European Journal of Biology and Medical Science Research
Vol.13, No.2, pp.,1-35, 2025
Print ISSN: ISSN 2053-406X,
Online ISSN: ISSN 2053-4078
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

The Impact of Coping Mechanisms and Self-Efficacy on Workplace Burnout in Nursing: Evidence from a Demographic Perspective

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doi: https://doi.org/10.37745/ejbmsr.2013/vol13n12135 Published February 25, 2025

Citation: Eman Atiq., Bilal Atiq , and Mujeeb M.M. (2025) The Impact of Coping Mechanisms and Self-Efficacy on Workplace Burnout in Nursing: Evidence from a Demographic Perspective, *European Journal of Biology and Medical Science Research*, Vol.13, No.2, pp.,1-35

Abstract: *This study investigated the relationships between self-efficacy, occupational burnout, and coping strategies among nursing staff, focusing on how coping strategies might influence the relationship between self-efficacy and burnout. Using data from government and private hospitals in Rawalpindi and Islamabad, the study analyzed demographic factors such as gender, education, family system, marital status, monthly income, institution, working shifts, and employment status. Data were analyzed with SPSS, employing reliability checks, Pearson correlation, regression analyses, t-tests, and ANOVA. The findings revealed that higher self-efficacy is associated with lower levels of occupational burnout and better coping strategies. However, coping strategies did not significantly moderate the relationship between self-efficacy and burnout. This might be due to limited mental health resources and training in Pakistan, as well as cultural factors affecting the application of coping strategies. Significant differences were found across demographic variables. For instance, nurses from joint families experienced more burnout than those from nuclear families, and female nurses reported higher burnout levels than male nurses. Higher-income nurses showed better self-efficacy, and those in double shifts had higher self-efficacy compared to single or triple shifts. Government-employed nurses had higher self-efficacy than those in other employment statuses. Regression analyses indicated that self-efficacy negatively predicts burnout, explaining 24% of the variance, while coping strategies and problem-focused coping also negatively predict burnout, accounting for 13% and 7% of the variance, respectively. The study highlights the importance of enhancing self-efficacy and coping skills among nurses to manage stress and reduce burnout. Future research should focus on larger, diverse samples and explore longitudinal changes, organizational factors, and intervention effectiveness.*

Keywords: coping mechanisms, self-efficacy, workplace burnout, nursing, demographic perspective

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INTRODUCTION

Nurses have a tough job. They work with many different people at all times of the day and in various situations, which makes nursing a very demanding and challenging profession. Nurses often face emotionally intense and quickly changing situations (Forouzan et al., 2015).

Burnout is a common problem for nurses and other medical staff because of their heavy workloads, long hours, and interactions with patients, coworkers, the public, and other groups. They also face stress from their personal lives (Santos, 2020).

Nurses often experience strong psychological stress because of their long hours and risky work environments. This stress can lead to burnout. According to the Maslach Burnout Inventory, burnout happens when someone feels less competent and productive at work and becomes negative or distant towards others (Tomaszewska et al., 2022).

Burnout reduces mental, emotional, and physical energy, leading to negative attitudes towards clients and coworkers and a lack of confidence. Factors like too much work, not enough staff, conflicting values, and a lack of community can cause burnout (Tomaszewska et al., 2022).

Self-Efficacy

Self-efficacy is the belief that you can effectively plan, organize, and make decisions to achieve important goals (Davis et al., 2006). Bandura (1977, 1989) says self-efficacy is crucial because it affects how we see ourselves and our ability to reach our goals and develop professionally. It's important to understand how people in public health and nursing see their situations and handle stress, as these professions are greatly affected by stress, burnout, and public stigma (Santos, 2020).

Levels of Self-Efficacy

Schwarzer and Schmitz (2005) describe two levels of self-efficacy:

- **High Self-Efficacy:** People with high self-efficacy are confident and like to take on challenging tasks. They are often creative and have a strong belief in their abilities.
- **Low Self-Efficacy:** People with low self-efficacy are often anxious, sad, and emotionally fragile. They may get tired easily and try to avoid challenging situations (Schwarzer & Schmitz, 2005).

Types of Self-Efficacy

- **Generalized Self-Efficacy:** This means having confidence and discipline to start and keep working on tasks despite obstacles (Tipton & Worthington, 1984).
- **Academic Self-Efficacy:** This is the belief that you can successfully complete academic tasks or achieve learning goals (Bandura, 1997).
- **Social Self-Efficacy:** This is confidence in your ability to handle social interactions and maintain relationships. Betz and Smith (2002) created a scale to measure this by assessing expectations for socially relevant behaviors.

Primary Sources of Self-Efficacy

Warner et al. (2014) describe the main sources of self-efficacy:

- **Mastery Experiences:** Success in completing tasks in the past predicts future success. Bandura (1997) considers these experiences the most important for building self-efficacy. Research shows that successful experiences can boost confidence in one's abilities (Ashford et al., 2010).
- **Vicarious Experience:** Watching others succeed at challenging tasks can improve your own self-efficacy (Bandura, 1997).
- **Verbal Persuasion:** Encouragement from others that you can succeed can help, but it's usually less effective than mastery or vicarious experiences. Miller et al. (2007) suggest that this type of persuasion might sometimes feel like pressure.
- **Physiological and Affective States:** Physical and emotional states, like feeling anxious or tired, can affect self-efficacy. Positive feelings can boost confidence by reminding you of past successes (Bandura, 1997).

Coping Strategies

Coping is how people deal with stress or problems that they feel overwhelmed by (Lazarus & Folkman, 1984, p. 141).

There are two main types of coping strategies:

- **Emotion-Focused Coping:** This approach tries to manage the emotional impact of stress without changing the problem itself. It focuses on changing how you feel rather than the stressor. While it might not solve the problem, it can help manage stress (Van et al., 2020). It may not be ideal if it leads to mental health issues (Yang, 2021), but it can be useful for things you can’t control.

- **Problem-Focused Coping:** This strategy involves identifying and addressing the problem directly. It is considered the best way to handle challenges when you can control the outcome (Van et al., 2020; Zaman & Ali, 2019).

Meaning-Focused Coping Style

Meaning-focused coping involves using mental strategies to understand a difficult situation better (Algorani & Gupta, 2021). This approach is useful when you can't control the outcome, similar to emotion-focused coping (Leipold et al., 2019). A person's willingness to use meaning-focused coping can depend on their religion, beliefs about fairness, values, and important goals.

Social Coping (Support-Seeking)

Social coping means turning to others for help and support. For example, young children ask their parents for help, while teenagers may ask friends or themselves (Algorani & Gupta, 2021; Leipold et al., 2019).

Avoidance-Focused Coping Style

Avoidance-focused coping is when someone tries to escape a stressful situation by focusing on other things or finding distractions (Meyerson et al., 2022). This can include avoiding the problem or withdrawing from it. Avoidance coping can lead to negative outcomes (Pang & Thomas, 2020).

Unhealthy and Healthy Coping Mechanisms

There are two types of coping strategies: unhealthy (maladaptive) and healthy (adaptive). Unhealthy strategies often involve avoidance and can make things worse in the long run. Healthy strategies help reduce stress and improve well-being.

