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Role of Self Efficacy and Work Resilience in Head Nurses' Job Insecurity at Main Mansoura University Hospital

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1.ABSTRACT

Background: Self-efficacy and resilience can serve as internal resources to combat the difficulties brought on by job insecurity. Aim: To determine the role self-efficacy and work resilience in head nurses' job insecurity at Main Mansoura University Hospital. Methods: A descriptive, correlational design was utilized with a sample of (81) head nurses at Main Mansoura University hospitals. Tools of data collection were General Self-Efficacy Scale (GSES), Connor- Davidson Resilience Scale (CD-RISC) and Job Insecurity Questionnaire (JIQ). Results: The majority of studied head nurses had (76.5%) represents the highest level of self-efficacy, more than half of the head nurses who were studied (56.8%) had a highest level of wok resilience and have perceived low level of job insecurity. There was Statistically significant negative correlation between job insecurity and both self-efficacy and work resilience. Conclusion: There was statistically significant negative correlation between job insecurity and both self-efficacy and work resilience at Main Mansoura University Hospital. Recommendations: Promote a healthy workplace for head nurses that giving them a sense of being safe. Create a supportive work atmosphere can help nurses feel more empowered, boost their self-confidence, perform better in their jobs and provide regular training program to head nurses for reinforcing their acquisition of resilience skills, rules, techniques and self-efficacy.

Keywords: Head Nurses, Job Insecurity, Self Efficacy, Work Resilience

2.Introduction:

Responding to people's changing needs and the changing nature of society is now challenging for the nursing profession and other healthcare professions. Head nurses of hospital wards face additional challenges in their administrative positions in addition to rising workloads. Head nurses produce a crucial role in the progress of healthcare organisations as the line of professional contact between senior management and clinical staff, so they must be equipped with a certain set of abilities (Kaul, 2018).

A person's estimate of his or her own capacity to take the necessary steps to accomplish a desired result is referred to as self-efficacy (Shiau, Yuan, Ray, & Chen, 2020). Self-efficacy is a potent trait which affects nurses' willingness to provide care, mental developments, and decision-making, as well as prioritising interventions and motivating them to keep providing care for patients despite difficulties and failure (Sharour & et al.,2021). Self-efficacy is a psychological concept that emerges through

individual knowledge, social learning, and interpersonal influence. It has been practical in several behavioural change research and interventions (Anthony & Olamijuwon, 2019). There are four factors that affect someone's level of self-efficacy: mastery experiences, vicarious experiences, verbal persuasion, and physiological state. (Palmer, 2018).

In the last two decades, nursing resilience has gotten a lot of attention around the world. In the career life of nurses, It serves as a vital barrier of defence of psychological resilience (Cai, 2021). An individual's level of tolerance and ability to adjust effectively to adversity and other tough life circumstances is how resilience is defined (Oncken, 2018). The capability to recover from traumatic or unpleasant experiences and make a good modification that leads to greater growth is known as resilience. When people encounter difficult situations and successfully navigate them, they grow stronger, more confident, and more productive (Zhang & et al.,2020).

An individual can succeed in the face of difficulty or adversity by possessing traits such resourceful adaptation, flexibility, a positive outlook, creativity, resilience, mutuality, and self-control. Resources available in the community as well as social support from friends and family are examples of external influences. These elements have been determined to be essential in a person's capacity to overcome hardship. (Frost, 2020).

Resilience is a skill that all nurses must possess in the complex healthcare system of today. Developing resilience skills may be difficult for nurses due to the many demands and challenges they encounter. Therefore, it is essential for nurse leaders to instruct nurses on how to develop resilience (Kester & Wei, 2018). It is possible to employ resilience to mitigate the harmful impacts of job insecurity. Because it might make the connection between exhaustion and emotional employment instability worse (Aguiar-Quintana, Nguyen, Araujo-Cabrera & Sanabria-Daz, 2021).

Job insecurity is a stressful scenario in which a person believes they are at risk of losing their job (Patrick, 2020). Job insecurity can be influenced by elements such as selfefficacy and work resilience. Individuals with self-efficacy believe they successfully face the possible problems of job loss, which is a psychological resource that can buffer them from the negative effects of job insecurity. Also, resilience is one factor that is thought to mitigate some of the negative impacts of job insecurity (Tentama & Rosandy, 2019).

The subjective feeling of fearing one would soon lose their employment is referred to as "job insecurity." Depending on their personalities or where they are in the job market, employees may view the same circumstance slightly differently. The physical, emotional, and social health of an individual as well as the health of their family can be negatively impacted by job pressures like job insecurity (Prado-Gascó, Giménez-Espert & De Witte, 2021).

