



Fatigue severity and financial self-efficacy as predictors of pre-retirement anxiety among Nigerian nurses

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ARTICLE INFO

Keywords:

Fatigue severity
Financial self-efficacy,
Healthcare,
Nigerian Nurses,
Preretirement anxiety.

ABSTRACT

This study investigated fatigue severity and financial self-efficacy as predictors of pre-retirement anxiety among Nigerian nurses. Two hundred and fifty-four staff nurses, comprising 60 men and 194 women, from six (6) hospitals in Southeastern Nigeria, were participants. Participants' age ranged from 50 – 60 years (Mean = 55, *SD* = 8.93 years). Three instruments were used for data collection: Fatigue Severity Scale, Financial Self-efficacy Scale, and Preretirement Anxiety. Two hypotheses were postulated. Results of the analysis showed that fatigue severity was a significant predictor of preretirement anxiety. Nigerian nurses who reported high fatigue severity, also reported increased preretirement anxiety. Financial self-efficacy was not significantly related to pre-retirement anxiety, and it did not significantly predict pre-retirement anxiety. This paper makes an original contribution to research in the area of occupational mental health in the healthcare setting. It is possible that there may be moderator variables which will buffer the effect of fatigue severity on preretirement anxiety, hence this should be the direction for further studies in this area

Introduction

Retirement is a transition from active participation in the world of work, to active delight of the world of leisure and transition from work to non-work (Baba, Garba, & Zakariyah, 2015). Wang and Shi (2014) defined retirement as an individual's exit process from the workforce, which is usually accompanied by both a decrease in psychological commitment to work and an increase in behavioural withdrawal from work. This withdrawal in anticipation and/or preparation for retirement is associated with attitudes and anxieties toward retirement (Vordzorgbe, Assoah, Dzakadzie, & Wilson, 2018). Anxiety is a feeling of fear, worry, and uneasiness, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as ominous (Temitope, 2015). Arogundade (2016) defined preretirement anxiety as fear and worries about imminent retirement even in the course of performing one's duties at work, to the extent of affecting job performance or effectiveness. Oluseyi and Olufemi (2015) added that pre-retirement anxiety is a feeling of intense fear, discomfort and uncertainty that consistently interfere with prospective retiree's thought processes and preparation towards retirement.

Vordzorgbe, Assoah, Dzakadzie and Wilson (2018) listed in their work possible predisposing factors that can or causes employees anxiety during transition to retirement and they include; inadequate fund, challenges in managing mental health, managing a new and lower social status, inadequate planning for retirement, difficulty in time management, total dependence on present salary, problem of securing residential accommodation, ignorance of what to do with pension money, attitude of friends and family towards retirement, and the challenges of sudden retirement. Arogundade, (2016) also added that poor basic need satisfaction at work and home, lack of general wellbeing of employees and fatigue in Nigeria can

equally cause pre-retirement anxiety.

The nursing profession is a healthcare job which is associated with a lot of stressful conditions, thereby resulting in fatigue. Fatigue is a common symptom that occurs in everyday life, it is a mental or physical exhaustion that stops an employee from being able to function efficiently. Fatigue involves complexity in initiation of or sustaining voluntary activities (Barker & Nussbaum, 2011; Cantor, Gordon, & Gumber, 2013) and a felt sense of uneven effort and associated mental and physical exhaustion and inability to perform. It can be defined as the knowledge of a decreased ability for both physical and mental activity due to an imbalance in the availability, utilization, and/ or restoration of resources needed to perform activity (Yoo, Choi, Cho, Do, Lee, & Kim, 2018). Continuously untreated fatigue reduces energy, motivation, and concentration, which affects the employee's psychological well-being, and disables daily functioning at work and especially in pre-retirement. Barker and Nussbaum (2011) stated that fatigue can be either acute or chronic. It is acute when experienced as temporary halt in healthy employees functioning during work in daily life; while it is chronic when it turns to illness or last longer during an employee's career life and in retirement.

Arogundade, (2016) stated that sometimes as a result of fatigue, employees are physically and mentally incapable of doing their work effectively which may trigger pre-retirement anxiety. Some organizations might advice the employees involved to retire to avoid further damages or just quit the job on their own, and the fear of being forcefully retired may grip them. Some individuals may start thinking of what their fate will be like during retirement after realizing that they are already incapacitated by fatigue, thus leading to fear, worry and anxiety in preretirement (Sharon, 2016). Fatigue severity is therefore the first predictor variable in this study in relation to

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pre-retirement anxiety among nurses.