Unhealthy Coping

Unhealthy coping strategies can make stress and mental health problems worse. These include:

- **Unhealthy Emotion-Focused Coping:**
    - **Busy Work:** Keeping busy to avoid dealing with emotions (Bellezza et al., 2017).

  - **Not Talking About Feelings:** Avoiding discussions about emotions (Blake, 2021). It's better to share feelings and appreciate others (Nolasco et al., 2021).
  - **Toxic Positivity:** Ignoring stress and only focusing on positive things, which can be harmful (Satriopamungka et al., 2020; Sokal et al., 2020).
- **Unhealthy Problem-Focused Coping:**
  - **Overthinking:** Analyzing problems too much without solving them (Flaherty et al., 2022).
- **Unhealthy Meaning-Focused Coping:**
  - **Overanalyzing:** Excessive thinking can lead to anxiety and other issues (Flaherty et al., 2022). It's better to adopt a compassionate attitude.
- **Unhealthy Social Coping:**
  - **Isolation:** Staying away from family and friends can worsen psychological symptoms (Bartel et al., 2020).
  - **Venting:** Complaining excessively can make problems worse (Marr et al., 2022).
- **Unhealthy Avoidance-Focused Coping:**
  - **Substance Abuse:** Using drugs or alcohol to avoid stress (Nevill & Havercamp, 2019; Syed, 2020).
  - **Smoking:** Using smoking to escape stress, which is also harmful (Syed, 2020).
  - **Denial:** Ignoring problems, which can make them worse (Nevill & Havercamp, 2019).
  - **Impulsive Spending:** Spending money recklessly, known as "retail therapy," can hurt your finances and not address the underlying stress (Spiteri, 2020).
  - **Overeating/Undereating:** Eating too much or too little to deal with stress (Kim et al., 2022; González-Olmo et al., 2022).
  - **Self-Harm:** Self-destructive actions to manage emotions are not effective for solving problems (Smith et al., 2019).

Healthy Coping

Healthy coping strategies can help manage stress effectively and improve well-being (Gurvich et al., 2021). These strategies include:

- **Healthy Emotion-Focused Coping:**
  - **Cognitive Reframing:** Changing how you think about a situation to build resilience (Wittlinger et al., 2022).

  - **Meditation and Breathing:** Relaxing and calming your mind to make better decisions (Yuliana, 2021).
  - **Journaling:** Writing down thoughts to understand and cope with situations (Nuckles et al., 2020).
  - **Positive Thinking and Forgiveness:** Rethinking past events positively and forgiving can improve mental well-being (Anuncibay et al., 2021).
  - **Laughter:** It reduces stress and improves mood (Mbiriri, 2020).
- **Healthy Problem-Focused Coping:**
  - **Finding Solutions:** Gathering information, planning, and making decisions to solve problems (Zaman & Ali, 2019).
- **Healthy Meaning-Focused Coping:**
  - **Finding the Good:** Looking for positive aspects in tough situations can reduce negative impacts (Lai et al., 2020). This is especially helpful with mindfulness and for those with strong religious beliefs.
- **Healthy Social Coping:**
  - **Counseling and Therapy:** Seeking help from professionals, including online options, can be effective (Li & Leung, 2020).
  - **Talking:** Discussing problems with a trusted friend or coworker can reduce stress and improve relationships (Slepian & Moulton, 2019).
- **Healthy Avoidance-Focused Coping:**
  - **Controlled Distraction:** Engaging in activities to take your mind off stress, like watching TV or imagining a relaxing place (Adasi et al., 2020).
  - **Exercise:** Regular physical activity can help manage stress and improve overall health (Popov et al., 2021).

Occupational Burnout

Occupational burnout is a serious issue that has gained attention in recent years. It affects both personal health (e.g., physical and mental problems) and work performance (e.g., mistakes, absenteeism) (Ochoa, 2018). Preventing burnout is important both for individuals and organizations (Shoman et al., 2021).

Burnout

Burnout is a condition recognized by the International Classification of Diseases (ICD-11) but not classified as a medical condition. It results from ongoing stress at work and is marked by feelings of tiredness, emotional detachment from work, and decreased performance (World Health Organization, 2019). It's common in professions where people help others, like doctors and nurses, leading to fatigue, slow performance, and trouble concentrating (Institute for Quality and Efficiency in Health Care, 2020).

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Burnout and Stress

People with very demanding jobs might feel overwhelmed, tired, and unable to handle their challenges. Stress at work can lead to physical and mental health problems. Some reasons for this stress might include always feeling tired, not being challenged enough, having too little time, or having conflicts with coworkers (Jelimo, 2023).

Sometimes, people work so hard that they ignore their own needs. Stress at work can lead to using sick leave. Improving the work environment or getting more support can help those who are struggling (Jelimo, 2023).

Signs of Burnout

Burnout is when you feel exhausted and overwhelmed by work or personal responsibilities. It can show up in three main ways:

1. **Exhaustion:** Feeling emotionally and physically drained. You might also have stomachaches or other physical problems.
2. **Alienation from Work:** You start to feel frustrated and detached from your job. You might become cynical about your work and coworkers and start feeling numb about your job.
3. **Reduced Performance:** You struggle with everyday tasks, feel pessimistic about your work, and have trouble focusing or being creative (informedhealth.org, 2024).

Signs and Symptoms of Burnout

Burnout symptoms fall into different categories:

- **Feelings and Attitudes:** Positive feelings include energy, confidence, empathy, and a sense of purpose. Negative feelings include exhaustion, dissatisfaction, and anger (Aftab et al., 2012).
- **Behaviors:** Unhealthy behaviors might include avoiding people, reacting harshly, or becoming rigid in your actions. These behaviors can be hard to identify and are often negative (Aftab et al., 2012).
- **Main Signs:** The key signs of burnout are emotional exhaustion, feeling ineffective, and feeling detached from work. These ideas come from Maslach's research on burnout (Maslach, 1981).

Types of Burnouts

1. **Frenetic Burnout:** People with frenetic burnout are very dedicated to their work, often to the point of neglecting their health and personal life. They work hard but are at risk of becoming workaholics.
2. **Underchallenged Burnout:** This happens when people feel bored and unfulfilled at work. They may want to try new jobs but feel stuck in a routine that doesn't interest them.
3. **Worn-out Burnout:** This type occurs when people feel they have no control over their work and believe their efforts are not appreciated. They often feel helpless and neglect their responsibilities (Marín et al., 2011).

Theoretical Frameworks

1. **Social Cognitive Theory:** This theory by Albert Bandura says that how people feel about their ability to handle tasks (self-efficacy) affects their stress levels. Believing in oneself can help manage stress and reduce burnout (Bandura, 1997). For example, nurses with high self-efficacy are less likely to feel burned out because they believe they can handle their job demands (Brown, 2012).
2. **Structural Theory:** This theory suggests that burnout happens when coping strategies fail. Initially, people try different ways to cope with job stress. If these strategies don't work, they might feel dissatisfied, exhausted, and eventually detached from their work (Manzano & Ramos, 2000).
3. **Organizational Theory:** This theory focuses on how stressors at work and poor personal coping strategies lead to burnout. Stressors like too much work or unclear job roles can cause burnout, especially if people don't have good coping methods. Burnout might start with emotional exhaustion, leading to feelings of low personal achievement and detachment from work (Golembiewski et al., 1983; Cox et al., 1993).