There are two sorts of job insecurity: quantitative and qualitative. The belief of employees that they will be able to keep their

employment or that they will be laid off is mentioned as quantitative job insecurity. On the other hand, feelings of uncertainty regarding crucial work characteristics like compensation, the location of employment, and working hours constitute qualitative job insecurity. (Roll, Siu, Li & De Witte, 2019).

Human and environmental factors are likely to have an impact on how insecure people perceive their jobs, with environmental elements creating risks and personal characteristics raising awareness of these concerns. " Increased perceptions of job insecurity have been associated to worse selfof reports organisational commitment, physical health, and trust. (Vassileva, 2020).

Significance of Study

The largest human resource group in the healthcare system and one that cannot be overlooked due to its critical role in accomplishing organisational objectives are nurses. In order to meet organisational objectives, nurses will be subject to a range of work pressures, including job insecurity, which is one of the major influences distressing employees' psychological health and well-being at work. It poses a threat to various unfavourable outcomes for employee wellbeing and has the potential to have very detrimental effects, such as the development of unproductive behaviours that productivity, engagement, commitment, wellbeing, and organisational success. As a result, all healthcare organisations must look into all available options and implement all necessary measures to enhance the working environment and the mental health of employees. It is anticipated that self-efficacy and workplace resilience would have a mediating role in job instability. Consequently, the goal of the current study is to empirically evaluate how self-efficacy and work resilience affect the job insecurity of head nurses at Main Mansoura University hospital.

Aim of the study

This study aims to determine the role self-efficacy and work resilience in head nurses' job insecurity at Main Mansoura University Hospital.

Research hypotheses

Specific hypotheses are as follows:

H1. Self-efficacy will be correlated with job insecurity as perceived by head nurses.

H2. Work resilience will be correlated with job insecurity as perceived by head nurses.

Methods

Research design:

This study's research methodology was descriptive correlational.

The study setting:

The study was carried out at the Main Mansoura University Hospital, which provides a wide range of health service at Delta Region.

Participants of the study:

All available head nurses(n= 81) at the time of study, who working at Main Mansoura University Hospital and having more than one-year experience were included in the convenience sample for the study.

Tools of data collection: -

Three tools were utilized to get the data.:

Tool (I): General Self-Efficacy Scale (GSES).

This questionnaire was established by **Schwarzer and Jerusalem**, (1995) to assess general self-efficacy. It is divided into two parts.:

Part I: Personal characteristics. This part was used to identifying personal features of the study head nurses as age, years of practice, gender, level of education and marital status.

Part II: It includes 10-items aimed at measuring participants general self-efficacy an individual reacts to various environmental obstacles or encounters new situations. Participants responded to the general self-efficacy scale by a 5-point scale (1 = strongly disagree; and 5 = strongly agree). The mean score across all 10 items yielded a total score, with higher scores implies stronger general self-efficacy and expressing more optimistic views on one's capacity to handle a variety of challenging life challenges. The scoring system of perceived general selfefficacy items ranged from 10 - 50 and the mean average are 40.94. It was categorized

into three levels according to cut off point as the following:

-Low self-efficacy<50% (scored from 10 - 24)

-Moderate self-efficacy50%-75% (scored from 25 - 37)

-High self-efficacy>75% (scored from 38 - 50)

Tool (II): Connor- Davidson Resilience Scale (CD-RISC)

It was established by Connor & **Davidson**, (2003) as a quick self-evaluation that aimed to assess the resilience in individuals. It consists of 25 statements that used to assess head nurses' work resilience that categorized into 5dimensions namely, personal competence (8 items), trust in one's intuition (7 items), reflective of stable connections and positive acceptance of change (5 items), reflects control (3 items), and reflects spiritual influences (2 items). Fivepoint range of responses categories (0 to 4) grouped into five groups as follows ranged not true at all (0), strongly disagree, (1) disagree, (2) uncertain, (3) agree, and (4) strongly agree. The scoring system of perceived work resilience dimensions ranged from 0-100 and the mean average are 76.33. It was categorized into three levels according to cut off point as the following:

-Low work resilience<50%(scored from 0-49)

-Moderate work resilience 50%-75% (scored from 50 - 75)

-High work resilience >75% (scored from 76-100)

Tool (III) Job Insecurity Questionnaire (JIQ).

