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# Perceived self-efficacy to provide humanized care by final year Nursing students.

# Autoeficacia percibida para brindar cuidados humanizados por parte de estudiantes del último año de Enfermería.

**Lorena Gisela Yurquina [1], Lidia Paula Ramos-Cruz [2], Jacqueline Carolina Gómez [3] and Carlos Jesús Canova-Barrios [4,*]**

[1] Isalud University; lorenayurquina25@gmail.com , ORCID: https://orcid.org/0009-0000-6180-9530
[2] Isalud University ; wrestleamos6@gmail.com , ORCID: https://orcid.org/0009-0003-4450-6644
[3] Isalud University ; jacquelinecarolinagomeza@gmail.com , ORCID: https://orcid.org/0009-0009-3133-9406
[4] National University of the West; carlos.canova1993 @gmail.com , ORCID: https://orcid.org/0000-0003-3901-6117
* **Correspondence: carlos.canova1993 @gmail.com**

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**Summary:** Introduction: The analysis of students' self-assessment about their abilities to provide humanized care and relate to their patients is essential, being an element that allows the identification of areas to prioritize in training, as well as to identify strengths in this process. Objective: To evaluate the perception of self-efficacy to provide humanized care of students in the final year of the second cycle of the Bachelor's Degree in Nursing at a private higher education institution in Buenos Aires, Argentina. Methods: Descriptive, quantitative and cross-sectional study. 67 students were surveyed using the Caring Efficacy Scale questionnaire in its Spanish version. Results: The average age of the respondents was 35.54 years (SD=7.89), and they were mostly female (74.63%), single (58.21%), with children (64. 18%), work in open areas (68.66%), have a work experience of between 6 and 10 years (34.33%), a job (82.09%), between 3 and 5 patients in charge per shift (46.27%) and perceive a high workload (55.22%). It was identified that the students' perception of their self-efficacy to provide humanized care and relate to the patient was mostly positive and high at 68.66%. Conclusion: Relationships were identified between the sociodemographic and work variables and some items of the instrument. The variables age, gender, having children, work area, number of patients in charge, perception of workload and work seniority influence the perception of self-efficacy to provide humanized care.

**Keywords:** Self-efficacy; Nursing care; Nursing students; Nursing Education; Humanization of care

**Resumen:** Introducción: Resulta indispensable el análisis de la autovaloración de los estudiantes sobre sus capacidades para brindar cuidados humanizados y relacionarse con sus pacientes, siendo un elemento que permite la identificación de áreas para priorizar en la formación, así como para identificar las fortalezas en este proceso. Objetivo: Evaluar la percepción de autoeficacia para brindar cuidados humanizados de los estudiantes del último año del segundo ciclo de la carrera de Licenciatura en Enfermería de una institución de educación superior de carácter privado de Buenos Aires, Argentina. Métodos: Estudio descriptivo, cuantitativo y transversal. Se encuestó a 67 estudiantes utilizando el cuestionario Caring Efficacy Scale en su versión en español. Resultados: La media de edad de los encuestados fue de 35,54 años (DE=7,89), y estos fueron mayormente de género femenino (74,63%), solteros (58,21%), con hijos (64,18%), trabajan en áreas abiertas (68,66%), tienen una antigüedad laboral de entre 6 y 10 años (34,33%), un empleo (82,09%), entre 3 y 5 pacientes a cargo por turno (46,27%) y perciben una elevada carga de trabajo (55,22%). Se identificó que la percepción de los estudiantes sobre su autoeficacia

para brindar cuidados humanizados y relacionarse con el paciente fue mayormente positiva y alta en un 68,66%. Conclusión: Se identificaron relaciones entre las variables sociodemográficas y laborales y algunos ítems del instrumento. Las variables edad, género, tenencia de hijos, área de trabajo, cantidad de pacientes a cargo, percepción de la carga de trabajo y antigüedad laboral inciden sobre la percepción de autoeficacia para brindar cuidados humanizados.