In summary, burnout is a serious issue related to stress at work, and different theories offer ways to understand and manage it. Improving self-efficacy, coping strategies, and work conditions can help reduce burnout.

Social Exchange Theory

This theory says that burnout happens when workers feel their efforts at work don't match the rewards they get. When employees feel they put in a lot of effort but don't get enough in return, it leads to emotional exhaustion. This can happen when dealing with clients, coworkers, or managers. As a result, people may start to feel emotionally drained and

unhappy. In nursing, for example, burnout can occur when nurses feel they are not appreciated or supported, which leads to emotional exhaustion and low job satisfaction.

Research Findings

1. **Aftab et al. (2012):** This study found that doctors with higher self-efficacy (confidence in their ability to handle tasks) experienced less burnout. Female doctors reported more burnout than male doctors, but self-efficacy did not vary by gender.
2. **Sikander and Aziz (2012):** Nursing students reported stress from lack of knowledge, poor training, and long hours. Academic stress came from a heavy workload of assignments.
3. **Bagceci and Hamamci (2012):** Turkish teachers with poor coping strategies experienced higher emotional exhaustion. Effective coping strategies were linked to better personal accomplishment.
4. **Savas et al. (2014):** This study showed a negative relationship between teacher self-efficacy and burnout. Higher self-efficacy meant lower burnout levels among teachers.
5. **Gumbau and Soria (2014):** Higher occupational self-efficacy was linked to more positive feelings and less negative stress among professionals.
6. **Banovcinova and Baskova (2014):** Doctors and nurses often face tough work conditions. Stressors included heavy workloads, long hours, and dealing with patient deaths, which can lead to burnout.
7. **Shin et al. (2014):** Emotional-focused coping was positively related to burnout symptoms, while problem-focused coping was negatively related. Coping strategies like seeking social support or religious practices helped reduce burnout.
8. **Demir et al. (2014):** In Jordan, nursing students preferred problem-solving over avoidance as a coping strategy. Taiwanese studies also found problem-solving and optimism were effective coping methods.
9. **Dayyeri et al. (2015):** In relief workers, psychological hardiness and effective coping strategies were strongly linked to higher self-efficacy and lower stress.
10. **Andolhe (2015):** ICU nurses often face high job stress but use control-based coping strategies, which helps reduce burnout.
11. **Alidosti et al. (2016):** In Iran, higher self-efficacy among nurses was linked to lower burnout levels.
12. **Malig et al. (2016):** Nursing students faced stress from school policies, unkind professionals, and misunderstandings, which led to anxiety and stress.
13. **Nazir et al. (2016):** Nurses with high self-efficacy were less likely to feel cynical and more likely to stay in their jobs.

14. **Freitas et al. (2016):** Positive feelings and lower negative feelings acted as mediators between self-efficacy and burnout. Positive feelings helped improve job performance.
15. **Crowe et al. (2018); Fragoso et al. (2016):** Among paramedics, social isolation and unhealthy coping methods like substance abuse increased burnout. Financial support and religion helped reduce burnout.
16. **Fida et al. (2018):** Relational coping self-efficacy protected nurses from workplace rudeness and burnout.
17. **Yasmin et al. (2018):** Nursing students' stress from clinical and academic work affected their performance and patient care.
18. **Amiri et al. (2019):** High self-efficacy was linked to lower burnout and better health among university staff.
19. **Mayakkannan (2019):** Burnout did not affect nurses' job performance during the COVID-19 pandemic.
20. **Boland et al. (2019):** Emergency medical workers with strong support systems and healthy coping strategies experienced less burnout.
21. **Palupi and Findyartini (2019):** There was no clear link between gender and burnout among medical students. However, ineffective coping was linked to higher cynicism and exhaustion.
22. **Morales et al. (2019):** Emotional intelligence and coping strategies affected self-efficacy in Spanish students, impacting their stress and anxiety levels.
23. **Montero et al. (2019):** Understanding how different coping mechanisms affect burnout can help improve prevention and treatment strategies.
24. **Dijxhoorn et al. (2020):** Palliative care nurses showed high burnout levels. Workplace interventions could help reduce burnout and address psychological issues.
25. **Freire et al. (2020):** Different coping strategies among university students were linked to their self-efficacy and expectations.
26. **De et al. (2020):** For staff nurses, higher burnout levels led to lower job performance and vice versa.
27. **Tasic et al. (2020):** Older workers with high self-efficacy and certain traits experienced higher burnout levels.
28. **Kim and Lee (2021):** Positive employee interactions and work culture can reduce burnout rates in nursing.

Study Summaries

1. **Xhelilaj et al. (2021):** This study looked at how coping strategies, work stress, and burnout are connected. It found that female teachers get less support from administrators compared to male teachers. Men experienced more

depersonalization (a sense of detachment) than women. Older teachers felt more worn out but also felt they achieved more in their careers.

2. **Lu et al. (2022):** This study explored how burnout rates in nursing are affected by care teams. It found that having a strong sense of community helps reduce burnout. Effective teamwork is important for lowering burnout levels.
3. **Andlib et al. (2022):** This study focused on Pakistani nurses caring for COVID-19 patients. About 49% of nurses felt burned out, 37% felt emotionally exhausted, and 47% felt they weren't achieving much professionally. Nurses in public hospitals, who had high patient loads and no COVID-19 training, experienced more burnout and mental health issues. Anger, stress, depression, anxiety, and lack of support were strongly linked to burnout.
4. **Lim et al. (2022):** This study looked at how burnout affects psychiatric nurses' job performance and their self-confidence. It found that burnout sometimes affects job performance but lessens the negative impact of self-confidence on performance.
5. **Riu et al. (2023):** This study examined how social support impacts nurse burnout. Strong social support helps reduce burnout, especially for those with heavy workloads. Emotional, practical, and informational support helps nurses handle daily stress better.

Why This Study Matters

1. **Understanding Burnout in Nursing:** Nurses face many challenges, and burnout is common in this profession. It can harm their health and job performance. Studying burnout and self-efficacy (belief in one's ability to succeed) can help us understand these issues better.
2. **Importance of Self-Efficacy:** Self-efficacy is crucial for motivation, job satisfaction, and handling work challenges. Identifying ways to improve self-efficacy can help reduce burnout and improve nurses' well-being and effectiveness.
3. **Cultural and Work-Related Issues:** In Pakistan, married nurses working night shifts face cultural and religious challenges, leading to higher burnout compared to single nurses. Nurses aged 20-30 with 10-15 years of experience also reported lower quality of life and more burnout.
4. **Global Nursing Shortage:** The World Health Organization reports a global shortage of nurses. In Pakistan, the nurse-to-population ratio is much worse than in developed countries. This shortage leads to high stress and turnover rates among nurses.
5. **Impact of Self-Efficacy on Burnout:** High self-efficacy helps reduce mental exhaustion and improves work outcomes. Nurses with high self-efficacy manage stress better and are more resilient.

