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Impact of Job Burden and Risk-Taking Tendency on Self-Efficacy Among Hospital Nurses in Bhakkar

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ABSTRACT

This study explores the impact of job burden and risk-taking tendency on self-efficacy among hospital nurses in Bhakkar. A sample of 150 nurses was selected using purposive sampling. Instruments included the Professional Care Team Burden Scale (Auer et al., 2015), Domain-Specific Risk-Taking DOSPERT-30 Scale (Weber, Blais, & Betz, 2002), and the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). Analysis using t-tests, correlation, and regression in SPSS revealed that job burden had a significant positive effect on self-efficacy, while risk-taking tendency had a significant negative effect. These findings highlight the dual influence of workplace demands and personality traits on nurses' psychological resources.

INTRODUCTION

In the contemporary healthcare system nurses operate within high-pressure environments that demand not only physical resilience but also emotional fortitude. Among the numerous challenges faced by nurses, job burden and risk-taking behaviours play a central role in shaping their professional identity and performance. These challenges, if not managed well, can disrupt the mental equilibrium of nurses and potentially affect the quality of patient care they provide (Khan & Sayed, 2015). The profession of nursing, inherently demanding and emotionally laden, often places nurses in situations that test their psychological endurance and decision-making capabilities (Cavalheiro et al., 2008).

The nature of stress experienced by nurses is multifaceted arising from internal emotional conflicts and external situational pressures. These include, but are not limited to, high workloads, inadequate staffing, emotional encounters with patients and families, and time-sensitive decision-making in life-threatening conditions (Mehta & Chaudhary, 2005).

Consequently, job burden becomes a key contributor to professional stress and burnout. Defined broadly, job burden encompasses physical, psychological, and organizational demands that require sustained mental or physical effort and often lead to fatigue and emotional exhaustion (Taris & Schreurs, 2001). It is not only the volume of work that constitutes burden but also the unpredictability, complexity, and urgency of tasks assigned to nurses (Yeh, 2014).

On the other hand, the ability of nurses to cope with such stressors is closely linked to their self-efficacy, a psychological resource that refers to an individual's belief in their capacity to organize and execute actions necessary to manage prospective situations (Bandura, 1997). Self-efficacy influences how nurses think, feel, motivate themselves, and behave in clinical environments. Higher self-efficacy is associated with improved clinical decision-making, greater job satisfaction, and better psychological resilience (Akhtar, 2008). Nurses with strong self-efficacy perceive challenging situations not as threats but as opportunities for growth, which enables them to navigate complex patient care scenarios more effectively (Soudagar, Rambod, & Beheshtipour, 2015). However, the interplay between job burden and self-efficacy is not always straightforward. While moderate levels of job burden may stimulate professional growth and enhance self-efficacy, chronic exposure to high job demands without adequate support can lead to emotional exhaustion and decreased confidence in one's professional capabilities. This delicate balance illustrates the need for a nuanced understanding of how workplace dynamics influence psychological outcomes among nurses (Schwarzer & Hallum, 2008).

Adding another layer of complexity is the role of risk-taking tendency a personality trait characterized by the willingness to engage in behaviors with uncertain outcomes. In the context of nursing, risk-taking may involve quick decision-making under pressure, adapting to unfamiliar clinical situations, or deviating from standard procedures in critical moments. While some level of risk-taking is essential for adaptive functioning in dynamic healthcare environments, excessive or poorly regulated risk-taking can jeopardize both patient safety and the nurse's psychological well-being (Boyer & Byrnes, 2009).

The convergence of these variables job burden, risk-taking tendency, and self-efficacy creates a dynamic psychological landscape for hospital nurses. Understanding how these constructs interact is essential for developing effective interventions aimed at enhancing nurses' performance and well-being. This study, therefore, seeks to examine the influence of job burden and risk-taking tendency on the self-efficacy of hospital nurses in Bhakkar, thereby contributing to a more comprehensive understanding of the psychological determinants of effective nursing practice.

