



## Effect of Gender and Clinical Self-Efficacy on Professional Competency among Community Health Workers in Ekiti State

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### Abstract

This research investigated the effect of gender and clinical self-efficacy on professional competence among health workers in Ekiti State. A cross-sectional survey design was used for the study. A sample of 246 community health workers across twenty four hospitals in Ekiti State was sampled using questionnaire. It comprised different cadres of community health workers. Three research hypotheses were generated in line with the study objectives. 2 X 2 ANOVA was used to test the main and interaction effects of gender and clinical self-efficacy on professional competency of the participants. Result indicated that clinical self-efficacy had significant main effect on professional competency of the participants [ $F(1, 245) = 5.716; P < .05$ ]. However, gender did not have significant main effect on professional competency of the participants. Results showed that there was no significant interaction effect of gender and clinical self-efficacy on professional competency of the community health workers in Ekiti State. The findings were discussed in line with other related works and it was recommended that urgent intervention strategies by policy makers to help community health workers develop the capacity for efficiency and feedback, in enhancing their success in their professional practices should be put in place.

**Keywords:** Clinical Self-Efficacy; Community Health Workers; Gender; Professional Competency.

### 1. Introduction

With the low budget of 427.3 billion Naira proposed for healthcare in the 2020 national budget, Nigeria media were agog with a lot of permutations on how such amount would cater for all the health expenses of the health personnel, health facilities the rehabilitation and or construction of new hospitals, health research, training and health promotion among other needs. With the growing population of about 200 million Nigerians, the ridiculous permutation equates to N2,000 for the healthcare of each of the projected 200 million Nigerian in 2020! The World Health Organisation provided us with some health indices which makes such budget scary and leaves no room for quality health services for Nigeria population. For example, according to the World Health Organisation (2017), Nigeria is “the country where nearly 20 per cent of all global maternal deaths happen. Between 2005 and 2015, it is estimated that over 600,000 maternal deaths and no less than 900,000 maternal near-miss cases occurred in the country”. This staggering statistics coupled with the maternal mortality of about 800 per 1000 live births and 58000 maternal deaths in 2015 put the health workers at the mercies of giving out their best in terms of quality services. There are umpteenth suggestions by scholars and clinicians to critically review some of the current health policies, programmes, and implementation methods to accommodate professionalism mix of all health workers. Such system will position the community health workers (CHWs) as an important cadre within multidisciplinary primary healthcare teams (World Health Organisation, 2016). CHWs are paraprofessionals or lay health workers that are imbued with an in-depth knowledge of a community’s culture and language. Also, most of the CHWs have lesser duration of training if compared with other health professionals. They are important part of

health equilibrium and their roles in the provision of health services are usually laced with community cultural values (Olaniran, Smith, Unkels, et al., 2017).

According to Woods, West, Mills, Park, Southern, & Usher (2015) "...employers expect graduate health workers to be work ready, which includes meeting the competency standards and being able to function safely and independently, or in other words, ready to 'hit the ground running' in relation to providing clinical care" (p. 360). Despite the long hours of workplace training during pre-registration training, health workers are often seen to be underprepared for the demands and challenges of the clinical environment (Greenwood, 2000) and this is usually unconnected with the transition of clinical training to practice which can be very tasking (Kaihlainen, Lakanmaa, & Salminen, 2013; Newton & McKenna, 2007, Cox & Sipson, 2016).

Competence refers to a person's underlying characteristics that are causally related to job performance (Boyatzis, Goleman, & Rhee, 2000). Competence can be viewed from four vertices of knowledge, traits, skills, and abilities. The four attributes are lovingly weaved together to form competence. Knowledge involves understanding facts and procedures. Traits are personality characteristics that show uniquely how an individual behave. Skills are an individual capacity to do specific actions. Abilities can be defined as individual attributes inherited or acquired through previous experience and brings to a new task (Landy, 2012).

The sequence of these factors in determining individual competence goes a long way in assessing the level of competence one brings to bear. It determines the ability of individual to apply knowledge, skills, and abilities uniquely and efficiently in to novel matters as well as to standard routine tasks (Lane & Ross, 2008).

Perceived self-efficacy, one's belief in one's ability to perform a task, has significant relationship with achievement, motivation, and performance in both academic (Bandura, 1982) and work settings (Bandura, 2012). Self-efficacy is action-oriented and, thus, determines the ability to accomplish a set of actions to successfully perform within a specific environment. This research will add to the literature by linking the levels of emotional intelligence, perceived self-efficacy, and clinical performance outcome measures for a particular group: health worker. The research was carried out to know the effect of gender and clinical self- efficacy on professional competency among community health workers in Ekiti State.