6. **Challenges for Night Shift Workers:** Nurses working night shifts experience more stress and burnout due to the strain of leaving family and dealing with exhaustion. This leads to quicker and more severe burnout compared to day shift workers.
7. **Burnout Differences by Specialty and Shift:** In Japan, nurses in internal medicine wards reported higher burnout compared to those in obstetrics and gynecology. In Europe, longer shifts led to more burnout and job dissatisfaction. Younger nurses in China, Europe, and the USA experience higher burnout and are less likely to use coping strategies. Married nurses also report higher burnout levels compared to single nurses.

Conceptual framework

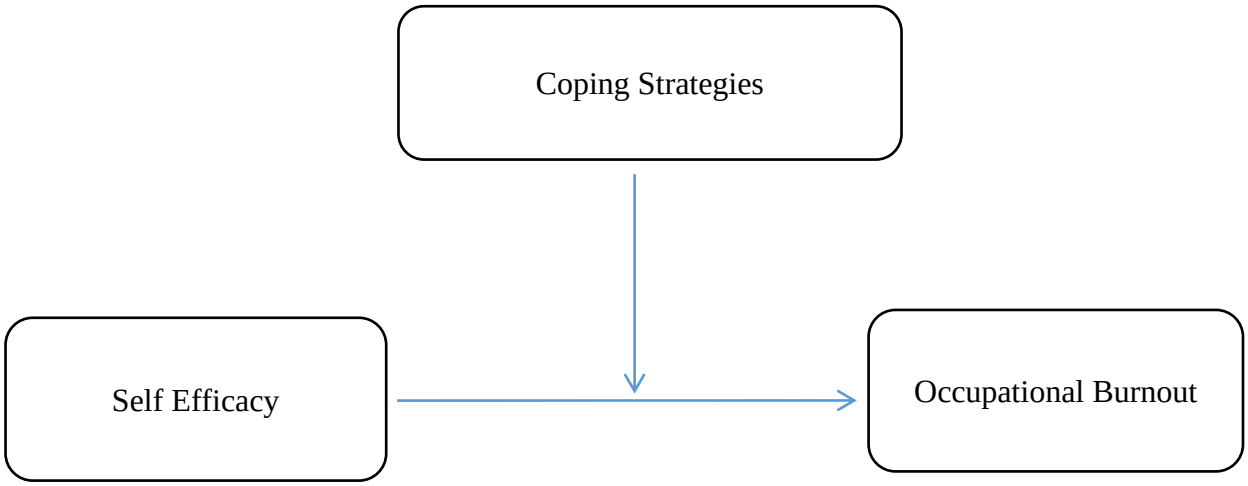

Figure 1 Conceptual Frame work for Present Study

Objectives

The goals of this research are:

1. To explore the relationship between self-efficacy, occupational burnout, and coping strategies among nursing staff.
2. To examine how coping strategies influence the relationship between self-efficacy and occupational burnout.
3. To analyze differences in self-efficacy, coping strategies, and burnout across various demographic factors.

Hypotheses

The research tests these hypotheses:

1. Self-efficacy is negatively related to occupational burnout among nursing staff.
2. Self-efficacy is positively related to the use of coping strategies among nursing staff.
3. Coping strategies moderate the relationship between self-efficacy and occupational burnout among nursing staff.

Definitions

- **Self-Efficacy:** This measures how confident people are in their ability to handle tasks. It will be assessed using the General Self-Efficacy Scale (GSE). Scores range from 10 (low self-efficacy) to 40 (high self-efficacy).
- **Occupational Burnout:** This refers to the feeling of being overwhelmed and exhausted at work. It will be measured using the Burnout Assessment Tool Scale (BAT). Scores range from 12 (low burnout) to 60 (high burnout).
- **Coping Strategies:** These are methods used to manage stress. The Brief COPE scale will measure this, with scores ranging from 28 (low coping) to 112 (high coping).

Instruments

- **General Self-Efficacy Scale:** Measures self-efficacy with 10 items on a 4-point scale. It has been used widely and has good reliability.
- **Brief COPE Scale:** Measures coping strategies with 28 items on a 4-point scale, covering various ways people handle stress. It includes problem-focused, emotion-focused, and avoidant coping strategies.

- **Burnout Assessment Tool Scale (BAT):** Measures burnout with 12 items on a 5-point scale, covering exhaustion, mental distance, cognitive impairment, and emotional impairment.

Research Design

This study will use a cross-sectional correlational design and survey methods to explore the relationships between the variables.

Inclusion Criteria

- Nurses from both private and government hospitals.
- Both male and female nurses.
- Nurses with more than 6 months of experience.

Exclusion Criteria

- Nurses with less than 6 months of experience.

Demographic Information

Data will be collected on participants' age, gender, education, marital status, income, family system, working shifts, employment status, and other relevant factors.

Ethical Considerations

Permission will be obtained from various hospitals, and consent forms will be attached to each questionnaire. Participants' information will be kept confidential, and they can withdraw from the study at any time.

Sample

The study will involve 300 nursing staff, both male and female, from private and government hospitals.

Demographic Breakdown

- **Gender:** 270 females (89.7%) and 30 males (10.0%).
- **Education:** 181 BSN (60.3%) and 119 diploma holders (39.7%).
- **Family System:** 174 in joint families (57.8%) and 126 in nuclear families (41.9%).

- **Marital Status:** 187 married (62.3%) and 111 unmarried (37.0%).
- **Monthly Income:** 107 low (35.7%), 171 medium (57.0%), and 22 high (7.3%).
- **Working Shifts:** 218 single shift (72.4%), 33 double shift (11.0%), and 49 triple shift (16.3%).
- **Institution:** 219 government (72.8%), 70 private (23.3%), and 10 semi-government (3.3%).
- **Employment Status:** 29 adhoc (9.6%), 60 contract (19.9%), and 209 government (69.4%).

Table 1: *Descriptive characteristics of the sample (N = 300)*

Descriptive Characteristics		*f*	*%*
Gender			
	Male	30	10.0
	Female	270	89.7
Education			
	BSN	181	60.3
	Diploma holders	119	13.6
Family System			
	Joint	174	57.8
	Nuclear	126	41.9
Marital Status			
	Married	187	62.3
	Unmarried	111	37.0
Monthly Income			
	Low	107	35.7
	Medium	171	57.0
	High	22	7.3
Working Shifts			
	Single Shift	218	72.4

	Double shift	33	11.0
	Triple Shift	49	16.3
Institution			
	Government	219	72.8
	Private	70	23.3
	Semi-government	10	3.3
Employment Status			
	Adhoc	29	9.6
	Contract	60	19.9
	Government	209	69.4

Procedure

After getting approval and explaining the study to the participants, they signed a consent form. Then, each participant received a set of questionnaires to fill out. To keep their answers private, the questionnaires were completed anonymously.

Each participant filled out one set of questionnaires that included three scales:

1. **Self-Efficacy Scale (GSE)**: Measures self-efficacy (confidence in one's abilities).
2. **Coping Strategies Scale (Brief COPE)**: Measures how participants handle stress.
3. **Burnout Assessment Tool (BAT)**: Measures occupational burnout (work-related stress).