Rationale

This study aim is to highlight the impact of job burden that hospital nurses are facing and their impact on their self efficacy. Also this study will find out the impact of risk taking tendency among nurses. The main reason of the impact of theses on nurses also find out. In this research also check out why the hospital nurses have lower or higher self-efficacy when they encounter a situation of job burden or risk taking tendency. There positive or negative impact on hospital nurses also checked. However, a literature review shows that relatively few studies have focused on the effect of job burden on the self efficacy on nurses. Some researchers have acknowledged that the character of the relationship between job burden and self-efficacy is still unclear, and this association is much more complex that it appears to be. Therefore, the main purpose of the current study was to understand how job burden is associated with self efficacy, in the study the effect of job burden among nurses inspect.

Significance

There are many studies that are done on impact of job burden and some are done on risk taking tendency that are explaining their impact on self efficacy but majority of

researches are done on job burden effects on self efficacy. However these researches explain risk taking tendency effect very shortly on self efficacy and the unique perspective of this study will to evaluate the job burden and risk taking tendency effects on self efficacy. So this finding will be helpful for the hospital nurses that are dealing these situation in daily life. Thus this research will be helpful for teachers, academic purposes and also helpful for the study of students. This study is also beneficial for government and different organization that works in this manners.

Objectives

- To examine the level of self-efficacy among hospital nurses.
- To investigate the impact of job burden on self-efficacy among hospital nurses.
- To determine the effect of risk-taking tendency on nurses' self-efficacy.
- To identify any significant differences in self-efficacy between student nurses and on-duty nurses.
- To explore the relationship between job burden and risk-taking tendency.

Hypotheses

- There is a positive relationship between job burden and risk-taking tendency.
- There is a negative relationship between risk-taking tendency and self-efficacy.
- There is a significant difference between student nurses and on-duty nurses in terms of self-efficacy.
- There is a positive relationship between job burden and self-efficacy.
- Risk-taking tendency will predict a negative effect on self-efficacy.

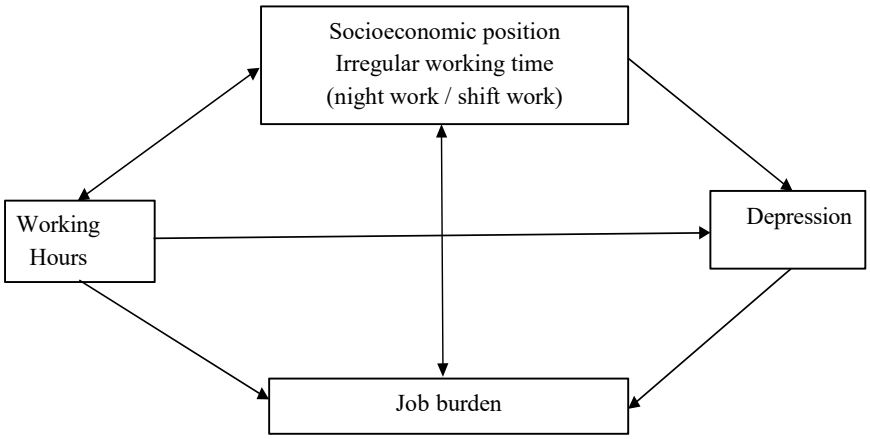

Fig 01. Mental health nurse's exposure to job burden.

LITERATURE REVIEW

The theoretical foundation for understanding self-efficacy stems from Bandura's (1989) social cognitive theory, which posits that belief in one's capabilities plays a central role in determining behavioral outcomes. In healthcare, and particularly in nursing, self-efficacy is not only a psychological asset but a predictor of performance, job satisfaction, and resilience in the face of adversity. It enables nurses to remain calm under pressure, make informed decisions, and persist through clinical challenges. However, self-efficacy is not a static trait—it evolves through experiences, feedback, and contextual demands, including job burden and individual predispositions such as risk-taking.

Job burden often synonymous with occupational stress, has been identified as a critical factor impacting nurses' psychological and professional functioning. It includes workload, emotional labor, administrative demands, and interpersonal conflicts within the workplace (Yeh, 2014). High job burden has been associated with increased stress, anxiety, burnout, and in some cases, clinical errors (Brown & Lipscomb, 2010). Nevertheless, certain

studies indicate that job burden can have a positive relationship with self-efficacy when challenges are perceived as manageable and conducive to personal growth (Bandura, 1993; Valizadeh et al., 2012).