## **2. Methods**

### **2.1 Design**

This study is a survey research. A 2X2 factorial design was used in this study. The two independent variables of gender and self-efficacy were dichotomized. Gender is a natural dichotomous variable and was categorized into male and female while clinical self-efficacy was artificially dichotomized into high and low using the norm of the instrument.

### **2.2 Participants**

The population of this study consisted health workers working in Ekiti State, Nigeria. 68% of the participants were female while 32% were male. 23% of the participants were single, 67% were married while 10% were either divorced or widowed. All the participants were community health workers of different cadres. Twenty-four Government Health Centres in Ido/Osi and Irepodun/Ifelodun Local Government Areas of Ekiti State were used for the study. Also, the Federal Medical Centre, Ido-Ekiti, Ekiti State was also used for the Study. A sample size of two hundred and forty six participants participated in the study.

### **2.3 Sampling Technique**

Multi-stage sampling technique was used for the study. Purposive sampling technique was used to in selecting the location for the study. The location of Federal Medical Centre was a major factor in selecting Ido/Osi Local Government for the study. The geographical proximity of Irepodun/Ifelodun LGA to Ido/Osi and the high concentration of Health Centres in the two Local Government Areas were the reasons for using the locations for the study. Stratified random sampling was used to ensure that every departments and units were covered for the study. Thus, each department was treated as stratum in ensuring the spread of the participants. Accidental random technique was used in selecting the participants for the study. Only available health workers were considered for the study.

### **2.4 Instrumentations**

The questionnaire consists of three sections. Section A measured the Biodata information of the respondents. These include: gender, age, job status and marital status. Section B had Self-efficacy Scale while section C was made up of competency scale.

Self-efficacy was measured with Perceived Self-Efficacy Questionnaire developed by Schwarzer in 1992. The 10-item questionnaire measures individual's belief that one can perform a novel or difficult tasks, or cope with adversity. The scale is usually self-administered. Responses are made on a 4-point scale. A Cronbach alpha reliability of 0.75 was recorded for the scale in this study.

Professional Competence was evaluated by a scale developed by Pearce and Porter (1986). The instrument was adapted to reflect professional competence. The instrument contains five items (overall performance, ability to get along with others, completing tasks on time, quality of performance, and achievement of work goals) that were measured on a seven-point scale (ranging from 1= strongly disagree, to 7= strongly agree). The Cronbach's alpha for this scale was 0.87.

## 2.5 Procedure for Data Collection

The researcher personally administered the questionnaire to the respondents. Most of the respondents were found in their various offices in the selected health centres used for this study. The researcher also went to various departments and wards where the respondents were available to distribute the questionnaires. The researcher also personally collected the questionnaire back from the respondents, and thanked them for their participation. In all, two hundred and thirty questionnaires were administered to the respondents, by the time of retrieval; only two hundred and fifteen useable due to inappropriate fillings of some of the questionnaires.

## 2.6 Data Analysis Method

Data collected from the field were analyzed using both descriptive and inferential statistics. The three generated hypotheses were tested using 2 X 2 Analysis of Variance.

## 3. Results

Three hypotheses were generated based on the objectives of this study. The results were presented in this section.

**Table 1. Summary of 2 X 2 Analysis of Variance showing the main and interaction effect of gender and clinical self-efficacy on professional competence among health workers in Ekiti State**

Variables	SS	MS	df	F	p
Gender (A)	34.469	34.469	1	1.310	> .05
Clinical Self-efficacy	150.401	150.401	1	5.716	< .05
Gender x Self-efficacy	47.916	47.916	1	1.821	> .05
Error	6367.437	26.312	242		
Total	6627.398	25587.549	245		

Hypothesis one states that Gender will significantly influence professional competence among health workers in Ekiti State.