It was developed by De Witte (2000) and validated by Llosa, Menéndez-Espina, Rodríguez-Suárez, Agulló-Tomá & Boada-Grau, (2017). It is aimed at measuring head nurses' job insecurity in their workplace. The questionnaire consists of 8 items categorized under two dimensions namely, cognitive job insecurity (4 items) It indicates that conceptualization makes a distinction between thoughts and ideas about losing a job. And affective job insecurity (4 items) which relates to the emotions and apprehensions connected to such thought, on the other. The items are evaluated on a five-point scale, extending from

1 (strongly disagree) to 5 (strongly agree). The scoring system of perceived job insecurity dimensions ranged from 8 - 40 and the mean average are 19.19. It was categorized into three levels according to cut off point as the following:

- -Low job insecurity<50% (scored from 8 19)
- -Moderate job insecurity 50%-75% (scored from 20 30)
- -High job insecurity>75%(scored from 31-40)

Validity and reliability:

Study tools was verified for its content validity by a panel of five expertise academic staff from Faculty of Nursing at Mansoura University who reviewed the tools for transparency, applicability, comprehensive, understanding, and ease for application and according to their opinions, modifications were done. Reliability test of the study tools was done, was tested by using Cronbach alpha test. Three tools were modified and translated to Arabic language by the researcher. The reliability of self-efficacy, work resilience, and job insecurity were (0.73, 0.71, 0.77) respectively.

Pilot study:

A pilot study was acted upon on 8 head nurses (10%) of the study sample to test the transparency, feasibility of the statement and to determine the time needed to fill-in questions. Head nurses who shared in the pilot study were excepted from the total study sample to appraise the clarity, feasibility, and applicability of the tools. And necessary modifications were done based on their responses.

Data Collection:

The questionnaire sheets (I, II and III) were distributed to the available head nurses. The target of the study and how to complete the questionnaire forms was explained by the researcher. Head nurses filled in the tools individually at once and they read the questionnaires and filling it sheets acquired from 25-30 minutes. The data collection process started at the beginning of March 2020 to the end of June 2020.

Data Analysis:

The gathered data were coded, processed, and investigated using the SPSS (Statistical Package for Social Studies) type 26 and appropriate statistical test was used.

Ethical Consideration:

Ethical approval was gained from the Research Ethical Committee of Faculty of Nursing, Mansoura University. An formal permission to conduct the study was gained from the responsible administrator of the hospital. An informed permission was gained from head nurses who accept to contribute in the study after providing the explanation of nature and aim of the study. All participants were made aware that participation in the study was entirely voluntary and that they might leave at any time. At every stage of the investigation, the privacy of the study sample and the confidentiality of the data obtained were guaranteed to all participants.

Statistical analysis:

The gathered data was arranged, tabulated, and statistically examined by using SPSS software (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, USA). The normality assumption was accepted. As a result, frequency and percentage were used to describe categorical data. The mean and standard deviation were used to represent continuous variables. To examine any changes between the two means of continuous variables, an independent t-test was utilised. ANOVA test was used to test the changes between two means of continuous variables. Pearson correlation coefficient test was directed to test the association between two continuous variables. Several linear regression was performed to explore two independent variables (self-efficacy, and work resilience) with job insecurity (dependent variable). Statistically significant considered as (p-value < 0.01 & 0.05).

Results: -

Table (1) shows personal characteristics of the studied head nurses. According to the table mean age of the studied head nurses was 37.58±7.72 and nearly a half of the studied head nurses were (45.7%) aged between 31-40

years, whereas 30.9% aged more than 40 years and the others (23.5%) aged 20-30 years. Whereas more than one third of studied head nurse (37.0%) had more than fifteen years of experience. The majority of the studied head nurses was female and had bachelor's degree on nursing science (86.4%) and were married.

Table (2) shows number and percentage of self-efficacy as perceived by studied head This table revealed the highest percentage was 69.1% reported to agree by studied head nurses for always finding solutions to challenging problems & discover the means& ways to get what they want. As well as about 42.0% of studied head nurses strongly agree regards, if they make the necessary effort, they can resolve the majority of issues . While 4.9% of studied head nurses disagree for they can stay calm when facing difficulties because they can depend on on my coping abilities. And 54.3 % of studied head nurses agreed for all self-efficacy items and with represents 40.94±4.42 of total means of overall self-efficacy items.

Figure (1) shows levels of self-efficacy as perceived by studied head nurses. The figure revealed most studied head nurses had 76.5% represents the highest level of self-efficacy whereas 23.5% represents for moderate level by studied head nurses.

Table (3) shows mean scores of all wok resilience dimensions as perceived by the studied head nurses. This table revealed that all work resilience dimensions mean score was 76.33. The means personal competence, trust in one's intuition, positive acceptance and

secure relationships, control, and spiritual influences scores were 23.60, 21.56, 14.91, 9.45, and 6.80 mean scores respectively.