Linton's (1936) role theory proposed that everyone has a role to play in the society, including the roles when in an organization as a professional (e.g., nurses and doctors). This theory reports that retirement involves loss of the important work role and perceived subsequent role loss in retirement which may cause workers to feel discontentment, anxious and depressed. Society is viewed as structured around various roles when in employment which prescribe norms and expectations for both behaviours and attitudes, and retirement especially for professionals like nurses, may activate anxiety prior their retirement. One of the sources of anxiety may be due to fatigue associated with the realization that one may not have much roles to play in retirement. There is scarcity of literature linking fatigue severity to pre-retirement anxiety, but there are related studies on fatigue and other constructs such as job outcome. Some authors (Barker & Nussbaum, 2011; Ahmed, Sleem, & Kassem, 2015) found that fatigue significantly affected job performance. Bewell, Yakubu, Owotunse and Ojih (2014) examined the relationship between work-induced stress and employee productivity in Nigeria. The study showed that work-induced stress significantly reduced workers' level of productivity.

The belief that one can accomplish a given task and more broadly, cope with life challenges is known as self-efficacy. It is the second predictor variable in this study in relation to pre-retirement anxiety. Farrell, Fry and Risse (2016) stated that self-efficacy is associated to self-confidence, motivation, optimism, and the belief that one can cope with a variety of life's challenge. People with high levels of self-efficacy believe they can perform well at specified tasks (Lown, 2011). Self-efficacy can be manifested through various elements of personal behaviour, such as how well a person copes in the time of hardship, how optimistic or pessimistic one's attitude about their future is, and whether they think in self-enhancing or self-incapacitating ways (Farrell, Fry, & Risse, 2016). Applying the concept of self-efficacy in the context of personal finance management, it could be reasoned that employees who have a greater sense of self assuredness in their financial management capacities are more likely to approach any financial difficulties they encounter as 'challenges to be mastered, rather than as threats to be avoided' (Arogundade, 2016; Farrell, Fry, & Risse, 2016). This disposition leads to achieving a favorable personal financial outcome. Thus, financial self-efficacy is a belief that one can be successful financially in certain situations. It refers to beliefs in individual's capabilities in managing his/her personal finances. Researchers (Donaldson, Earl, & Muratore, 2010; Lunceford, 2017) submitted that higher income promotes better retirement adjustment, while inadequate income and financial stress are associated with dissatisfaction and more negative retirement experiences.

Theoretically, social cognitive theory of self-regulation (Bandura, 1977, 1995), postulates that self-efficacy beliefs determine behaviour by acting together with the psychological functions of the self-regulatory system. As a result of this interaction, self-efficacy beliefs may influence how nurses establish goals, monitor their behaviour, judge behavioural outcomes, value activities, and react to positive or negative performance evaluations. More specifically, nurses with higher self-efficacy beliefs in a particular task tend to set aspirational goals, persevere when confronted with difficulties and failures, attribute successes to personal capabilities and effort, consider transient personal and external contributions to failures, exhibit enduring interest in the task at hand, and are less susceptible to stress and anxiety in the face of harsh conditions in pre-retirement and retirement (Bandura, 1997). The crisis theory (Richardson, 1993) also posited that retirement is a key change that has the likelihood of becoming a crisis. It is assumed that work to nurses is one of the most significant aspects of their life and world and once the roles after work is altered, their

roles, status and their significance is enough to put them in crisis (Richardson, 1993). The problems nurses come across prior to retirement and in retirement can range from financial constraints, as well as health issues and challenges, that need financial support to handle which also have the potential to create crisis (Waxman, 2016).

Authors (e.g., Waxman, 2016; Wijeratne & Peisah, 2013) have argued that some individuals find it difficult adjusting to the responsibility and status changes because they do not have the required stamina and necessary resources to cope with these changes. Prospective retirees may experience a high level of anxiety when they believe they may not meet their financial needs during retirement. In a recent study by Lunceford (2017), financial self-efficacy was shown to have a positive influence on career decision making, the formation of retirement confidence and well-being. Those with high self-efficacy believe a desired future is somewhat within their control. Some previous studies (e.g., Vordzorgbe, Assoah, Dzakadzie, & Wilson, 2018; Kadoya & Khan, 2017; Arogundade, 2017; Sundali, Westerman, & Stedham, 2008) had also reported findings that supports the relevance of self-efficacy concerning financial matters when work and personal well-being outcomes are considered. Our study was motivated by the recent operationalization of the construct of pre-retirement anxiety and development of an empirically validated measure of pre-retirement anxiety in the Nigerian context (See Ugwu, Enwereuzor, Mefoh, Ugwu, and Onyishi, in press). The workers that participated in the validation study of the instrument were not nurses. We believe that the use of the new measure to assess the construct of pre-retirement anxiety among diverse groups of workers will advance the literature on the construct. Besides, there is little research which have investigated how fatigue severity and financial self-efficacy may be connected to pre-retirement anxiety among Nigerian workers in the health sector. We hypothesized in this study that: (1) Fatigue severity will significantly predict pre-retirement anxiety among Nigerian nurses; and (2) Financial self-efficacy will significantly predict pre-retirement anxiety among Nigerian nurses.

