

Study on Self-efficacy and Influencing Factors of Long-term Care of Old-age Nurses

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Abstract: Objective: To investigate the status of self-efficacy of nursing staff in long-term care. Methods: The 225 medical staff of 5 nursing institutions in Zhengzhou were investigated by the questionnaire of self-efficacy of long-term care of nursing nurses. Results: Among the self-efficacy levels of long-term care, the highest score was obtained for the self-efficacy of physical care behaviors. Conclusion: Nursing institutions should strengthen the long-term care of nursing knowledge learning, through different channels and forms of long-term care education, especially to strengthen the long-term care of nursing psychological and mental care behavior ability, and then constantly improve the self-efficacy of long-term care of nursing staff.

Keywords: Long-term care; Pension institutions; Nursing clerk for the aged; Self-efficacy

1. Introduction

The World Health Organization (WHO) defines long-term care (LTC) as a system of care activities carried out by informal caregivers (family, friends or neighbours) and professionals (health and social services) in order to ensure that those who do not have self-care ability can continue to enjoy their personal preferences and higher quality of life, and maximize their independence and autonomy, personal satisfaction and life with personal dignity [1]. Since 2000, China has entered an aging society, and now has entered the stage of rapid development of population aging. Data from the National Bureau of Statistics show that by the end of 2015, the population over 60 years old in China has reached 222 million, accounting for 16.1% of the total population, of which 144 million people over 65 years old [2]. With the development of science and technology, the progress of medical technology and the extension of people's life expectancy, the life expectancy of Chinese men has increased to 75 years and that of women to 78 years. It is estimated that by 2020, the total number of the elderly population will be close to 250 million, and the population structure will also undergo great changes [3]. The aging of the population brings more pressure to the family and society, and the needs of the elderly themselves are constantly increasing, which makes the long-term care get the general attention of the society.

Self-efficacy refers to people's confidence or belief in their ability to achieve their behavioral goals in a specific field [4-5]. Old-age caregivers are the backbone of LTC implementation in old-age institutions. Their care ability directly affects the quality of life of the elderly [6]. The

purpose of this study is to investigate the self-efficacy level of LTC implementation among nursing staff for the aged, and to propose improvement measures to provide basis for improving the quality of service for the aged.

2. Object and Method

2.1. Object

In May 2018, 225 nurses from 6 old-age care institutions in Zhengzhou City, Henan Province were selected as the research objects. Inclusion criteria: 1) working in pension institutions for more than one year; 2) formal employees in pension institutions; 3) understanding and support of this study, and voluntary survey of nursing staff. Exclusion criteria: 1) those who go out for further study; 2) those who are unable to participate in the survey because of sick leave or leave.

2.2. Method

2.2.1. Survey tool

2.2.1.1. General information questionnaire

Including: gender, age, length of service, marital status, professional title, educational level, caring for the elderly nurses, a total of 7 items.

2.2.1.2 Nursing personnel self-efficacy questionnaire for long-term care

This questionnaire is a self-designed questionnaire. By consulting a large number of documents and combining with the cultural background of our country, the questionnaire is finally formed by Delphi method. The questionnaire includes: 1) past behavior experience,

which includes 16 items such as long-term care behavior experience for patients physical, psychological and family cooperation; 2) self-awareness, which includes the self-importance of long-term care for patients' physical, psychological and family cooperation. 3) Self-efficacy refers to the level of self-confidence in long-term care for patients physical, psychological and family members. There are five options (very unconfident, not confident, uncertain, confident, very confident) for each project, and they are given 1 to 5 points respectively. The content validity of the questionnaire is 0.86, the retest reliability is 0.88, the internal consistency coefficient is Cronbach, and the α is 0.889, which indicates that the questionnaire has certain reliability and validity.

2.3. Survey method

With the approval of the leaders of pension institutions and the principle of informed consent, questionnaires will be sent out by special persons, and the questionnaires will be retrieved uniformly. A total of 260 questionnaires were sent out and 230 questionnaires were recovered, with a recovery rate of 88.5%. 225 valid questionnaires, the effective rate was 98.2%.

2.4. Statistical method

SPSS 11.5 statistical software was used for descriptive analysis, one-way ANOVA and multiple stepwise regression analysis to complete the data collation and analysis.