Research by Ata and Zyaral (2021) emphasized that enhanced performance under demanding conditions reduces job burden by fostering a sense of mastery and accomplishment. This aligns with the idea that self-efficacy acts as a mediator between occupational stress and job performance. Individuals with high self-efficacy are more likely to engage in problem-focused coping strategies, exhibit emotional regulation, and demonstrate professional competence (Batool, Atta, & Rize, 2020). Conversely, those with low self-efficacy often experience helplessness, diminished motivation, and heightened vulnerability to stress (Naoreen, Mohsin, & Farooqi, 2020).

Parallel to this, the literature on risk-taking tendency reveals that it is a complex construct influenced by emotional impulses, situational judgment, and social factors. Risk-taking in nursing, though necessary in certain clinical contexts, becomes detrimental when not regulated by sound judgment and professional standards (Zinn, 2015). Studies suggest that while moderate risk-taking may reflect adaptability and innovation, excessive risk behaviour especially under stress can compromise patient care and professional integrity (Mishra & Lalumiere, 2010; Gonzales et al., 2017).

Furthermore, the interaction between risk-taking and self-efficacy is nuanced. While some researhers argue that individuals with higher self-efficacy may feel more confident in taking calculated risks (Wyatt, 1990), others highlight that impulsive risk-taking is often a manifestation of low self-efficacy and poor self-regulation. In nursing, where decisions can have life-or-death consequences, this distinction becomes particularly critical. Risk sensitivity theory suggests that when individuals perceive a discrepancy between their current state and desired goals, they may engage in risky behavior to bridge the gap especially if their confidence in safer alternatives is low (Griskevicius et al., 2013).

Taken together, the existing body of literature underscores the importance of examining the dual impact of job burden and risk-taking tendency on nurses' self-efficacy. While job burden may either enhance or hinder self-efficacy depending on the context and coping mechanisms, risk-taking tendency can either serve as a catalyst for adaptive behavior or a risk factor for diminished performance. This study builds on these insights to provide empirical evidence from the healthcare context of Bhakkar, offering a localized understanding of these psychological dynamics.

METHODOLOGY

The present study was based on a correlational research design. The sample was used for collecting data is (N=150, on duty nurses n=75, student nurses n=75). Data was collected from private and government hospitals in Bhakkar. Informed consent was attained form the participants before administrating the questionnaire. Data was collected from nurses. For the collection of information purposive sampling techniques was used and this technique is referred to as judgmental or expert sample, is a type of nonprobability sample in which the main objective is to produce a sample that assumed logically to be the representative of population and nonrandom sample of element. Purposive sampling involve the process of selecting research subject this selection process involves identifying concept, themes, phenomenon rather than starting from predetermined sampling frame and through reflection and observation indicates this.

Instruments

General Self-Efficacy Scale (GSE)

Translated in this study and developed by Schwarzer and Jerusalem (1995). It consists of four statements and it is rated on Likert scale. The Cronbach's alphas is between .76 and .90. The General Self-Efficacy Scale is correlated to emotion, optimism, and work

satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety.

Domain-Specific Risk-Taking (DOSPERT-30) Scale

Developed by (Blais, & Weber, 2006). DOSPERT using a 7-point rating scale ranging from 1 (Extremely Unlikely) to 7 (Extremely Likely). The internal consistency reliability estimates risk-taking scores ranged from .70 to .84 (mean α = .78). The risk-taking responses of the 30-item version of the DOSPERT Scale evaluate behavioral intentions or the likelihood with which respondents might engage in risky activities/behaviors- originating from five domains of life (i.e., ethical, financial, health/safety, social, and recreational risks).

Professional care team burden scale (PCTB)

The professional care team burden scale (PCTB) was developed by (Stefanie et al., 2015). It consists of five statements and it is rated on Likert scale. The stepwise scale analysis revealed a 10 item solution. The Cronbach's alpha was 0.785. The 10 item PCTB scale provides a valid and reliable means of obtaining ratings of burden from formal care teams working in nursing homes in order to evaluate different interventions targeted at the reduction of burden in care teams.

Demographics

A demographic form was design to inquire some information from the participant before filling out of questionnaire that is some necessary information in the sheet which helps in gathering of data from participant it contain age of participant, education and socioeconomic status of participant. An inform consent was signed from each participant prior to data collection that was attached on each questionnaire before demographic sheet.