RESULTS

Once data collection was complete, the information from the 300 participants was entered into the SPSS software for analysis. This software helped analyze the data to understand the relationships between self-efficacy, occupational burnout, and coping strategies.

Several statistical methods were used:

1. **Reliability Check**: Cronbach's alpha was used to check the reliability of the scales.
2. **Descriptive Statistics**: Calculated means, standard deviations, and ranges for all variables.
3. **Correlation Analysis**: Examined the relationships between self-efficacy, burnout, and coping strategies.
4. **T-tests**: Compared differences based on gender, family system, and marital status.
5. **ANOVA**: Checked for differences based on monthly income, working shifts, institutions, and employment status.
6. **Linear Regression**: Assessed how self-efficacy and coping strategies (especially problem-focused coping) predict occupational burnout.

Table 2: *Psychometric Properties of Gender on Study Variables (N = 300)*

Variable	No. of Items	Cronbach α	Mean	*SD*	Score Range		Skew
					Potential	Actual	
GSE	10	.92	27.5	8.51	10-40	10-40	-.36
BC	28	.85	63.5	13.03	28-112	3-98	.09
PFC	8	.80	19.5	5.40	8-32	8-32	.14
EFC	12	.70	28.0	6.11	12-48	13-48	.15
AC	8	.59	16.0	4.00	8-32	28-112	.26
BAT	12	.87	32.9	10.51	12-60	12-57	.39
EX	4	.74	8.62	2.95	4-20	3-15	.01
MD	4	.60	8.83	3.13	4-20	3-15	.06
CI	4	.81	7.72	3.57	4-20	3-15	.39
EI	4	.82	7.73	3.56	4-20	3-15	.31

Note:

- **GSE** = General Self-Efficacy
- **BC** = Brief COPE
- **PF** = Problem-Focused Coping
- **EFC** = Emotion-Focused Coping
- **AC** = Avoidant Coping
- **BAT** = Burnout Assessment Tool

- **EX** = Exhaustion
- **MD** = Mental Distance
- **CI** = Cognitive Impairment
- **EI** = Emotional Impairment

Table 2 shows the details about the reliability and basic statistics for the coping strategies, occupational burnout, and self-efficacy scales.

- **General Self-Efficacy Scale**: Reliability is .92, which is excellent.
- **Coping Strategies**: Overall reliability is .85, which is very good.
    - **Problem-Focused Coping**: Reliability is .80, which is good.
    - **Emotion-Focused Coping**: Reliability is .70, which is reliable.
    - **Avoidant Coping**: Reliability is .59, which is moderately reliable.
- **Occupational Burnout**: Reliability is .87, indicating good consistency.
    - **Exhaustion**: Reliability is .74, which is moderately reliable.
    - **Mental Distance**: Reliability is .60, which is moderately reliable.
    - **Cognitive Impairment**: Reliability is .81, which is good.
    - **Emotional Impairment**: Reliability is .82, which is good.

Skewness values indicate how scores are spread out. If the skewness value is close to zero, it means the data is normally distributed.

Table 3 shows the relationships between the study variables for the 300 participants.

	+Variables	1	2	3	4	5	6	7	8	9	10
1	GSE	-	.51**	.63**	.37**	.28**	-.49**	-.29**	-.30**	-.45**	-.48**
2	BC		-	.84**	.89**	.76**	-.11*	-.05	-.72	-.09	-.13*
3	PFC			-	.64**	.48**	-.27**	-.14**	-13*	-.26**	-.30**
4	EFC				-	.56**	.02	.02	.03	.03	-.01
5	AC					-	-.06	-.02	-.10	-.02	-.03
6	BAT						-	.75**	.70**	.85**	.85**
7	EX							-	.41**	.48**	.53**
8	MD								-	.45**	.39**
9	CI									-	.71**
10	EI										-

***p< .01; *p <.05*

Note:

- **GSE** = General Self-Efficacy
- **BC** = Brief COPE
- **PF** = Problem-Focused Coping
- **EFC** = Emotion-Focused Coping
- **AC** = Avoidant Coping
- **BAT** = Burnout Assessment Tool
- **EX** = Exhaustion
- **MD** = Mental Distance
- **CI** = Cognitive Impairment
- **EI** = Emotional Impairment

Table 3 shows the results of the Pearson correlation analysis, which helps us understand how different study variables are related:

- **Self-Efficacy** is positively related to **Coping Strategies** and its different types.
- **Self-Efficacy** is negatively related to **Occupational Burnout** and its different types, meaning that higher self-efficacy is linked to lower burnout.

- **Coping Strategies** are negatively related to **Occupational Burnout** and its different types, indicating that better coping strategies are associated with lower burnout.

Table 4: *Mean differences across Family system on study variables (N = 300)*

Variables	Nuclear *(n=174)*		Joint *(n=126)*		*t* *(298)*	*p*	95% *CI*		Cohen's *d*
	M	*SD*	*M*	*SD*			*LL*	*UL*	
GSE	28.23	8.06	26.71	9.05	1.50	.13	-.47	3.51	.17
BC	64.32	12.40	62.55	13.83	1.13	.25	-1.28	4.82	.13
PFC	19.83	5.17	19.14	5.70	1.08	.27	-.56	1.96	.12
EFC	28.19	6.04	27.86	6.23	.45	.65	1.09	1.74	.05
AC	16.32	3.78	15.57	4.27	1.57	.11	-.19	1.68	.18
BAT	31.07	9.21	35.47	11.65	-3.51	.00	-6.86	-1.93	.41
EX	8.28	2.79	9.09	3.09	-2.32	.02	-1.49	-1.22	.27
MD	8.57	3.05	9.19	3.09	-1.67	.09	-1.34	.11	.20
CI	7.06	3.22	8.64	3.83	-3.76	.00	-2.40	-.75	.44
EI	7.14	3.27	8.54	3.80	-3.33	.00	-2.22	-.57	.39

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 4 shows the differences in scores between nurses from joint families and those from nuclear families on several factors:

- **Occupational Burnout**: Nurses from joint families have higher burnout scores (35.47) compared to those from nuclear families, and this difference is statistically significant ($p < .001$).
- **Exhaustion**: Nurses from joint families experience more exhaustion (9.09) compared to nuclear family nurses, with a significant difference ($p < .05$).
- **Cognitive Impairment**: Joint family nurses score higher on cognitive impairment (8.64) than nuclear family nurses, and this difference is significant ($p < .001$).

- **Emotional Impairment**: Joint family nurses also have higher emotional impairment scores (8.54) compared to nuclear family nurses, with a significant difference ($p < .001$).

However, there were no significant differences found in:

- **Mental Distance**
- **Coping Strategies** (including Problem-Focused Coping, Emotion-Focused Coping, Avoidant Coping)
- **Self-Efficacy**

Cohen's d was used to measure the size of these effects. The values ranged from 0.39 to 0.44, indicating a small effect size between male and female nursing staff.