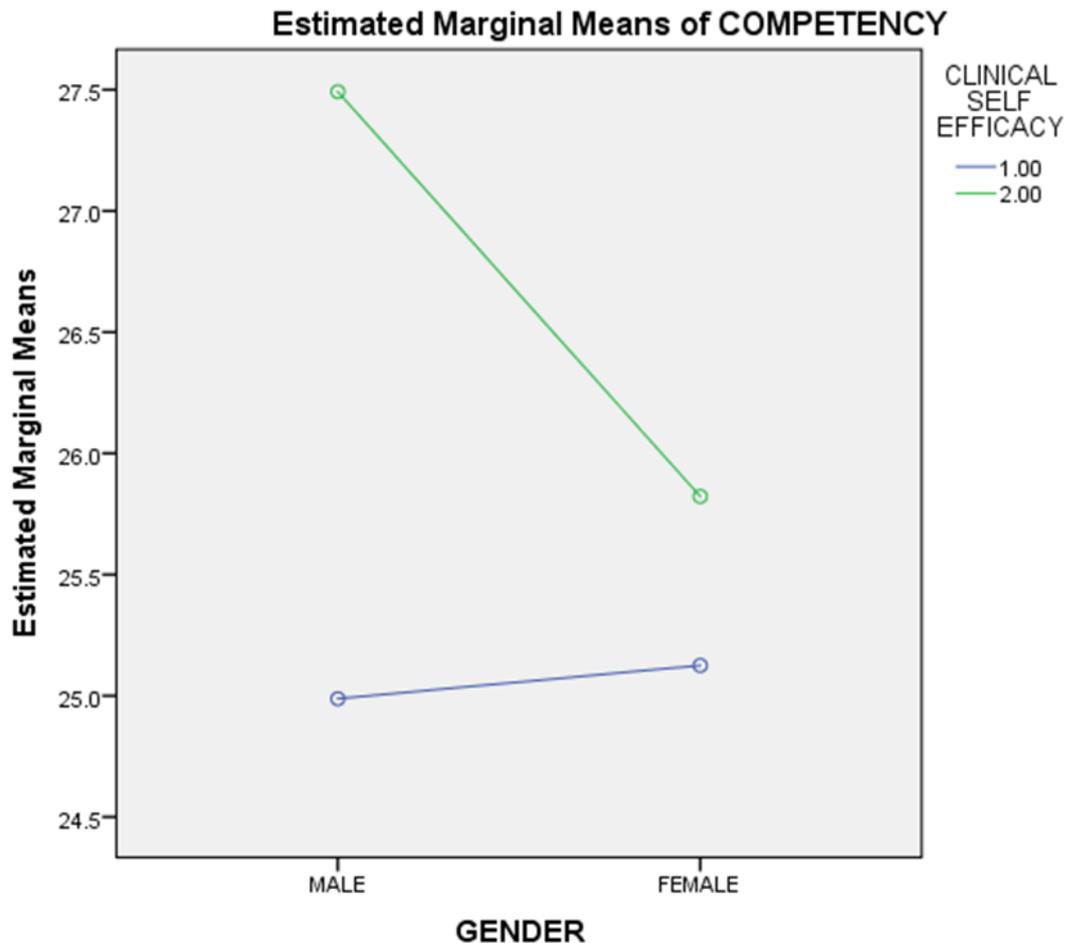
Table 1 above revealed that gender will not significantly influence professional competence among health workers in Ekiti State {F (1, 245) = 1.310; P > .05}. Hence, hypothesis one which states that gender will significantly influence professional competence among health workers in Ekiti State is not confirmed.

Hypothesis two stated that clinical self-efficacy will significantly influence professional competence among health workers in Ekiti State.

Table 1 above revealed that clinical self-efficacy will not significantly influence professional competence among health workers in Ekiti State {F (1, 245) = 5.716; P < .05}. Hence, hypothesis which states that clinical self-efficacy will significantly influence professional competence among health workers in Ekiti State is confirmed.

Hypothesis three stated that there will be a significant interaction between gender and clinical self-efficacy on professional competence among health workers in Ekiti State.

Table 1 above revealed that there was no significant interaction between gender and clinical self -efficacy on professional competence among health workers in Ekiti State {F (1, 245) = 1.821; P > .05}. Hence, hypothesis 3 which states that there will be a significant interaction between gender and clinical self-efficacy on professional competence among health workers in Ekiti State is not confirmed. The above explanations are further shown in Figure 1 below.



**Fig 1: Graph showing the interaction effect of gender and clinical self-efficacy on professional competence among health workers in Ekiti State**

#### 4. Conclusion

The findings of the study may have implications that directly relate to the quality of care provided to clients by health workers. This research, which will examine the influence of perceived self-efficacy and actual clinical skills, may indicate possible intervention strategies on the part of educators (academic and clinical) to help health workers develop the capacity to seek and integrate feedback, which will, in turn, help them succeed in their clinical work.

In this study, there is no significant gender effect on professional competency of the community health workers. This finding negates the findings of Anbuthhasan & Balakrishnan (2013) and Pan (2014). Although Anbuthhasan & Balakrishnan (2013) affirmed that professional competency differs in relation to gender and strata but contradict portion is that women have significant higher competency than men. This finding is in line with the finding of Himabindu (2012) where author established that self-efficacy has a significant correlation with professional competency of teachers. Perceived self-efficacy, one's belief in one's ability to perform a task, has relationship with achievement, motivation, and performance in both academic, hospitals (Fasanmi, 2016) and work settings (Bandura, 2012). It was recommended that urgent intervention strategies by policy makers to help community health workers develop the capacity for efficiency and feedback, in enhancing their success in their professional practices should be put in place.

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