Ethical Considerations

Nothing was done without permissions or informs consent and make sure that the information of respondent will remain secure. We also mention the permission letters from author and the respond was remaining aware of the significance of study and voluntary participation, informed consent, anonymity, confidentiality and give participants the right to withdraw from research also kept in consideration. This research discusses these ethical principles and their practical implications when carrying out dissertation research.

Procedure

In the first step, consent was obtained from the department of the University for Data Collection. For data collection, respondents were approached from different private and government hospitals were approached as the population of this study is nurses. This research is in two phases one is pilot study then fully conducted research. The pilot study was conducted physically on (*N*=50) participate and the main study was conducted physically on (*N*=150) participate. An optimized and decent approach was established. They were informed about the determination of the study and procedure of the data collection of all the scales along with the informed consent from was administration on them.

Pilot Study Results

Table 1

Frequency and percentage of participants (N = 50)

Variable	*f*	%
Gender		
Female	50	100%
Age		
17-30	21	42%
31-45	29	58%
Socioeconomic Status		
Lower	20	40%

Middle	16	32%
Higher	14	28%
Education		
On Duty Nurses	29	58%
Students Nurses	21	42%

Table 1 shows the frequency and percentage of the pilot study that was consist of 50 participants of a nurse's sample. Gender (*f*=50, 100%). Age 17-30 (*f*=21, 42%), 31-45 (*f*=29, 58%). Education on Duty Nurses (*f*=29, 58%), Students Nurses (*f*=21, 42%).

Table 2

Psychometric values of all study variables (N =50)

				Range			
Variables	*M*	*SD*	*a*	Actual	Potential	Skewness	Kurtosis
Self-Efficacy	27.30	6.45	.82	10-40	15-40	-.03	-.60
Job Burden	35.82	6.23	.78	10-50	20-46	-.88	.38
RTT	111.44	26.20	.88	30-21	59-176	.16	.04

Table 2 shows the psychometric properties of the study variables. All of the measures, including the General Self-Efficacy Scale, Professional care team burden scale, Domain-Specific Risk-Taking scale, were shown to be reliable .82, .78, .88 alpha coefficients. It means that all of the study's scales are reliable and can be used for analysis. All scales have skewness values between +1 and -1, and all scales have kurtosis values between +2 and -2, indicating that the data is normally distributed.

Table 3

Item total correlation of Job Burden Scale (N = 50)

Item no.	*r*
1	1.0
2	.68
3	.25
4	.30
5	.46
6	.58
7	.25
8	.40
9	.43
10	.28

Table 3 shows the item total correlation of Job Burden questioner. The Job Burden questioner was valid by item total correlation for all items on the scale, according to finding. The item-total correlation on Job Burden scale is more than 0.3. This means that all the things have a strong relationship with the scale.

Table 4

Item total correlation of Self Efficacy Scale (N = 50)

Item no.	*r*
1	1.0
2	.62

3	.30
4	.38
5	.43
6	.34
7	.47
8	.44
9	.56
10	.36

Table 4 shows the item total correlation of self -efficacy questioner the self -efficacy questioner was valid by item total correlation for all items on the scale, according to finding. The item-total correlation on self-efficacy scale is more than 0.3. This means that all the things have a strong relationship with the scale.

Table 5

Item total correlation of Risk Taking Tendency Scale (N = 50)

Item no.	*r*	Item no.	*r*
1	1.0	16	.15
2	.54	17	.35
3	.51	18	.15
4	.41	19	.40
5	.07	20	.10
6	.41	21	.17
7	.51	22	.47
8	.52	23	.02
9	.40	24	.20
10	.07	25	.52
11	.42	26	.28
12	.44	27	.26
13	.24	28	.79
14	.93	29	.36
15	.43	30	.92

Table 5 shows the item total correlation of risk taking tendency questioner the risk taking tendency questioner was valid by item total correlation for all items on the scale, according to finding. The item-total correlation on risk taking tendency scale is more than 0.3. This means that all the things have a strong relationship with the scale.