Table 5: *Mean differences across Marital status on study variables (N = 300)*

Variables	*Married (n=187)*		*Unmarried (n=111)*		*t (298)*	*p*	95% *CI*		Cohen's *d*
	M	*SD*	*M*	*SD*			*LL*	*UL*	
GSE	27.61	8.28	27.46	8.91	.14	.88	-1.90	2.19	.02
BC	64.12	12.16	62.22	14.03	1.18	.23	-1.25	5.06	.14
PFC	19.51	5.08	28.37	5.89	.04	.96	-1.29	1.35	1.61
EFC	28.37	5.73	27.28	6.43	1.46	.14	-.37	2.54	.18
AC	16.36	3.99	15.33	3.95	2.17	.03	.09	1.97	.26
BAT	33.26	9.95	32.41	11.50	.65	.51	-1.73	3.44	.08
EX	8.83	2.63	8.27	3.41	1.47	.14	-.18	1.29	.18
MD	8.75	3.06	8.97	3.29	.55	.57	-.97	.54	.07
CI	7.74	3.47	7.72	3.77	.06	.94	-.83	.89	.01
EI	7.92	3.59	7.44	3.54	1.13	.25	-.35	1.32	.13

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 5 shows the differences in scores between married and unmarried nurses on several factors:

- **Avoidant Coping**: Married nurses score higher on avoidant coping (16.36) compared to unmarried nurses, and this difference is significant ($p < .05$).

However, there were no significant differences in:

- **Occupational Burnout**
- **Exhaustion**
- **Mental Distance**
- **Cognitive Impairment**
- **Emotional Impairment**
- **Overall Coping Strategies**
- **Problem-Focused Coping**
- **Emotion-Focused Coping**
- **Self-Efficacy**

Cohen's d was used to measure how big the differences are. The value of Cohen's d is 0.26, which shows a small effect size between married and unmarried nurses.

Table 6: *Mean differences across Gender on study variables (N = 300)*

Variables	Male *(n=30)*		Female *(n=270)*		*t (298)*	*p*	95% *CI*		Cohen's *d*
	M	*SD*	*M*	*SD*			*LL*	*UL*	
GSE	26,40	9.49	27.72	8.40	-.73	.46	-5.00	2.34	.14
BC	60.26	14.69	63.94	12.81	1.31	.19	-9.35	1.99	.26
PFC	17.96	5.56	19.72	5.37	1.64	.10	-3.92	.40	.31
EFC	27.10	7.43	28.15	5.96	-7.54	.45	-3.19	1.79	.15
AC	15.26	3.60	16.09	4.04	-1.17	.24	-2.25	.59	.21
BAT	29.40	9.52	33.31	10.56	-2.11	.04	-7.66	-.16	.38
EX	6.26	2.97	8.88	2.83	-4.60	.00	-3.77	-1.46	.90
MD	8.46	3.29	8.87	3.12	-.64	.52	-1.68	.87	.12
CI	7.16	3.31	7.78	3.60	-.96	.34	-1.92	.68	.17
EI	7.50	3.86	7.76	3.53	-.35	.72	-1.76	1.23	.07

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 6 shows the differences between male and female nurses in several areas:

- **Occupational Burnout**: Female nurses have higher scores for occupational burnout (33.31) compared to male nurses, and this difference is significant ($p < .05$).
- **Exhaustion**: Female nurses also score higher on exhaustion (8.88) than male nurses, and this difference is very significant ($p < .001$).

There were no significant differences between male and female nurses in:

- **Mental Distance**
- **Cognitive Impairment**
- **Emotional Impairment**
- **Overall Coping Strategies**
- **Problem-Focused Coping**
- **Emotion-Focused Coping**
- **Avoidant Coping**
- **Self-Efficacy**

Cohen's d was used to measure the size of these differences. The value of Cohen's d ranges from 0.38 to 0.90, indicating a small to moderate effect size.

Table 7: *Mean Differences across Monthly Income between study variables (N = 300)*

Variables	Low (107)		Medium (171)		high (22)		*F*	η^2	Groups	*MD (i-j)*	95% *CI*	
	M	*SD*	*M*	*SD*	*M*	*SD*					*LL*	*UL*
GSE	26.36	8.81	27.75	8.27	32.36	7.28	4.71*	.03	High > low	5.99	1.26	10.73
									High > medium	4.60	.02	9.14
BC	62.65	13.77	63.41	12.60	69.31	11.59	2.43	.02	-	-	-	-
PFC	19.25	5.87	19.36	5.03	22.36	5.26	3.28*	,02	High > low	3.11	.08	6.13
									High > medium	2.99	.06	5.92
EFC	28.09	6.15	27.80	6.04	29.81	6.53	1.06	.01	-	-	-	-
AC	15.25	4.24	16.31	3.98	17.36	1.94	3.73	.02	-	-	-	-

BAT	32.62	11.36	33.35	10.37	31.00	6.76	.55	N-A	-	-	-
EX	8.17	3.26	8.89	2.82	8.72	2.00	1.97	.01	-	-	-
MD	8.87	3.47	8.87	3.02	8.27	2.25	.37	N-A	-	-	-
CI	7.91	3.94	7.67	3.45	7.22	2.50	.38	N-A	-	-	-
EI	7.65	3.69	7.91	3.56	6.77	2.81	1.04	N-A	-	-	-

**p<.05*

Table 7 displays the average scores, standard deviations, and F-values for study variables based on monthly income categories (low, medium, and high).

- **Problem-Focused Coping**: People with higher monthly income score higher (22.36) compared to those with low or medium monthly income, and this difference is significant ($p < 0.05$).
- **Self-Efficacy**: People with higher monthly income also score higher (32.36) compared to those with low or medium monthly income, and this difference is significant ($p < 0.05$).

There were no significant differences found in:

- **Occupational Burnout**
- **Exhaustion**
- **Mental Distance**
- **Cognitive Impairment**
- **Emotional Impairment**
- **Overall Coping Strategies**
- **Emotion-Focused Coping**
- **Avoidant Coping**

The effect size, measured by η^2 (eta squared), ranges from 0.02 to 0.03, which indicates a small effect.

Table 8: *Mean Differences across working shifts between study variables (N = 300)*

Variables	Single Shift (218)		Double Shift (33)		Triple Shift (49)		*F*	η^2	Groups	*MD (i-j)*	95% *CI*	
	M	*SD*	*M*	*SD*	*M*	*SD*					*LL*	*UL*
GSE	26.97	8.60	26.15	8.53	31.34	7.11	6.01**	.04	Triple shift > Single shift	4.37	1.18	7.56
									Triple shift > double shift	5.19	.65	9.73
BC	64.10	13.50	58.65	10.79	64.44	11.69	2.59	.02	-	-	-	-
PFC	19.58	5.40	17.63	5.26	20.65	5.28	3.13*	.02	Triple shift > double shift	3.02	.10	5.93
EFC	28.11	6.27	26.78	5.09	28.59	6.01	.89	.01	-	-	-	-
AC	16.38	4.05	14.39	4.01	15.44	3.46	4.20*	.03	Single shift > double shift	1.99	.2086	3.77
BAT	33.09	10.39	35.60	12.77	30.34	8.91	2.60	.02	-	-	-	-
EX	8.70	2.90	9.06	3.33	8.00	2.83	1.53	.01	-	-	-	-
MD	8.70	3.13	9.39	3.10	9.02	3.21	.79	.01	-	-	-	-
CI	7.92	3.53	8.36	4.15	6.42	3.05	4.16*	.03	Single shift > triple shift	1.49	.1468	2.84
									Double shift > triple shift	1.94	.0169	3.85
EI	7.76	3.44	8.78	4.55	6.89	3.18	2.83	.02	-	-	-	-

***p< .01; *p< .05*

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 8 displays the average scores, standard deviations, and F-values for study variables based on working shifts (single shifts, double shifts, and triple shifts).