Method

Participants

A total of 254 registered nurses participated in the study. They were sampled from six (6) hospitals in Southeastern Nigeria, namely; National Orthopedic Hospital, Enugu; Bishop Shanahan Hospital, Nsukka; University of Nigeria Teaching Hospital, Ituku Ozzala; Enugu State Teaching Hospital (Parklane), Enugu; University of Nigeria Medical Centre at Nsukka and Enugu campuses; and St. Charles Borromeo Hospital, Onitsha. Participants' age ranged from 50 – 60 years with a mean age of 55 years ($M = 55$; $SD = 8.93$). Purposive sampling was used to select the participants. Tongco (2007) stated that purposive sampling is a technique in which the population under study is typical cases that provide requisite data or information. The researchers identified actual population of interest, that is, employees who have less than 10 years to retire, and sampled them with the assumption that they possess characteristics that is of interest to the researcher. The participants comprised 60(76.4%) men and 194(23.6%) women. By ethnicity, 215(84.6) were Igbo, 18(7.1) were Yoruba, 1 (.4) was Hausa, and 20 (7.9) were from other ethnic groups.

Instruments

General Pre-retirement Anxiety Scale (GPAS)

This is a 15-item scale was developed by Ugwu, Enwereuzor, Mefoh, Ugwu, and Onyishi, (in press) to assess pre-retirement anxiety of potential retirees. Items are scored on a five-point Likert scale format ranging from 5 = strongly disagree

to 1 = strongly agree. Sample items include: "I will not want to retire because I will not be able to offset my health-related bills." Respondents are to indicate the extent to which they agreed with the listed statements regarding their opinion over retirement. Five positively worded items are reversed scored. High scores indicate high pre-retirement anxiety and low scores indicate low retirement anxiety. The GPS has three dimensions: moral obligations (6 items - Providing shelter, food and security for their children and other dependents; preparedness (5 items - financial savings and investments), and social alienation (4 items - fear of being neglected and irrelevance in the family or society). The reliability and validity were reported by the the authors. The subscales yielded Cronbach's α coefficients of .78, .74 and .73 for moral obligation, preparedness and social alienation respectively, and the total scale reliability coefficient was .73. For the present study, in order to establish the validity of the scale, Principal Component Analysis (PCA) was conducted. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .64, and the Bartlett's test of Sphericity was 644.29 ($p < .001$), indicating that the sample was adequate to test for factorial validity of the scale. A one-factor structure of the GPAS was extracted, and it accounted for 20.54% of the variance in the construct. Loading of the items ranged from .36 - .66. The items yielded an internal consistency reliability, Cronbach's alpha (α) .77, which was acceptable.

Fatigue Severity Scale

The Fatigue Severity Scale (FSS) is a nine (9) item questionnaire developed by Krupp, LaRocca, Muir-Nash and Steinberg (1989) to assess the severity of fatigue in different situations during the past week. Essentially, the FSS consists of answering a short questionnaire that requires the participants to rate their own level of fatigue. The subject is asked to read each statement and circle a number from 1 to 7, where 1 indicates strong disagreement and 7 strong agreements, depending on how appropriate they felt the statement applied to them over the preceding week. Sample question include: "My motivation is lower when I am fatigued." A low score indicates the absence of fatigue whereas a high score indicates the presence of fatigue. The scoring is done by calculating the average response to the questions (adding up all the answers and dividing by nine). Krupp and colleagues conducted an initial psychometric evaluation of the FSS and found an internal consistency of .88 and a test-retest reliability of .84. In order to establish the validity of the FSS, Principal Component Analysis (PCA) was conducted by the present researchers. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .86, and the Bartlett's test of Sphericity was 342.22 ($p < .001$), indicating that the sample was adequate to test for factorial validity of the scale. A one-factor structure of the FSS was extracted and it accounted for 54.12% of the variance in the construct. Loading of the items ranged from .57 - .82. The items yielded internal consistency reliability, Cronbach's alpha (α) .89, which was good.