Table 6

Pearson correlation among study variables (N=50)

Variables	1	2	3
Job Burden	—	.58**	.10*
Self-Efficacy		—	.40*
Risk Taking Tendency			—

***p*<.001

Table 6 shows the Pearson correlation among variables and minimum .001% level of significance. The finding indicates that Job Burden have significant positive relationship with Self Efficacy (r= .58** p> .001) and positive relationship with Risk Taking Tendency (r= .1

0*p<.001). The finding also shows that Self Efficacy has positive relationship with Risk Taking Tendency (r= .40* p> .001).

Main Study Results

Table 7

Frequency and percentage of participants (N = 150)

Variable	*f*	%
Gender		
Female	150	100%
Age		
17-30	66	44%
31-45	84	56%
Socioeconomic Status		
Lower	64	42%
Middle	48	32%
Upper	38	25%
Education		
On Duty Nurses	93	62%
Students Nurses	57	38%

Table 7 shows the frequency and percentage that was consist of (*N*=150) participants of a nurse's sample. Gender (f=150, 100%). Age 17-30 (f=66, 44%), 31-45 (f=84, 56%). Education on Duty Nurses (f=93, 62%), Students Nurses (f=57, 38%).

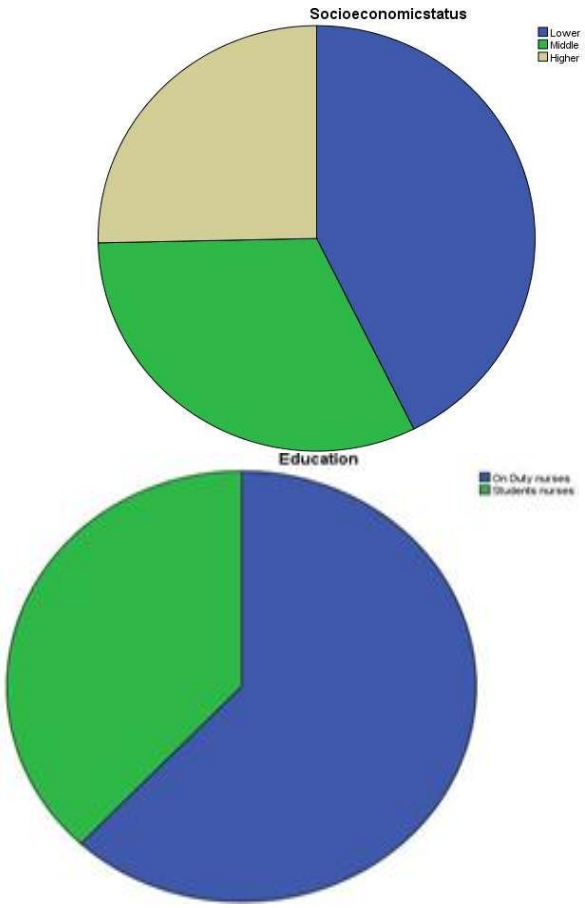

Fig 02. Pie chart description of socioeconomic status and education of nurses.

Table 8

Psychometric values of all study variables (N = 150)

					Range			
Variables	*n*	*M*	*SD*	*a*	Potential	Actual	Skewness	Kurtosis
Self-Efficacy	150	27.24	6.18	.80	10-40	15-40	-.02	-.60
Job Burden	150	34.73	6.23	.78	10-50	20-46	-.85	.25
RTT	150	111.72	25.61	.87	30-21	59-176	.20	-.02

Table 8 shows the psychometric properties of the study variables. All of the measures, including the general self-efficacy scale, Professional care team burden scale, domain-specific risk-taking scale, were shown to be reliable .80, .78, .87 alpha coefficients. It means that all of the study's scales are reliable and can be used for analysis. All scales have skewness values between +1 and -1, and all scales have kurtosis values between +2 and -2, indicating that the data is normally distributed.

Table 9

Pearson correlation among study variables (N=150)

Variables	1	2	3
Job Burden	—	.57**	.12*
Self -Efficacy		—	.54*
Risk Taking Tendency			—

***p*<.001

Table 9 shows the Pearson correlation among variables and minimum .001% level of significance. The finding indicates that Job Burden have significant positive relationship with self efficacy (r= .57** p> .001) and positive relationship with Risk Taking Tendency (r=.12* p< .001). The finding also shows that Self Efficacy has positive relationship with Risk Taking Tendency (r= .54* p> .001).