3. Results

3.1. General situation of research subjects

Among 225 valid questionnaires, 59 were males, accounting for 26.2%; 166 were females, accounting for 73.8%; aged 26-68 years, with an average age of (50.34 + 6.8); working years: 156 in 1-5 years, accounting for 69.3%, 63 in 6-10 years, accounting for 28%, 2 in 11-20 years, accounting for 0.9%, 4 in 20 years or more, accounting for 1.8%; Title distribution: 119 primary titles, 59.8%, 15 in intermediate titles, accounting for 7.5%, 27 in senior titles. 13.6% and 38 others (19.1%). Educational level: 106 primary school and below, accounting for 53.3%, 65 junior high school, 32.7%, 10 senior high school, accounting for 5%; 7 junior college, accounting for 3.5%; 11 undergraduate, accounting for 5.5%; marital status: 219 married, 97.3%; 4 unmarried, accounting for 1.8%; 2 others, accounting for 0.9%; Nursing staff in institutions: 7 of 10-20, accounting for 3.5%; 57 of 20-30, accounting for 28.6%; 62 of 30-40, respectively. Persons accounted for 31.2%, 73 of 50 or more, accounting for 36.7%. The situation of holding qualifications of nursing staff for the aged: 115 persons with certificates, accounting for 51.1%, 110 persons without certificates, accounting for 48.9%.

3.2. Scores of past behavior experience in long-term care of old-age nurses

From three aspects of long-term nursing behavior experience, the average score of physical care behavior experience was 3.39, followed by psychological and mental care behavior experience was 3.23, and the average score of family members nursing behavior experience was the lowest, which was 3.11. See Table 1 for details.

Table 1. Score distribution of long-term care behavior experience of old-age nurses

Project	Average value	Standard deviation
Physical care	3.39	
Maintain patient's comfortable posture	4.68	0.577
Relieving pain, edema, dyspnea and other symptoms	4.17	0.646
Keep the patient clean and comfortable	4.69	0.612
Correct handling of leaks left over from various channels and pipes	2.82	0.939
Clean the body of the patient and put on clean clothes	2.07	0.964
Pose them in order to maintain dignity	1.90	1.122
Psychological and psychological care behavior	3.23	
Arrange sober patients to discuss their condition with doctors	2.01	0.954
Performing the duty of informing patients on the premise of protecting patients	2.04	1.450
Communicate with patients, accompany and listen to their voices	4.12	0.685
Assist patients to correctly understand death and life value	3.89	0.936
Respect for differences in belief and cultural customs of end-stage patients	4.10	0.684
Care behavior for family members	3.11	
Guiding family members to participate in patients nursing work	2.93	0.926
Eliminate family members doubts and make them understand patients' condition	4.22	0.684
Respect the demands of family members and move patients as little as possible	4.25	0.655
Guiding family members in caring for remains and preparing for mourning	2.30	1.164
Helping families with high-risk grief experience grief	1.86	1.170

3.3. Score of self-importance of long-term care for nursing staff

From three aspects of nurses' self-conscious importance to long-term care, the average score of self-conscious importance of physical care behavior was 4.47, followed

by the average score of self-conscious importance of psychological and mental care behavior was 3.91, and the

average score of self-conscious importance of family members was 3.69. See Table 2 for details.

Table 2. Distribution of scores on the importance of long-term care for nursing staff

Project	Average value	Standard deviation
Physical care	4.47	
Maintain patient's comfortable posture	4.76	0.461
Relieving pain, edema, dyspnea and other symptoms	4.77	0.420
Keep the patient clean and comfortable	4.78	0.417
Correct handling of leaks left over from various channels and pipes	4.15	0.538
Clean the body of the patient and put on clean clothes	4.19	0.538
Pose them in order to maintain dignity	4.18	0.513
Psychological and Psychological Care Behavior	3.91	
Arrange sober patients to discuss their condition with doctors	3.56	0.833
Performing the duty of informing patients on the premise of protecting patients	3.33	1.047
Communicate with patients, accompany and listen to their voices	4.10	0.779
Assist patients to correctly understand death and life value	4.29	0.562
Respect for differences in belief and cultural customs of end-stage patients	4.28	0.548
Care behavior for family members	3.69	
Guiding family members to participate in patients nursing work	4.14	0.660
Eliminate family members doubts and make them understand patients' condition	4.24	0.581
Respect the demands of family members and move patients as little as possible	4.23	0.605
Guiding family members in caring for remains and preparing for mourning	2.95	1.148
Helping families with high-risk grief experience grief	2.89	1.158

3.4. Self-efficacy score of long-term care of nursing staff

From the three aspects of the importance of long-term care consciousness of nursing staff, the average score of the importance of physical care behavior consciousness

was 4.05, followed by the average score of psychological and spiritual care behavior consciousness importance was 3.78, and the average score of the importance of family members'care behavior consciousness was 3.39. See Table 3 for details.