Financial Self-Efficacy Scale

Financial Self-Efficacy Scale (FSES) is a six-item scale developed by Lown (2011) to assess an employees' confidence and ability to manage finances, stick to spending plans when unexpected expenses arise, make progress in financial goals and worry running out of money. FSES is rated on a five-point likert scale format ranging from 1 = exactly true to 4 = not at all true. Sample item include: "It is hard to stick to my spending plan when unexpected expenses arises." Scores on the six financial self-efficacy items ranged from 6 to 24 with higher scores indicating higher self-efficacy about financial matters. Cronbach's alpha reliability of .76 was obtained by the developer. The FSES is short and thus quick and easy to administer. The present researchers conducted Principal Component Analysis (PCA) for the FSES. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .65, and the Bartlett's test of Sphericity was

137.44 ($p < .001$), indicating that the sample was adequate to test for factorial validity of the scale. A one-factor structure of the FSES was extracted and it accounted for 43.63% of the variance in the construct. Loading of the items ranged from .47 - .84. The items yielded internal consistency reliability, Cronbach's alpha of (α) .70, which was acceptable.

Procedure

The last author visited the hospitals and obtained approval from the management of the hospitals for the study to be conducted. After the approval, the last author and two research assistants met the nurses in their sections in the hospital wards and explained the objective of the study to them. Nurses who had 10 years or less to retire were targeted. Those who volunteered to take part in the study were given the questionnaire form for completion. Respondents were assured of the confidentiality of their responses, and were encouraged to be honest in providing answers to the questions asked. The administration of the questionnaire and the instructions on how to answer the questionnaire was done with the help of the last author and research assistants.

Design/statistics

The study is a survey and adopted a cross-sectional design. Hierarchical multiple regression analysis was used to statistically test the hypotheses for the study. Multiple regressions analysis allows researchers to simultaneously use several independent variables (fatigue severity and financial self-efficacy) in order to explain the variation in the criterion (preretirement anxiety) and hence be able to make more accurate predictions (Mendenhall, Beaver & Beaver, 2009). Pearson's correlation was initially conducted to establish the relationships between the demographic variables and the study variables.

Results

The correlations of the demographic variables and study variables are shown in Table 1, while findings of the regression analysis are in Table 2.

In Table 1, older age was associated with having more dependents, and higher years of service, as well as having higher monthly salary. Gender was not significantly associated with any of the variables. Number of dependents was positively related to monthly salary, and fatigue severity. Years of service correlated positively with monthly salary. Those who earned higher salary reported more fatigue severity, and higher financial self-efficacy. Financial self-efficacy was not significantly related to pre-retirement anxiety.

Results of the hierarchical multiple regressions for the test of the hypotheses are shown in Table 2. In step 1, two demographic factors (number of dependents and number of years of service) were added to the regression model because they significantly correlated with preretirement anxiety in Table 1. Results showed that number of dependents positively predicted preretirement anxiety. The unstandardized regression coefficient (B) showed that for each one unit rise in number of dependents, preretirement anxiety increases by 1.43 units. Number of years in service also positively predicted preretirement anxiety. The unstandardized regression coefficient (B) showed that for each one unit rise in number of years in service, preretirement anxiety increases by 1.41 units. The contribution of the demographic factors in explaining the variance in preretirement anxiety was 9% ($\Delta R^2 = .09$), and the model was significant.

Step 2 indicated that fatigue severity was a positive predictor of retirement anxiety. The unstandardized regression coefficient (B) showed that for each one unit rise in fatigue severity, preretirement anxiety increases by 1.6 units. The contribution of fatigue severity in explaining the variance in preretirement anxiety was 6% ($\Delta R^2 = .06$), and the model was

significant. In the third step (Step 3) financial self-efficacy did not significantly predict preretirement anxiety. The contribution to the variance in preretirement anxiety explained on account

of financial self-efficacy was 1% ($\Delta R^2 = .01$). Number of dependents was the strongest predictor of preretirement anxiety among all the variables in the study ($\beta = .26$).

Table 1: Correlations of demographic variables, fatigue severity, financial self-efficacy, and preretirement anxiety

Variables	1	2	3	4	5	6	7
1 Age	-						
2 Gender		-					
3 Number of dependent(s)	.15*	.01	-				
4 Years of service	.61***	.01	.07	-			
5 Monthly salary	.41***	.03	.34***	.46***	-		
6 Fatigue severity	.06	.01	.18**	-.06	.27***	-	
7 Financial self-efficacy	.00	.06	.09	.05	.14*	.02	-
8 Preretirement anxiety	.04	.08	.27**	.14*	.21**	.27***	.11

Note *** $p < .001$; ** $p < .01$; * $p < .05$; Gender (0 = male; 1 = females).