Table 10

Mean, Standard Deviation and T-Values for On Duty Nurses and Student Nurses on study variables (N=150)

	On duty nurses (n=150)		*Student nurses (n=150)*				95% CL		
Variables	*M*	*SD*	*M*	*SD*	*t*(148)	*p*	*LL*	*UL*	Cohen's d
Self efficacy	26.91	5.89	27.78	6.65	*-.84*	*.40*	*-2.93*	*1.18*	*0.34*
Job Burden	*35.83*	*6.14*	*35.56*	*6.41*	*.26*	*.79*	*-1.80*	*2.35*	*0.04*
RTT	*111.98*	*26.08*	*111.29*	*25.05*	*.16*	*.87*	*-7.85*	*9.23*	*0.02*

Table 10 shows mean, standard deviation and t-values of on duty nurses and students nurses on all study variables. Outcomes specify there is significant difference between On duty nurses and Students nurses. Results shows that on duty nurses score high on risk taking tendency (SD=26.08) as compare to students nurses. And Students nurses score high on Self efficacy (SD=6.65) and Job burden (SD=6.41) as compare to On duty nurses. Results also shows that On duty nurses score high on Risk taking tendency (M=111.98) and Job burden (M=35.83) as compare to Students nurses. And Students nurses score high on Self efficacy (M=27.78) as compare to On duty nurses.

Table 11

Multiple Linear regression analysis showing impact of Job burden and Risk taking tendency on self-efficacy (N=150)

Outcome: Self-efficacy			
Variables	Model B	95% CI	
		LL	*UL*
(Constant)	7.35*	1.47	13.23
Job burden	.57***	.43	.70
Risk taking tendency	-.015	-.03	.02
R^2	.57		
F	35.60***		

Table 11 reports the regression analysis is computed with Job burden and Risk taking tendency as predictor variables and Self-efficacy as outcome variable. The **Δ**R2 value of .57 showing that 57% variance in the dependent variable can be accounted by the predictor with F (35.60, p <.001). The outcomes specify that Job burden (β = .57, p < .001) has significant positive effect on self-efficacy. The outcomes specify that Risk taking tendency (β = -.015, p < .001) has significant positive effect on self-efficacy.

DISCUSSION

This study examined the role of job burden and risk-taking tendency in self-efficacy for nurses working in hospitals across Bhakkar, accounting for student and working nurse differences. The results add to a growing corpus of research examining occupational stressors and psychological functioning in health professionals. In general, the study affirms that higher job burden is linked to increased risk-taking among nurses. This concurs with previous research that persons under significant work-related stress are more likely to exhibit risky decision-making conduct (Buckert et al., 2014). Prolonged exposure to stress, especially when multifaceted in nature mixed physical, emotional, and cognitive overload may reorganize cognitive appraisal processes, weakening judgment and decision-making under pressure (Juster et al., 2010; Starcke & Brand, 2012). Nurses who work in high-demand settings typically face tension caused by heavy workloads, emotional exhaustion, and organizational demands, all of which could enhance the likelihood of adopting unsafe clinical behaviors or compromising safety procedures, both intentionally and unintentionally. In addition, the findings revealed a negative correlation between risk-taking behaviors and self-efficacy. This is corroborated in existing literature, which has proposed that when professionals are under pressure and assume more risk, their self-efficacy in the accomplishment of complicated tasks could decrease (Wyatt, 1990; Butler & Montgomery, 2004). Nurses subject to prolonged stress tend to endure depleted concentration, raised absenteeism, and declined job satisfaction, which are associated with lower self-efficacy. This pairing draws attention to the importance of developing nurses' psychological resources and coping mechanisms to balance the consequences of exposure to occupational risk.

When comparing student nurses with professional nurses, statistically significant differences in perceived professional values emerged. Student nurses, being in training, scored higher on professional standards and value orientation, perhaps indicating the effects of idealistic academic settings. On the contrary, registered nurses were more impacted by systemic issues, including time constraints, organizational barriers, and ethical conflicts in providing patient care (Hendel & Kagan, 2014). Such practical demands could result in value erosion or cognitive dissonance, particularly where there is a lack of institutional support consistency (Sibandze & Scafide, 2018). In addition, variables like minimal participation in research work, demotivation, and a strict work culture also contribute to the decreased

professional involvement of practicing nurses (Al Shammari et al., 2017).