**Palabras clave:** Autoeficacia; Cuidados de enfermería; Estudiantes de enfermería; Educación en Enfermería; Humanización de la atención

## 1. Introduction

In Argentina, the curricular framework for Nursing training is regulated by Ministerial Resolution 2721 dating from 2015 (1). In this, the degree is divided into two cycles, in the first one granting the undergraduate degree of Nursing (duration of 2.5 to 3 years) and in the second, the degree of Bachelor's degree in Nursing (duration of 4 to 5 years). Both degrees are recognized by the Ministries of Education and Health, and qualify for professional practice. Regarding the organization of the subjects of the curriculum, these are grouped into three axes: biological, professional and socio-humanistic (1). The latter have the purpose of promoting comprehensive training where attitudinal competencies are developed that make nursing care focused on the patient and not on the pathology, considering both their physiological and emotional needs (2-3).

The exercise of humanized care is based on the values of respect, empathy, active listening and ethics, meriting an approach oriented towards the development of these skills considered soft or interpersonal (4). Jean Watson, nursing theorist, says that caring is a fundamental part of being, and the professionalization of this care through professional training seeks to ensure that it is structured, formalized and intended to satisfy the needs of patients, taking into account the integrality of being. Due to the above considerations, it could be reiterated that health care has specific goals and is supported by both an epistemological context and the techniques and procedures learned during the training process (5-6).

In Argentina, it is considered necessary to address humanization during the training sections. The National Permanent Nursing Advisory Commission (7) refers to the need to reconceptualize nursing as a profession, referring to a series of components that they consider relevant for adequate professional practice, including among them the humanization of care. It is essential to consider that, currently with advances in medical devices and technology, the changes in work dynamics marked by the overload of activities, the care of multiple patients and multiple employment (8), and the biological approach provided to health care, are elements that predispose to providing care impregnated by dehumanization.

According to the aforementioned aspects, the analysis of the students' self-assessment of their abilities to provide humanized care and relate to their patients is essential, being an element that allows the identification of areas to prioritize in training, as well as to identify the strengths in this process (9). The contents and

competencies developed in the curriculum must be addressed in a humanized teaching context while enhancing student development, allowing understanding of social contexts and their influence, and reflecting on possible ethical conflicts. that may arise in future professional assistance or in professional practice (9-11).

Some studies have been developed to assess the perception of self-efficacy to provide humanized care in both nursing students and professionals. A study carried out in Buenos Aires, Argentina, which included nursing students and practicing nurses, found that the educational level affects the perception of self-efficacy with a better assessment in nursing students and graduates (degree) in the empathy dimensions. , security when providing care and in communication skills (12), while another study carried out in the same city concluded that the respondents presented a positive assessment of their self-efficacy to provide humanized care, but did not identify a relationship between this and the sociodemographic variables. , educational or labor (13).

Taking into account the above considerations, the present work is carried out with the objective of evaluating the perception of self-efficacy to provide humanized care of the students of the last year of the second cycle of the Bachelor's degree in Nursing of a private higher education institution. from Buenos Aires, Argentina.

## 2. Methods

A descriptive, cross-sectional and quantitative study was carried out. The population was made up of 68 students who were studying the last year of the Bachelor's Degree in Nursing during the second semester of 2023 at a private higher education institution in the Autonomous City of Buenos Aires, Argentina. The sample was made up of 67 students who voluntarily agreed to participate in the study. Non-probabilistic sampling was implemented. All students in the final year of their degree who were taking the Final Work Workshop subject were included. The Caring Efficacy Scale (CES) instrument was used, developed under Jean Watson's Transpersonal Care Theory by Carolie Coates (14) and validated in Spanish by Poblete Troncoso et al., (15) in Chile and by various studies in Argentina (12). -13), and which has a Cronbach's alpha of 0.76. Cronbach's Alpha calculation was carried out to assess the internal consistency of the instrument in our sample, obtaining a value of 0.82, concluding that it has good reliability.

The CES is made up of 30 items that are answered on an ordinal scale of 6 adjectives: Strongly disagree, Moderately disagree, Slightly disagree, Slightly agree, Moderately agree and Strongly agree. For the analysis, values ranging between 1 and 6 are assigned so that the higher the score, the better the perception of self-efficacy to provide humanized care and relate to patients. The construct evaluates aspects related to "Confidence in providing care," and "Doubts and concerns when providing care" (16). The items that investigate Doubts and Concerns are worded in a negative way (items 1, 8, 12, 13, 15, 16, 17, 20, 21, 23, 24, 26, 27, 29 and 30). be inverted to maintain the consistency of the instrument. For the analysis, low perceived self-efficacy to provide humanized care was considered

to be scores ranging between 30 and 80, moderate self-efficacy to be scores between 81 and 130, and high self-efficacy between 131 and 180 points.