Table 3. Distribution of self-efficacy score of long-term care for old-age nurses

Project	Average value	Standard deviation
Physical care	4.05	
Maintain patient's comfortable posture	4.52	0.535
Relieving pain, edema, dyspnea and other symptoms	4.30	0.625
Keep the patient clean and comfortable	4.56	0.565
Correct handling of leaks left over from various channels and pipes	3.62	0.884
Clean the body of the patient and put on clean clothes	3.56	0.849
Pose them in order to maintain dignity	3.75	0.762
Psychological and psychological care behavior	3.78	
Arrange sober patients to discuss their condition with doctors	3.00	0.842
Performing the duty of informing patients on the premise of protecting patients	3.34	0.851
Communicate with patients, accompany and listen to their voices	4.19	0.585
Assist patients to correctly understand death and life value	4.13	0.543
Respect for differences in belief and cultural customs of end-stage patients	4.24	0.522
Care behavior for family members	3.39	
Guiding family members to participate in patients nursing work	3.54	0.756
Eliminate family members doubts and make them understand patients' condition	4.24	0.571
Respect the demands of family members and move patients as little as possible	4.26	0.588
Guiding family members in caring for remains and preparing for mourning	2.90	0.956
Helping families with high-risk grief experience grief	2.03	1.043

3.5. Multivariate analysis of self-efficacy of long-term care for old-age nurses

With the self-efficacy of long-term care as dependent variable, the title, education level, long-term care behavior experience and the importance of long-term care consciousness as independent variables, the multiple

stepwise regression analysis was carried out. The results are shown in Table 4. Table 4 shows that the education level, long-term care behavior experience and long-term care awareness of nursing staff are the main factors affecting long-term care self-efficacy ($p < 0.05$).

Table 4. Multivariate stepwise regression analysis of long-term care of nursing staff (n=225)

Variable	B	t	P
Intercept	3.472	7.025	
Degree of education (X1)	0.70	2.005	0.046
Behavioral experience (X2)	0.150	2.108	0.034
Conscious importance (X3)	0.216	2.405	0.017

4. Discussion

4.1. In the long-term care work of nursing staff for the aged, the self-efficacy score of physical care behavior is the highest

In the long-term care work, the self-efficacy score of the elderly nurses on physical care behavior is the highest, followed by psychological and spiritual care, and the lowest score on family care. As a special kind of nursing staff, nursing staff for the aged are not only the nurses in the hearts of ordinary people, but also take care of the daily living of the elderly, psychological counseling, disease care and health education for their families. However, due to the fact that the allocation ratio of nursing staff for the aged in China is far below the international standard, a nurse often has to take care of many elderly people. In daily care work, physical care is the main content. Heavy work will lead to the neglect of the mental health status of the elderly. In addition, the special status of nursing staff for the aged will also lead to the failure of health education and health guidance for family members. It can be carried out smoothly.

4.2. Educational level is a factor influencing long-term care self-efficacy of nursing staff

From the general data of the respondents, it can be seen that there are 106 old-age nurses with primary and lower education level, accounting for 53.3%, 65 middle school nurses, accounting for 32.7%. Many old-age nurses are engaged in this work for their livelihood, without relevant medical and nursing knowledge, or even without obtaining the qualification certificate of old-age nurses, they directly go to work, which directly affects their elders. The self-efficacy level of period care also greatly reduces the quality of nursing. The managers of old-age institutions should strengthen the training of old-age nurses, carry out vocational re-education through different ways and means, and constantly improve the professional level of old-age nurses.

4.3. The behavioral experience and the importance of self-awareness in long-term care are important factors affecting self-efficacy

Wang Yuan et al. pointed out that as a source of information on self-efficacy, the success or failure of individual's own behavior has the greatest impact on self-efficacy [7]. This study shows that long-term care experience is an important factor affecting self-efficacy, which is consistent with Bandura's research. The more long-term care experience of nursing staff, the higher their self-efficacy level. The self-importance of long-term

care is another important factor affecting self-efficacy. Old-age nurses will actively engage in long-term care only if they have a full understanding of long-term care and pay enough attention to long-term care. They will constantly accumulate behavioral experience so as to improve the self-efficacy level of long-term care. At the same time of continuing professional training, pension institutions can also carry out special education such as psychological nursing, symptomatic nursing, sadness psychological counseling, so as to enable pension nurses to have a full understanding of the long-term care responsibilities, thereby continuously improving the quality of care.

5. Conclusion

The self-efficacy of long-term care for old-age nurses is affected by many factors, including educational background, long-term care behavior experience and the importance of self-consciousness. Old-age care structure can increase the retraining of nursing staff through different ways and means, including professional skills training, psychological nursing for the elderly and health guidance for family members, so as to continuously improve the self-efficacy of long-term care and improve the quality of care.

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