Figure (2) shows levels of wok resilience among the studied head nurses. This figure shown that the more than half of the studied head nurses (56.8%) had a highest level of wok resilience, whereas the (43.2%) had represents a moderate level of wok resilience.

Table (4) shows mean scores of job insecurity among the studied head nurses. This table revealed that the means of cognitive, affective job insecurity and overall job insecurity were 7.96, 11.22, and 19.19 mean scores respectively. The studied head nurses perceived affective job insecurity more than cognitive job insecurity.

Figure (3) shows levels of job insecurity among the studied head nurses. This figure shown that more than half of the studied head nurses (60.5%) perceived low level of job insecurity whereas 39.5 % of them perceived moderate level job insecurity.

Table (5) shows relationship between self-efficacy, work resilience and job insecurity among the studied head nurses. This table exposed that there was statistically significant negative association between head nurses' perception of self-efficacy, and total job insecurity (r=-0.34, p <0.01). As well as work resilience was statistically significant negative relationship with total job insecurity (r=-0.04, p <0.05).

Table (1): Personal characteristics of the studied head nurses (n=81)

Variables	No.	%	
Age years:			
20-30	19	23.4	
31-40	37	45.7	
■ >40	25	30.9	
Mean±SD	37.58	37.58±7.72	
Experience years:			
■ 1-5	8	9.9	
■ 6-10	22	27.2	
■ 11 -15	21	25.9	
• >15	30	37.0	
Mean±SD	17.89	9±8.25	

Gender		
Male	17	21.0
■ Female	64	79.0
Level of education		
 Diploma degree 	3	3.7
 Bachelor degree 	70	86.4
 Master degree 	8	9.9
Marital status		
■ Single	11	13.6
Married	63	77.8
Divorced	5	6.2
 Widowed 	2	2.5

Table (2): Number & percentage of self-efficacy as perceived by studied head nurses (n=81)

Statements		Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	No.	%	No.	%	No.	%	No.	%	No.	%	
I can always manage to solve difficult problems if I try hard enough.	0	0.0	1	1.2	11	13.6	56	69.1	13	16.0	
If someone opposes me, I can find the means and ways to get what I want.	0	0.0	5	6.2	8	9.9	56	69.1	12	14.8	
It is easy for me to stick to my aims and accomplish my goals.	0	0.0	0	0.0	10	12.3	47	58.0	24	29.6	
I am confident that I could deal efficiently with unexpected events.	0	0.0	2	2.5	14	17.3	42	51.9	23	28.4	
Thanks to my resourcefulness, I know how to handle unforeseen situations.	0	0.0	2	2.5	16	19.8	35	43.2	28	34.6	
I can solve most problems if I invest the necessary effort.	0	0.0	0	0.0	9	11.1	38	46.9	34	42.0	
I can remain calm when facing difficulties because I can rely on my coping abilities.	0	0.0	4	4.9	10	12.3	40	49.4	27	33.3	
When I am confronted with a problem, I can usually find several solutions.	0	0.0	1	1.2	15	18.5	43	53.1	22	27.2	
If I am in trouble, I can usually think o f a solution.	1	1.2	0	0.0	11	13.6	44	54.3	25	30.9	
I can usually handle whatever comes my way.	0	0.0	3	3.7	15	18.5	41	50.6	22	27.2	
Overall self-efficacy (mean frequency)		0.0	2	2.5	12	14.8	44	54.3	23	28.4	
Mean±SD	40.94±4.42										

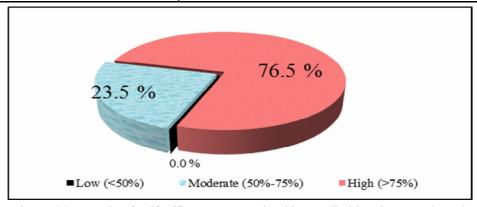


Figure (1): Levels of self-efficacy as perceived by studied head nurses (n=81)

Table (3): Mean scores of all wok resilience dimensions as perceived by the studied head nurses (n=81)

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Wok resilience domains	No of items	Min – Max	Mean±SD	Rank
• Personal competence	8	11.0 - 29.0	23.60±3.43	5
• Trust in one's intuition	7	13.0 - 27.0	21.56±3.28	3
• Positive acceptance & secure relationships	5	9.0- 19.0	14.91±2.61	4
• Control	3	6.0 - 12.0	9.45±1.47	2
• Spiritual influences	2	4.0 - 8.0	6.80±1.08	1
Overall wok resilience	25	54.0 - 89.0	76.33±9.16	