The other major finding of the study was the demonstration of a positive correlation between self-efficacy and job burden. This counterintuitive result is consistent with Bandura's (1993) theory that people who possess high self-efficacy will be more resistant to stress and will be more apt to see demanding tasks as manageable. When nurses have confidence in their capacity to handle workload effectively, the perceived workload may serve as an incentive instead of a source of stress. Enhanced personal effectiveness has been known to protect from the adverse effects of occupational stress, increasing job satisfaction and job performance (Ata & Zyaral, 2021; Shin & Kong, 2017). Further, research indicates that psychological components such as self-efficacy are capable of mitigating the ill effects of stress on health outcomes, such as depression and burnout (Valizadeh et al., 2012; Alejandro et al., 2017).

Notwithstanding this, the research also indicates that extended and unmoderated work burden ultimately results in a reduction of self-efficacy. When pressures continually outstrip available personal and organizational resources, even highly skilled individuals start feeling ineffective, overworked, and emotionally drained. These findings are consistent with existing research correlating chronic work stress with emotional exhaustion, lower organizational commitment, and poor psychological health (Jex & Bliese, 1999; Salanova, Peiró, & Schaufeli, 2002). Specifically in high-stress settings like hospitals, unchecked job burden translates into burnout, weariness, and compromised job performance (Dreison et al., 2016; Aiken et al., 2002).

These results highlight the urgent need for health institutions to adopt supportive mechanisms that enable self-efficacy through education, work management, and emotional support. Furthermore, research has also indicated that supportive supervision, resourcefulness, and good communication can counteract the negative consequences of job burden on self-efficacy (Stetz, Stetz, & Bliese, 2006). Augmenting surveillance and supervisory support allows nurses to feel valued and empowered, as a result of which patient care quality is greatly enhanced and occupational turnover is curbed. Overall, the research verifies that job burden and risk behavior have important effects on nurses' psychological functioning, especially self-efficacy. Institutional intervention aimed at minimizing job stress and maximizing self-belief can be a vital determinant of employee well-being as well as healthcare quality. The research advances insight into psychosocial processes in hospital settings and requires thoughtful policy reform to safeguard and empower frontline healthcare providers.

Limitations

Even though it is worth its valuable discoveries, the study is prone to a number of limitations that one must consider when drawing meaning from the results. First, the relatively small sample size limits the generality of the findings to a larger population. A broader and more diverse sample would yield stronger and representative information. Second, the research was based only on self-report measures, which are susceptible to response biases like social desirability and subject interpretation. These may have affected the validity of the data obtained. Third, the use of a cross-sectional research design is inadequate for inferring causality among variables. A longitudinal research design may provide a better insight into dynamic interactions among job burden, risk-taking tendency, and self-efficacy across time. Also, the research was only carried out in one city (Bhakkar) in Pakistan, which may not be representative of the full range of cultural and institutional differences in other areas. Consequently, the results may not be generalizable to nurses practicing in other geographical or healthcare environments. With these restrictions in mind, further research needs to be undertaken to increase the validity and range of the conclusions derived from this research.

Recommendations for Future Researches

This study provides the initial step toward the explanation of the interaction among risk-taking tendency, self-efficacy, and job burden among hospital nurses. However, there are some possible avenues for future research that are identified by the limitations that were encountered. Specifically, future research would have to employ larger, more heterogeneous samples in order to increase generalizability and to reflect varying ranges of various demographics and professional backgrounds. Expansion of the sample to various hospitals, cities, or provinces would yield more representative results. Increased research would more widely use longitudinal designs following trends and processes in work behavior and self-efficacy over time. This would enable more direct cause-and-effect inferences and longer-term trends and outcomes to be distinguished. In addition, replications of the same studies in diverse cultural and organizational contexts would teach us about the ways in which local conditions affect these psychological constructs and how they are related to one another. Future research can also explore the impact of contemporary events, new health concerns, or new theoretical constructs on occupational stress and psychological hardiness. There is also room to explore underlying psychology and interpersonal dynamics, personality, emotion regulation, or the impact of interpersonal relationships be it friendship or gender-based on professional behavior and coping styles among nurses. Broadening the scope of research enables scholars to have a better understanding of the determinants of nurses' well-being and performance in complex healthcare environments.

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