisfaction of the staff. Finally, we should emphasize that self-confidence, affect both the staff and administrators and may differentially influence their efficiency or satisfaction. We recommend evaluating the policies, programs, and the processes that may result in improved self-confidence in both the staff and administration.

## Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

## Acknowledgements

This article is a part of the research project number 11870 approved by Tehran University of Medical Sciences research center. We are in grateful to the supports of research center's president and all the nurses who were sincerely cooperated with us during this project. The authors specially would like to thank Mr. Iman Navidi (MSc student of Department of Epidemiology and Biostatistics, Tehran University of Medical Sciences) for his invaluable help during revising the manuscript. The authors declare that there is no conflict of interest.

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