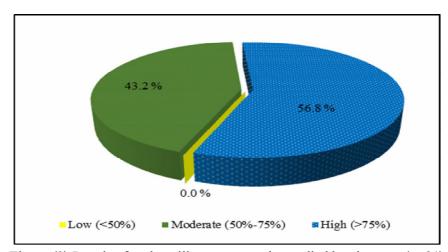


Figure (2) Levels of wok resilience among the studied head nurses (n=81)

Table (4): Mean and standard deviation of job insecurity among the studied head nurses (n=81)

Job insecurity domains	No of items	Min - Max	Mean±SD	Rank
A. Cognitive job insecurity ®	4	4.0 -13.0	7.96±2.12	2
B. Affective job insecurity	4	4.0 -18.0	11.22±2.94	1
Overall job insecurity	8	9.0 – 27.0	19.19±3.63	

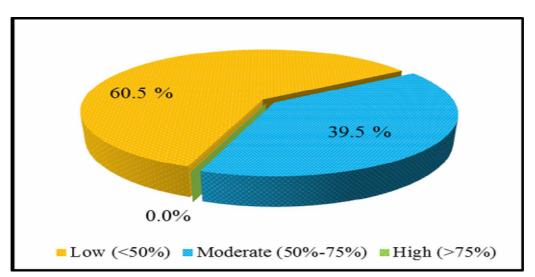


Figure (3): Levels of job insecurity among the studied head nurses (n=81)

Table (5): Relationship between self-efficacy,	work resilience and job insecurity among the studied
head nurses (n=81)	

	Cognitive job insecurity		Affective job insecurity		Total jo	ob insecurity	Work resilience	
	r	p	R	P	R	p	R	P
Self-efficacy	-0.59	0.000**	0.007	0.95	-0.34	0.002**	0.55	0.000**
Work resilience	-0.52	0.000**	0.09	0.39	-0.23	0.04*	1	

• Highly statistically significant (p < 0.05) / ** highly statistically significant (p < 0.01)

Discussion: -

One of the psychological issues that could have a major impact on head nurses is job insecurity. Job stressors like job insecurity can be harmful to someone's mental, emotional, and social wellbeing as well as the health of their family. According to PradoGascó, Giménez-Espert, and De Witte (2002), People's health and wellbeing, as well as their job satisfaction and dedication, as well as their work-related good health and happiness are all negatively impacted by job insecurity. Because they can minimise excessive stress, lower turnover, and enhance physical and mental health, self-efficacy and work resilience are factors that can upset job insecurity (Wang, Tao, Bowers, Brown, & Zhang, 2018).

Results of the current study shown that most of head have the highest level of selfefficacy. This may be due to head nurse in their work perceived more organizational support specifically social support. This means that these support plays in developing selfefficacy among employees by instilling beliefs and expectations that their company would provide them with the necessary material resources and will reward them for their performance. (SE). This is consistence with Al-Hamdan & Issa, (2021) who found the maximum value of self-efficacy among the Jordanian study nurses. This is the same view Wang, Liu, et al., (2017) who concluded that nurses who perceived organizational support (POS) are closely related to work engagement consequently fostering their and efficacy(SE).

In this respect, Orgamb et al., (2019) and Orgambidez et al. (2020) stated the same high mean score and most nurses had high level of self-efficacy. Whereases findings of the present study disagree with Hahn et al.,

(2019) study results who concluded that half of the study subjects supposed their self-efficacy as moderate, while, nearly two fifth of them perceived their self-efficacy as low. And Liu and Aungsuroch(2019) concluded a lower mean score among nurses.

In addition to results of the current study showed that more than three quarters of studied head nurses have a high level of selfefficacy. This may be due that they have personal competence helping them to increase their expectancy judgments about their ability to perform well in particular situations. Also, they are able can bounce back and recovering from failure which provides them opportunities to increase their self-efficacy. And they can set effective goals, sort their priorities, make better plans, and focus on themself more efficiently. High SE nurses may effectively handle their work environment, deal with challenges, and mobilise new job resources, which leads to significant energies, enthusiasm at work, and a propensity to stay in their place of employment. (de Simone et al., 2018; Orgamb et al., 2019). And Vujcic, (2019) found that the relationship between total SE and work engagement is strongly positive.

Outcomes of the present study in contrast with Li et al., (2020) who investigated for self-efficacy of nurses in Guizhou, China and found the level of self-efficacy of the nurses was commonly moderate. recommended that To boost nurses' selfefficacy, nursing supervisors in hospitals must provide continuous education. Also, findings of the current study in contrast with the result of Xie, Liu, Zhong, et al. (2020) who studied between hospital nurses' the correlation character traits, self-efficacy, social support, depression, and psychological well-being and found nurses had a moderate level of selfefficacy. As well as the present study result disagrees with this result of **Labrague et al.**, (2021) who initiated a moderate levels of self-efficacy among nurses in Oman.