- **Self-Efficacy**: Nurses working double shifts score higher (26.97) compared to those working single and triple shifts, and this difference is significant ($p < 0.01$).
- **Cognitive Impairment**: Nurses working double shifts score higher (8.36) compared to those working single and triple shifts, and this difference is significant ($p < 0.05$).
- **Problem-Focused Coping**: Nurses working single shifts score higher (19.58) compared to those working double and triple shifts, and this difference is significant ($p < 0.05$).
- **Avoidant Coping**: Nurses working single shifts score higher (16.38) compared to those working double and triple shifts, and this difference is significant ($p < 0.05$).

There were no significant differences found in:

- **Occupational Burnout**
- **Exhaustion**
- **Mental Distance**
- **Emotional Impairment**
- **Overall Coping Strategies**
- **Emotion-Focused Coping**

The effect size, measured by η^2 (eta squared), ranges from 0.02 to 0.04, which indicates a small effect.

European Journal of Biology and Medical Science Research
Vol.13, No.2, pp.,1-35, 2025
Print ISSN: ISSN 2053-406X,
Online ISSN: ISSN 2053-4078
Website: https://www.eajournals.org/
Publication of the European Centre for Research Training and Development -UK

Table 9: *Mean Differences across Institution between study variables (N = 300)*

Variables	Government (219)		Private (70)		Semi-Government (11)		*F*	η^2	Groups	*MD (i-j)*	95% *CI*	
	M	*SD*	*M*	*SD*	*M*	*SD*					*LL*	*UL*
GSE	28.50	8.45	24.68	8.34	28.00	7.15	5.52**	.04	Government > private	3.82	1.05	6.59
BC	64.48	12.09	60.70	15.29	64.00	13.99	2.25	.02	-	-	-	-
PFC	20.02	5.04	18.02	6.23	19.72	5.38	3.68*	.02	Government > private	1.99	.22	3.76
EFC	28.33	5.85	27.18	6.81	27.90	6.74	.94	.01	-	-	-	-
AC	16.21	3.98	15.28	4.12	16.72	3.34	1.59	.10	-	-	-	-
BAT	33.60	10.28	31.20	11.54	30.27	6.57	1.76	.01	-	-	-	-
EX	8.99	2.73	7.60	3.46	7.60	1.83	6.59**	.04	Government > private	1.39	.44	2.35
MD	9.00	3.05	8.47	3.36	7.72	3.16	1.47	.01	-	-	-	-
CI	7.78	3.58	7.55	3.75	7.72	2.24	.10	N-A	-	-	-	-
EI	7.82	3.52	7.57	3.85	7.00	2.32	.38	N-A	-	-	-	-

***p< .01; *p< .05*

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 9 shows the average scores, standard deviations, and F-values for study variables based on the type of institution (Government, Private, and Semi-Government).

- **Self-Efficacy**: Nurses working in government institutions score higher (28.50) compared to those working in private and semi-government institutions, and this difference is significant ($p < 0.01$).
- **Exhaustion**: Nurses working in government institutions score higher (8.99) compared to those in private and semi-government institutions, and this difference is significant ($p < 0.05$).
- **Problem-Focused Coping**: Nurses working in government institutions score higher (20.02) compared to those in private and semi-government institutions, and this difference is significant ($p < 0.01$).

There were no significant differences found in:

- **Occupational Burnout**
- **Mental Distance**
- **Emotional Impairment**
- **Overall Coping Strategies**
- **Emotion-Focused Coping**

The effect size, measured by η^2 (eta squared), ranges from 0.02 to 0.04, which indicates a small effect.

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Table 10: *Mean Differences across Employment status between study variables (N = 300)*

Variables	Adhoc (29)		Contract (60)		Government (211)		*F*	η^2	Groups	*MD (i-j)*	95% *CI*	
	M	*SD*	*M*	*SD*	*M*	*SD*					*LL*	*UL*
GSE	28.10	8.64	23.23	8.32	28.76	8.17	10.56***	.07	Adhoc > contract	4.87	.37	9.36
BC	64.00	15.09	59.28	14.62	64.74	12.02	4.20*	.03	Government > contract	5.46	.92	10.01
PFC	19.41	6.16	17.25	5.78	20.21	5.01	7.35**	.05	Government > contract	2.97	1.10	4.83
EFC	28.55	6.58	26.58	6.89	28.40	5.77	2.19	.02	-	-	-	-
AC	16.00	3.93	15.20	4.15	16.24	3.96	1.60	.01	-	-	-	-
BAT	31.89	11.56	32.66	11.53	33.13	10.10	.19	N-A	-	-	-	-
EX	8.10	3.71	8.15	3.31	8.83	2.70	1.76	.01	-	-	-	-
MD	8.48	3.05	8.60	3.71	8.94	2.97	.48	N-A	-	-	-	-
CI	7.27	3.72	8.10	3.73	7.68	3.51	.57	N-A	-	-	-	-
EI	8.03	4.05	7.81	3.64	7.67	3.48	.14	N-A	-	-	-	-

****p< .000; **p< .01; *p< .05*

Note. GSE = General self efficacy, BC = Brief cope, PF = Problem focused coping, EFC = Emotional focused coping, AC = Avoidant coping, BAT = Burnout assessment tool, EX = Exhaustion, MD = Mental distance, CI = Cognitive impairment, EI= Emotional impairment.

Table 10 shows the average scores, standard deviations, and F-values for study variables based on employment status (Adhoc, Contract, and Government).

- **Self-Efficacy**: Nurses working in government positions score higher (28.76) compared to those in contract and adhoc positions, with this difference being significant ($p < 0.001$).
- **Coping Strategies**: Nurses working in government positions score higher (64.74) compared to those in contract and adhoc positions, with this difference being significant ($p < 0.05$).
- **Problem-Focused Coping**: Nurses working in government positions score higher (20.21) compared to those in contract and adhoc positions, with this difference being significant ($p < 0.01$).

There were no significant differences found in:

- **Occupational Burnout**
- **Exhaustion**
- **Mental Distance**
- **Cognitive Impairment**
- **Emotional Impairment**
- **Emotion-Focused Coping**
- **Avoidant Coping**

The effect size, measured by η^2 (eta squared), ranges from 0.03 to 0.07, indicating a small effect.

Table 11

Predicting Role of Self Efficacy and Occupational Burnout among Nursing Staff (N=300)

Variables	B	*S.E*	*β*	95% CI	
				LL	UL
Constant	49.62	1.80		46.07	53.16
General self efficacy	-.60***	.06	-.49	-.72	-.48
R^2	.24				
F	94.01				

****p< .000*

Table 11 looks at how self-efficacy affects occupational burnout.