Nine questions were included to characterize the sample sociodemographically and professionally, including questions about age, gender, marital status, having children, work area, job seniority, multiple employment, dependent patients, and the perception of work overload. It is highlighted that students with undergraduate training in Nursing are qualified for professional practice (17), and this variable can influence the perception of self-efficacy to provide humanized care and relate to patients.

For data collection, the instrument and the Informed Consent were uploaded to a Google Form, which was distributed through email and messaging applications such as WhatsApp. Data were collected during class hours in order to maximize student participation and provide the information necessary to make a conscious and informed decision regarding participation. To analyze the data, non-parametric tests were implemented given the intentional nature of the sampling and the non-normal behavior of the data evaluated using the Shapiro-Wilk test (modified). For the descriptive analysis, absolute and relative frequencies were calculated in the case of the qualitative variables, while the mean, the standard deviation (SD) and the 95% Confidence Interval (95%CI) were calculated for the quantitative variables. The data were analyzed with the InfoStat v/L program and the non-parametric U-Mann-Whitney-Wilcoxon, Kruskal Wallis and Spearman correlation tests were implemented. A statistical significance level of $p<0.05$ was set.

Regarding ethical concerns, written Informed Consent was implemented and no personal data or affiliations were collected from the participating students (names, surnames, file or document numbers, or email), ensuring anonymity. In accordance with current legislation, this constitutes a "risk-free" research given its observational nature, non-measurement of sensitive variables, voluntary participation and anonymity in data collection.

## 3. Results

The sample was made up of 67 observations (table 1). The average age of the respondents was 35.54 years (SD=7.89) with an age range that went from 23 to 57 years, and they were mostly female (74.63%), single civilians (58.21%) and with children (64.18%). Regarding job characterization, it was found that most of the students worked in open areas (68.66%), with work experience of between 6 and 10 years (34.33%), with only one job (82. 09%), with between 3 and 5 patients in charge per shift (46.27%) and with a perception of high workload (55.22%).

**Table 1.** Sociodemographic and work characterization of the sample.

| Variable | Categories | n | % |
|---|---|---|---|
| **Gender** | Male | 17 | 25.37 |
| | Female | 50 | 74.63 |
| **Civil status** | Single | 39 | 58.21 |
| | Married or Free | 23 | 34.33 |

| | | | |
|---|---|---|---|
| | Union | | |
| | Divorced | 5 | 7.46 |
| **Possession of children** | Yes | 43 | 64.18 |
| | No | 24 | 35.82 |
| **Work area** | Open | 46 | 68.66 |
| | Closed | 21 | 31,34 |
| **Years working** | less than 2 years | 13 | 19.40 |
| | 3-5 years | 20 | 29.85 |
| | 6-10 years | 23 | 34.33 |
| | 11 years or older | 11 | 16.42 |
| **Polyemployment** | Yes | 12 | 17.91 |
| | No | 55 | 82.09 |
| **Patients in charge** | 1-2 patients | 17 | 25.37 |
| | 3-5 patients | 31 | 46.27 |
| | 6 or more patients | 19 | 28.36 |
| **Perception of work overload** | Yes | 37 | 55.22 |
| | No | 30 | 44.78 |
| Total | | 67 | 100.00 |

When analyzing the items of the construct individually in their adjusted final values, it was found that item 22 "If I think that a client/patient is uncomfortable or may need help, I approach that person" was the best rated with a mean of 6.44 (SD=0.70) equivalent to moderately agree, while item 1 "I do not feel confident in my abilities to express a sense of care to my clients/patients" was the worst rated with a mean of 1. 81 (SD=1.46) equivalent to a rating between strongly and moderately agree. At a global level, the mean of the instrument was 136.28 (SD=17.52, 95% CI=136.28-132.01) and it was identified that the students' perception of their self-efficacy to provide humanized care and relate to the patient was mostly positive and 68.66% high (figure 1).