Again, findings of the present study head nurses represent the high agreement response for when they have a trouble, they can typically come up with a solution. This may be because hospital policies and their directors support nurses' self-efficacy, which influences head nurses' changing behaviour and performance and boosts their motivation and self-assurance to provide quality nursing care in challenging clinical settings. This is agreed with Abd-Elrhaman, Ebraheem & Helal (2021) who found that about two fifth only of studied nurses perceived their self-efficacy as true of the next statement, if they are in trouble, they can typically come up with a solution.

According Daugherty, (2019)to Individuals' beliefs of their skills in a given setting are identified by self-efficacy, a distinctive and dynamic behaviour. Selfefficacy in the therapeutic setting refers to judgement about the capacity to manage treatment independently. People who have healthy levels of self-esteem are more likely to be able to meet the demands of specific situations than those who don't. Findings of the present study revealed when faced with difficulties, head nurses can rely on their coping mechanisms to keep them calm. This result is disagreed with Harsul, Irwan and Siattar, (2019) who show in their study on nurses from Indonesia that less than three quarters of studied staff nurses perceived their self- efficacy regards this item.

As well as consequences of the existing study showed that the most of studied head nurses agree for If they make the necessary effort, they can usually find solutions. That may be Because they have great intrinsic motivation and self-confidence, they can learn from their mistakes and conquer obstacles. Individuals' emotional reactions to fear and anxiety are influenced by self-efficacy. People who have a high level of self-efficacy are more expected to be strong in the face of challenges and to show intrinsic motivation. When they

fail, they experience frustration as opposed to people who have lower self-efficacy (Haerazi & Irawan, 2020).

As the same results of study had done by Haerazi & Irawan, (2020) who found that nurses who has high self-efficacy will be able to solve problems themselves. As self-efficacy is always described as one's opinion of his or her own abilities, which is seen to be the foundation for one's self-assurance and drive to accomplish goals. In contrast, with Wingerter, (2020) who established that the highest proportion of nurses agree that they will be able to triumph over numerous difficulties.

According to Rees, Breen, Cusack, and Hegney (2015) recognised essential ideas in coping, mindfulness, and self-efficacy for healthcare workers in the workplace to comprehend psychological resilience. Further Welsh (2014) suggests that encouraging work settings might increase self-efficacy, empower employees, enhance and professional performance. It makes sense that coworker assistance, as a feature of the workplace, can raise nurses' self-efficacy.. The results of the study by Wang et al., (2017) support the idea that early career registered nurses' resilience was significantly positively directly impacted by general self-efficacy. . Finally, Cheng et al., (2020) the findings showed that the setting for nursing practise, reported support from the workplace, and perceived rewards from one's career were all strongly correlated with selfefficacy. In order to increase self-efficacy, organisations should create effective programmes. .

The present study showed that more than half of studied head nurses have a high level of wok resilience. That may be due to that they are capable of creating practical plans, are able to carry those ideas through, are skilled at controlling their emotions and urges healthy in a way, are proficient communicators, and have faith in their own abilities and abilities. . This is agreed with Yassin, Zahran, & Eid, (2021) who discovered that almost two thirds of head nurses expressed high level of overall resilience skills. As well as Kasparkova, Vaculík,

Prochazka, and Schaufeli (2018) who stressed that having resilience helps head nurses deal with the challenges of their work environment and preserve healthy, steady psychological functioning. As Tuan, (2022) mentioned that organizations that have integrated their communication channels even before a crisis have shown greater resilience than their rivals. The results of the present study were consistent with Chernet, Probst-Hensch, Sydow, Paris & Labhardt, (2021) who found that the majority had a high resilience level.

Results of present study in contrast, with Guo, Luo, Lam, et al., (2018) results who found that nurses have a moderate level of resilience with the average total score for resilience. Also, established that effective use of adaptive coping methods and improved health have all been linked to the progress of resilience in nurses. And they advised nurse managers to implement effective management measures to boost nurse resilience in order to successfully reduce nurse burnout.