Table 2: Hierarchical multiple regression predicting preretirement anxiety by fatigue severity and financial self-efficacy.

Predictors	Step 1			Step 2			Step 3		
	B	β	t	B	β	t	B	β	t
Number of dependents	1.43	.26	4.26***	1.18	.21	3.57***	1.15	.21	3.45**
Years of service	1.41	.13	2.07*	1.60	.14	2.42*	1.56	.14	2.36*
Fatigue severity				1.61	.24	4.05***	1.16	.24	4.05***
Financial SE							.16	.08	1.28
R^2	.09			.14			.15		
ΔR^2	.09			.06			.01		
F	11.85(2, 251)***			13.86(3, 250)***			10.83(4, 249)***		
ΔF	11.85(2, 251)***			16.43(1, 250)***			1.64(1, 249)		

* $p < .01$; ** $p < .001$; ΔR^2 = Change in R^2 ; ΔF = Change in F; FSE = Financial Self-Efficacy

Discussion

The present study investigated the roles of fatigue severity and financial self-efficacy in pre-retirement anxiety among Nigerian nurses. It was predicted that fatigue severity and financial self-efficacy would predict pre-retirement anxiety among Nigerian nurses. Results showed that fatigue severity positively predicted preretirement anxiety, showing that nurses with higher fatigue severity reported higher preretirement anxiety. Financial self-efficacy did not significantly predict preretirement anxiety. The first hypothesis which stated that fatigue severity would significantly predict pre-retirement anxiety was confirmed. Those with high fatigue severity reported high pre-retirement anxiety. This finding is consistent with other related studies on fatigue and other constructs (Ahmed, Sleem, & Kassem, 2015; Barker & Nussbaum, 2011; Bewell, Yakubu, Owotunse, & Ojih, 2014; which found that fatigue significantly affected job performance. Linton's (1936) role theory had proposed that imminent role loss may make workers to feel discontentment and anxious, particularly in a society structured around various roles when in employment for professionals like nurses.

The finding of this study did not confirm the second hypothesis which predicted that financial self-efficacy will significantly predict pre-retirement anxiety. Financial self-efficacy was not a significant predictor of pre-retirement anxiety among Nigerian nurses. This finding contradicts previous studies (Vordzorgbe, Assoah, Dzakadzie, & Wilson, 2018; Kadoya & Khan, 2017; Arogundade, 2017; Sundali, Westerman, & Stedham, 2008) showing that financial self-efficacy was associated with work well-being outcomes. This finding is also in contrast with the social cognitive theory of self-regulation ((Bandura, 1977, 1995), which postulates that that self-efficacy beliefs distress behaviour by acting together with the psychological functions of the self-regulatory system. Richardson's (1993) crisis theory posited that retirement may create problems for nurses prior to retirement and in retirement which can range from financial constraints, health issues and challenges (Waxman, 2016). It is assumed that those who

believe they may not have adequate financial resources to meet their needs will be more anxious about retirement.

It is possible that financial self-efficacy did not predict retirement anxiety because of retirement financial planning programmes in some of the work places which may have helped pre-retirees to readjust properly. Nigerian nurses usually start planning for their retirement, especially on the issue of finance by creating their maternities, in a way to remain stable financially during preretirement and in retirement. Nurses close to retirement, especially the midwives plan on opening maternity home, and other nurses may open pharmaceutical store, while others fix themselves in private hospitals where they work full time or part time. The present finding may be attributed to the possibility of some moderating factors that may attenuate the influence of financial self-efficacy on anxiety concerns about retirement.

A recognizable limitation of this study is the sample characteristics such as gender. Majority of the participants were female, because there are few male nurses. The study was conducted in Enugu and Anambra states which may not allow generalization to entire Nigerian population. The total sample size used in the study was small when compared to the larger population and it also limits the generalization of the results obtained in the study. The measures were self-report inventories, which are subject to social desirability bias. Based on the problems identified limitations of this study, it is suggested that future researchers should ensure that they get larger sample of nurses (both men and women) from other states in Nigeria across all the nursing specialties.

In conclusion, this study contributes to literature on preretirement anxiety and occupational mental health in general. It is expected that the finding of this study will draw stakeholder's attention to the positive and negative side of fatigue severity. Fatigue severity among Nigerian nurses in health care settings can retard productivity in the health care sector. This should be taken note of in our society where health professions such as the nurses may suffer fatigue severity as a result of some factors such as excess work load and stress,

lack of facilities and needed equipment in hospitals, lack of motivations from the government, work-related injuries, and poor quality of life. Recreational facilities and relaxation centres should be provided in hospitals where health workers can come together to relax and manage stress.

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