When performing the inferential analysis, a weak negative correlation was identified between age and the CES global score (r:-0.27, p:0.028). No statistically significant differences were identified when comparing the CES means with the rest of the sociodemographic and work variables (table 2).

When analyzing the relationship between the CES items with the sociodemographic and work variables, it was found that age negatively influences the intention to improve the relationship with patients (p:0.021) and the search for creative ways to implement care (p:0.044), meanwhile, this showed to have a positive impact on the perception of strength to listen to patients' fears and concerns (p:0.005). It was also found that, with older age, the greater the development of the ability to develop close and meaningful relationships with patients and through this offer help (p:0.035).

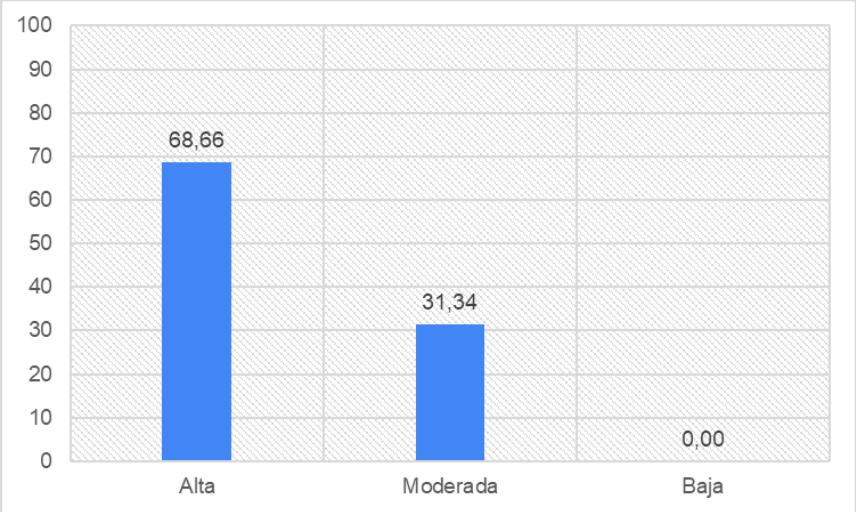


**Figure 1.** Level of autoefficacy perceived (Alta: high; Moderada: moderate; Baja: Low).

**Table 2.** Inferential analysis, according to sociodemographic and work variables.

| Variable | Categories | Average | p |
|---|---|---|---|
| Gender | Male | 134.41 | 0.902 |
| | Female | 136.92 | |
| Civil status | Single | 137.46 | 0.828 |
| | Married or Free Union | 134.48 | |
| | Divorced | 135.40 | |
| Possession of children | Yes | 134.72 | 0.377 |
| | No | 139.08 | |
| Work area | Open | 134.48 | 0.062 |
| | Closed | 140.24 | |
| Years working | less than 2 years | 137.92 | 0.962 |
| | 3-5 years | 136.55 | |
| | 6-10 years | 135.00 | |
| | 11 years or older | 136.55 | |
| Polyemployment | Yes | 129.25 | 0.110 |
| | No | 137.82 | |
| Patients in charge | 1-2 patients | 141.94 | 0.167 |
| | 3-5 patients | 135.06 | |
| | 6 or more patients | 133.21 | |
| Perception of work overload | Yes | 133.11 | 0.120 |
| | No | 140.20 | |

Regarding gender, female professionals presented higher means in the items related to the possibility of establishing close relationships with patients (p:0.014) and the perception of the latter liking them (p:0.032). Likewise, professionals without children had higher means on the items related to the willingness to improve the relationship with patients when it is not good (p:0.014), and they perceived greater strength in listening to patients' fears and concerns ( p:0.032).

Regarding the work variables, a relationship was identified between working in closed areas and having better self-efficacy regarding finding new ways of providing care and relating to patients (p:0.018), the feeling of being able to maintain control when having a conversation very personal with patients (p:0.008), being able to provide care to difficult patients (p:0.004), and feeling comfortable when providing care that involves physical care (p:0.034).

Having fewer patients in charge (1-2 patients) during the work shift was related to greater confidence in the skills to interact/talk with patients from different backgrounds than the nursing professional (p:0.034), while the perception of Low workload was linked to higher scores in items related to the possibility of establishing a close relationship with the majority of patients (p:0.034).