Additionally, promoting a healthy lifestyle and creating favourable working conditions are advised. As well as Ang, Uthaman, Ayre, et al., (2018) who studied association between demographics resilience among nurses in Singapore, established that maximum nurses moderate level of resilience. Also proposed that programs concentrating on fostering resilience between earlier and less experienced nurses must be developed by healthcare organisations and nurse leaders. Additionally, nurses should be encouraged to pursue higher education, as this will increase their resilience and, as a result, help keep them in the field and in the organisation. Resilience as a coping strategy is therefore seen as being effective for establishing a work-life balance, particularly for head nurses. Additionally, resilience offers head nurses the capacity to bounce back fast from setbacks and deal with them head-on while maintaining their composure and (Jackson et al.,2018). Moreover, fortitude. self-reliance it is a self-confidence in one's talents. Self-reliant head nurses recognise and rely on their unique talents and abilities to support and direct their activities and staff. (Yassin, Zahran & Eid, 2021).

Results of present study showed that the personal competence as a domain of work resilience had a higher mean score above other domains among head nurses. This finding may be related to having a sense of oneself and confidence in one's abilities, empowerment from coping and problem-solving skills, and the ability to control potentially overpowering emotions in times of need. But **Schumacher**, (2017) who studied resilience and health in New Mexico State University, found that purposeful life control had a higher mean score.

Social support can give people access to more resources, which can prevent the emergence of depressed tendencies, promote a good outlook on life, and increase resilience (Hsieh et al., 2017). The greater the employment, general welfare, and job happiness of nurses are positively correlated with their level of resilience (Brown et al., 2018). Resilience consequently affects nurses' health, job engagement, and intention to quit (Yu and Lee, 2018). The majority of head nurses, according to the study's findings, attributed their behaviour to spiritual forces. This might be because head nurses have strong, resilient emotions that are thought to have a favourable impact on how they view their work. This is agreed with Heritage et al., 2019; Rosa-Besa et al., (2021) who found higher emotional intelligence among nurses may be a reflection of their capacity to identify, understand, and control their own emotions as well as those of others.

Also, the present results disagree with Ortiz-Calvo et al., (2021) who examined the influence of the COVID-19 pandemic on the mental health of healthcare workers in Spain, taking into account the importance of social support and resilience. They found that resilience scores were in the average range. And, the present results disagree with Lin, Huang, Carter & Zuniga, (2021) who conducted a study on nurses' resilience in long-term care and rehabilitation facilities. They found that the mean scores of resilience was moderate.

As well as, Alameddine, Bou-Karroum, Ghalayini & Abiad, (2021) who studied the COVID-19 pandemic's epicenter's nurses' resilience in Lebanon. Consequences revealed that the overall score of resilience among nurses was moderate. The recent study exhibited that more than half of studied head nurses perceived low level of job insecurity. This outcome can be a result of their selfassurance in their work environment and internal motivation that motivates and inspires them to keep their jobs. As, Shin, Hur, Moon & Lee, (2019) predicted that intrinsic motivation was adversely correlated with job insecurity. Furthermore, Through intrinsic motivation, job insecurity has a strong indirect impact on job performance and organisational civic behaviour.

The results of the present study agreed with Sulaiman, Alfuqaha, Shaath, Alkurdi & Almomani, (2021) who studied job security amongst Jordan University Hospital nurses, they found that overall levels of job security whereas fundamental high evaluation, leader empowering behavior are found to be at moderate levels among nurses. Also, argued that to be able to boost nurses' job security and professional empowerment, nurse managers should employ leadership characteristics. Furthermore, Burke & Singh, (2016) who correlates and consequences of nursing staff job insecurity, they found that feelings of job insecurity in the sample were relatively low. As well as Saguib et al., (2020) who studied job insecurity among expatriate nurses, they found that less than one quarter of nurses suffer from job insecurity. Also, concluded that among foreign nurses, severe depression, anxiety, and stress significantly correlated with job insecurity and litigation fear . While the present results disagree with the result of Chen & Eyoun, (2021) who studied fear of COVID-19 on nurses' job insecurity, they found that the majority of nurses suffer from job insecurity, and revealed that they are concerned about their ability to save their jobs, feel uncertain about their employment prospects, and believe that they may lose their jobs soon.

The present study exposed that there statistically significant positive association between self-efficacy and work resilience among the studied head nurses. While there was statistically important negative relationship between head nurses' self-efficacy and job insecurity. also, there was statistically significant negative association between head nurses' work resilience and job insecurity. This may be because self-efficacy can increase the work resilience of head nurses. Head nurses who have high levels of self-efficacy are more resilient and capable of handling challenging circumstances. They are also capable of overcoming any difficulties that may arise from losing their jobs.