- **Self-Efficacy**: Self-efficacy has a negative effect on occupational burnout. This means that as self-efficacy increases, occupational burnout decreases.
  - The effect is measured as **β = -0.49**, which is statistically significant (**p < 0.001**).
- **Explained Variance**: Self-efficacy accounts for **24%** of the variation in occupational burnout, as indicated by **R^2 = 0.24**.
- **Model Significance**: The overall model is highly significant, with an **F-value of 94.01** (**p < 0.001**).

Table 12: *Predicting Role of Coping Strategies and Occupational Burnout among Nursing Staff (N=300)*

Variables	B	*S.E*	*β*	95% CI	
				LL	UL
Constant	38.88	3.02		32.93	44.83
Brief Cope	-.09*	.047	-.12	-.18	-.00
R^2	.13				
F	4.05				

**p< .05*

Table 12 explores how coping strategies relate to occupational burnout.

- **Coping Strategies**: Coping strategies have a negative effect on occupational burnout. This means that better coping strategies are associated with lower levels of occupational burnout.
  - The effect is measured as **β = -0.12**, which is statistically significant (**p < 0.05**).
- **Explained Variance**: Coping strategies account for **13%** of the variation in occupational burnout, as shown by **R^2 = 0.13**.
- **Model Significance**: The overall model is significant, with an **F-value of 4.05** (**p < 0.05**).

Table 13: *Predicting Role of Problem Focused Coping and Occupational Burnout among Nursing Staff (N=300)*

Variables	B	*S.E*	*β*	95% CI	
				LL	UL
Constant	43.40	2.19		39.07	47.72
Problem focused coping	-.53***	.10	-.26	-.74	-.32
R^2	.07				
F	17.02				

****p< .000*

Table 13 examines the impact of problem-focused coping on occupational burnout.

- **Problem-Focused Coping**: Problem-focused coping has a negative effect on occupational burnout, meaning that better problem-focused coping is linked to lower levels of burnout.
  - The effect is measured as **β = -0.26**, which is statistically significant (**p < 0.001**).
- **Explained Variance**: Problem-focused coping accounts for **7%** of the variation in occupational burnout, as shown by **R^2 = 0.07**.
- **Model Significance**: The overall model is significant, with an **F-value of 17.02** (**p < 0.001**).

DISCUSSION

The purpose of this study was to explore how self-efficacy, occupational burnout, and coping strategies are related among nursing staff. Specifically, the research aimed to understand how coping strategies might influence the relationship between self-efficacy and occupational burnout. Additionally, the study examined differences across various demographic factors in terms of self-efficacy, coping strategies, and occupational burnout.

Data Analysis Methods

The data were analyzed using the Statistical Package for the Social Sciences (SPSS). Reliability of the scales and subscales was checked using coefficient alpha analysis, and the results were found to be reliable. Pearson correlation and regression analyses tested the main hypotheses, while t-tests and ANOVA were used to examine differences based on demographic factors.

Demographic and Descriptive Characteristics

Demographic variables like gender, education, family system, marital status, monthly income, institution, working shifts, and employment status were analyzed using percentages and frequencies. The data's skewness values, ranging between -1 and +1, indicated that the data was normally distributed.

Correlation Analysis

- **Self-Efficacy and Occupational Burnout**: The first hypothesis proposed that self-efficacy would be negatively correlated with occupational burnout. The results supported this hypothesis, showing that higher self-efficacy is associated with lower burnout. This finding aligns with previous research, which has also found a negative relationship between self-efficacy and burnout.
- **Self-Efficacy and Coping Strategies**: The second hypothesis stated that self-efficacy would be positively correlated with coping strategies. The results confirmed this hypothesis, indicating that higher self-efficacy is linked to better coping strategies. This is consistent with earlier studies that have found a positive relationship between self-efficacy and coping.
- **Coping Strategies as a Moderator**: The third hypothesis proposed that coping strategies would moderate the relationship between self-efficacy and occupational burnout. However, the study did not find evidence to support this, suggesting that coping strategies do not significantly alter the relationship between self-efficacy and burnout. This contrasts with some previous studies that found coping strategies to be effective moderators.

Possible Reasons for Findings

In Pakistan, limited mental health resources and inadequate training in stress management might affect the effectiveness of coping strategies. The cultural context, which may prioritize collective over individual coping methods, could also play a role in these findings. Additionally, participants might have struggled to clearly understand and apply coping strategies due to a lack of familiarity or training.

Mean Differences Across Demographic Variables

- **Family System**: Significant differences were found between joint and nuclear family systems. Joint family staff experienced higher levels of occupational burnout and related issues compared to nuclear family staff.
- **Marital Status**: Married nurses reported higher use of avoidant coping strategies compared to unmarried nurses.
- **Gender**: Female nurses reported higher levels of occupational burnout compared to male nurses. This finding is consistent with some previous research showing higher burnout levels among female healthcare professionals.

- **Monthly Income**: Nurses with higher monthly incomes reported better self-efficacy compared to those with lower or medium incomes.
- **Working Shifts**: Nurses working double shifts had higher self-efficacy compared to those on single or triple shifts.
- **Institution**: Nurses working in government institutions reported higher self-efficacy than those in private or semi-government institutions.
- **Employment Status**: Government-employed nurses had higher self-efficacy compared to those on contract or adhoc positions.

Regression Analysis

- **Self-Efficacy and Occupational Burnout**: Self-efficacy was found to negatively predict occupational burnout, explaining 24% of the variance.
- **Coping Strategies and Occupational Burnout**: Coping strategies also negatively predicted occupational burnout, accounting for 13% of the variance.
- **Problem-Focused Coping and Occupational Burnout**: Problem-focused coping was found to negatively predict occupational burnout, explaining 7% of the variance.

CONCLUSION

The study confirmed that self-efficacy is negatively related to occupational burnout and positively related to coping strategies. However, coping strategies do not significantly moderate the relationship between self-efficacy and burnout. Addressing burnout through effective coping strategies is crucial for nursing staff.

Implications

Improving awareness of self-efficacy and coping strategies among nurses can help manage stress and reduce burnout. Healthcare organizations should focus on training programs and support systems to enhance coping skills and job performance. Effective stress management can lead to better patient care and reduced staff turnover.

Limitations

The findings may not be generalizable beyond the sample from government and private hospitals in Rawalpindi and Islamabad. Nurses may have provided socially desirable responses rather than their true feelings. The cross-sectional nature of the study limits the ability to determine causality or changes over time.

Suggestions for Future Research

- **Sample Size and Diversity**: Future studies should include a larger and more diverse sample across different regions and professions.

- **Longitudinal Studies**: Long-term studies are needed to track changes in self-efficacy, coping strategies, and burnout over time.
- **Organizational Factors**: Research should explore how factors like workload, job autonomy, and leadership support affect burnout and coping.
- **Interventions**: Evaluating interventions such as skill development and mentoring programs can provide insights into improving self-efficacy and coping strategies.

Future research should also investigate the role of social support networks and their impact on reducing stress and burnout among healthcare professionals.