Finally, personnel with more than 11 years of work experience presented a better perception of self-efficacy regarding their abilities to introduce a sense of normality in stressful conditions or situations (p:0.035).

## 4. Discussion

Self-efficacy, understood as the belief in one's own ability to organize and execute the necessary actions to handle future situations, stands as a crucial component in the provision of humanized care in the field of nursing.

Humanizing healthcare involves not only technical competence, but also the ability to empathize, communicate effectively, and offer emotional support to patients. The degree of humanization in the care provided by future professionals can be significantly influenced by the curricular design of educational programs. The above requires designing and executing interventions aimed at providing a better perception of the ability to provide transpersonal and patient-oriented care and not reduced to managing the effects of their health condition or disease.

Bandura (18) states that people's beliefs and expectations about what will happen if they perform certain actions and the perception of having the capabilities to perform them influence the effort and commitment to carry them out. Based on these aspects, it would be expected that to the extent that they self-assess themselves as competent to provide humanized care, these would be carried out to a greater extent in clinical practice. In the present study, a mostly positive perception of self-efficacy to provide humanized care was identified, therefore, it could be inferred that the elements of the curricular framework and clinical experiences have contributed to improving the assessment of the capabilities to provide this type of care. attention. These findings are similar to works such as

those of Canova-Barrios et al., (12), Mansilla & Canova-Barrios (13), and Ganán & Chasillacta (19) in which care nurses, management personnel, teachers were included. , researchers and nursing students.

A relationship was identified between bio-sociodemographic variables such as age and gender with self-efficacy to provide humanized care in some items of the instrument. This aspect could be explained by linking age with other variables such as professional experience, educational level and time since obtaining the degree, level of receptivity to new care practices and vulnerability to burnout. It has been described that nursing staff with older age and work experience tend to have greater development of skills to care for patients and solve complex problems, although they are more exposed to dehumanization linked to burnout syndrome; Also, it is important to highlight that current curricula have given greater emphasis to training in humanization, which could explain why those trained more recently are more receptive to providing care with these characteristics (2). On the other hand, younger professionals tend to be more receptive to carrying out more personalized care practices and contemplating the patient in their multidimensionality. They also have generational values where empathy, respect for others and diversity prevail, although nurses from Older and more experienced patients may have developed senses of responsibility and calling that foster patient-centered care. Finally, a link has been described between older age and a higher risk of suffering from burnout syndrome, which includes dehumanization as one of its dimensions (20). Despite this, other studies have been identified that have not found a relationship between these variables and perceived self-efficacy to provide humanized care (12-13).

Regarding the work variables, it was found that those who worked in closed areas, who had between 1 and 2 patients in charge and who perceived an adequate or low workload, presented a better assessment of their self-efficacy to provide humanized care. In this regard, it has been described that the work overload of nursing staff is a major predictor for the development of dehumanization in care (21). Having a large number of patients in charge, which is more common in open areas where the nurse-patient ratio is higher, affects the development of cynicism and a lack of interest in addressing the patient's needs beyond what is expected. physiological (22), which explains the findings of the work.

It is evident then that training in humanization and the assessment of the capabilities to provide care with human components are positive and appropriate. Despite this, it is suggested to design intervention protocols and greater emphasis on the incorporation of humanization training in subjects of the professional axis, which positively favors the integration of theoretical aspects in clinical practice (23-25).

Limitations include the fact that almost all students in their final year of bachelor's degree are working and exposed to various working conditions that influence their intention and perceived effectiveness to provide person-centered care. In turn, individual differences regarding personality and the imprint of previous training (undergraduate level) could also influence what is valued by the

construct. For future studies, it is suggested to carry out a comparative analysis including students from the different years of the curriculum to identify variations around this aspect and identify strengths and weaknesses in the training.

## 5. Conclusions

- The perception of self-efficacy to provide humanized care of the final year students of the Bachelor of Nursing degree was mostly positive.
- Although no relationships were identified between the sociodemographic and work variables with the global scores of the collection instrument, some of these variables are related to some of the items that make up the data collection tool.
- Younger age, female gender, not having children, working in a closed area, having between 1 and 2 patients in charge, having more than 11 years of work experience and perceiving a low workload were related to better perception of self-efficacy to provide humanized care in various activities.

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