Also, the results of the present study agree with Wang, Tao, Bowers, Brown & Zhang, (2018) who conducted a study on the impact of social support and self-efficacy on early-career registered nurses' resilience, they discovered that early career registered nurses' resilience was significantly positively directly impacted by general self-efficacy. More precisely, newly licenced registered nurses tended to demonstrate higher levels of nurse resilience when their general self-efficacy was higher. Additionally investigated was the correlation between friend support and selfefficacy as well as the indirect relationship between friend support and nurse resilience. recommended the significance administrators'/managers' grasp of how to encourage teamwork, boost self-efficacy, create a pleasant work environment, and enhance the resilience of registered nurses in their early careers.

Additionally, Van Hootegem & De Witte, (2019) who found that qualitative job insecurity is a significant stressor that in the modern workplace. Higher levels of qualitative job insecurity were associated with lower levels of occupational self-efficacy, which resulted in a decrease in informal learning, including information seeking and requesting feedback from peers and supervisors. And it was advised that companies might seek to boost workers' occupational self-efficacy by offering stress reduction classes or self-improvement activities online, which are

effective ways to boost self-efficacy. Also, **Shoss, Jiang & Probst, (2018)** supported the idea that resilience has a calming influence on job insecurity.

Also, Guo et al., (2017) who explored resilience in Chinese nurses, found that nurses a moderate level of resilience experienced and proposes that the resilience of nurses may be increased by their high levels of selfefficacy and education, as well as by their good coping mechanisms and commitment to a healthy lifestyle. Additionally, Ren et al., (2018) who investigated resilience and the factors that affected it among hospital nurses and discovered that nurses had poor levels of resilience and were unable to successfully manage the challenges of their jobs and bounce back from adversity. It is advised that boosting educational training, reducing job stress, choosing active coping strategies, and boosting self-efficacy can all help nurses become more resilient.

Thus, increasing a nurse's degree of resilience has a major positive influence on the productivity and efficacy of patient care and would increase their retention during times of greatest need. To fully benefit from resilience's moderating effects, a safe and violent-free practise setting is important. Targeted initiatives are needed for female nurses to improve their well-being and resilience as they attempt to balance their numerous, frequently conflicting, job and personal obligations (Alameddine, Bou-Karroum, Ghalayini & Abiad, 2021).

The results of the present study agree with Tentama & Rosandy, (2019) who studied the role of self-efficacy and resilience on the job insecurity of contract employees. There is a very significant correlation between self-efficacy and resilience to job insecurity in contract employees, there is a very significant negative relationship between self-efficacy and job insecurity in contract employees, and there is a very significant negative relationship between resilience and job insecurity in contract employees. Also found that the role of self-efficacy in affecting work insecurity is more significant than the role of resilience in job insecurity. As, even though people will be

able to overcome work insecure conditions by employing alternative solutions, self-efficacy can aid people in improving their ability to develop a variety of solutions to these issues.

Results of the present study explored that self-efficacy and resilience served as internal resources that helped participants cope with the difficulties brought on by job insecurity. The findings of this study can also be utilised as a reference when developing training programmes to minimise job insecurity, especially self-efficacy training, which has the biggest influence on doing so. Each employee aspires to be able to handle any threats that may arise and come up with workarounds. Other study by Adekiya et al.,(2019) who concluded that there is no significant relationship between self-efficacy and perceived job insecurity.

Findings of the present study revealed job insecurity among the study's head nurses is influenced by self-efficacy and resilience. This is agreed with Tentama, & Rosandy, (2019). Who found there is a very significant negative relationship between self-efficacy and job insecurity among contract employees. Similarly, there is also a very significant negative relationship between resilience and job insecurity among contract employees. As well as self-efficacy and resilience are responsible for 36% of job insecurity. The result of the present study is agreed with Tentama & Rosandy, (2019) They discovered that self-efficacy is considered as a key factor in lowering job insecurity. Being resilient can act as a barrier against job insecurity. People with strong levels of resilience think they can overcome risks at work.

Conclusion:

Based on the study findings, at the Main Mansoura University Hospital, there was a statistically significant negative correlation between head nurses' self-efficacy and work resilience and their overall job insecurity. It can be argued that self-efficacy and work resilience were at their highest levels when overall job insecurity was at its lowest.

Recommendations: -

Based on the findings recommended to:

- Promote a healthy workplace for their staff that giving them a sense of being safe.
- Create a supportive work atmosphere can help nurses feel more empowered, boost their self-confidence, and perform better in their jobs.
- Provide regular training program to head nurses for reinforcing their acquisition of resilience skills, rules, techniques and self-efficacy.
- Develop training programs to improve head nurse's self-efficacy.
- Apply leadership skills will improve the career empowerment and employment security of nurses.
- Develop more flexible remuneration and reward systems to promote nurses' satisfaction and thus acceptable behavioral.

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