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Perceived self-efficacy to provide humanized care by Nursing students from Buenos Aires, Argentina .

Autoeficacia percibida para proveer cuidados humanizados por parte de estudiantes de Enfermería de Buenos Aires, Argentina.

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Summary:
Objective: To assess undergraduate nursing students' perceived self-efficacy in providing humane care and bonding with patients. **Methodology:** A descriptive, quantitative, and cross-sectional study was conducted. Sixty-six undergraduate nursing students participated and completed the Spanish version of the *Caring Efficacy Scale* (CES). Data analysis was performed using Infostat. **Results:** Respondents had a mean age of 32.38 years (SD = 10.73), were predominantly women (87.88%), had children (51.52%), were in their first year of study (42.42%), and had no work experience in the healthcare field (53.03%). The mean self-efficacy for providing humane care was 136.62 (SD = 18.61) out of 180. Third-year students obtained higher scores in the "Doubts and Concerns" dimension, indicating that higher levels of education indicated lower levels of doubt when providing care. Likewise, students with work experience in healthcare had a better overall perception. **Conclusion:** 63.64% of students had a high self-perception of effectiveness in providing humane care. The year of enrollment and work experience in healthcare were related to perceived effectiveness.

Keywords: Self-efficacy, Nursing care, Nursing students, Nursing education, Humanization of care.

Abstract:
Objective: To evaluate undergraduate nursing students' perceived self-efficacy in providing humanized care and relate with patients. **Methods:** A descriptive, quantitative, cross-sectional study was conducted. Sixty-six undergraduate nursing students participated and answered the Spanish version of the *Caring Efficacy Scale* (CES). Data analysis was performed using Infostat. **Results:** The respondents had a mean age of 32.38 years (SD = 10.73), were predominantly female (87.88%), had children (51.52%), were in the first year of the study curriculum (42.42%), and had no work experience in healthcare (53.03%). The mean self-efficacy score for providing humanized care was 136.62 (SD = 18.61) out of 180. Students in the third year of the curriculum obtained higher scores in the “Doubts and concerns” dimension, indicating that higher education leads to fewer doubts when providing care. Likewise, students with work experience in healthcare had a better overall perception. **Conclusion:** 63.64% of students perceived themselves as highly effective in providing humanized care. The year of the study curricula in which they were enrolled and work experience in healthcare were found to be related to perceived efficacy.

Keywords: Self efficacy, Nursing care, Nursing students, Nursing education, Humanization of assistance.

1. Introduction

The humanization approach to healthcare seeks to restore the dignity of people by recognizing them as beings of care and not as objects of care (1). This allows for the provision of healthcare that considers the individual as a whole, responding to all their needs, promoting recovery and well-being, and strengthening trust in the healthcare system. As Berardi (2) mentions, the concept of humanization of healthcare brings with it the need to consider self-awareness, given that humanizing behaviors are applied in a rational and reflective manner. Therefore, it is necessary to consider the inclusion of curricular contents that respond to this model of care from the undergraduate level (3).

From the nursing field, various theorists have addressed aspects related to the humanization of care, the most relevant being Jean Watson's Theory of Human Care (4). This theory focuses on the execution of nursing care roles such as health promotion, disease prevention, health recovery and rehabilitation, through a humanistic approach. Watson states that nursing staff must establish a deep connection with the patient, recognizing their uniqueness (individuality) and promoting comprehensive well-being. The person is conceived as a unit of mind, body and spirit, so care cannot decouple these elements (4-5). The Theory of Human Care highlights in its foundations the ten charitable factors, which emphasize in nursing action the helping relationship, authenticity, trust, faith, hope and the expression of emotions. The first three factors support the foundations of the theory (philosophical foundation) and are oriented toward the formation of humanistic-altruistic value systems, instilling faith-hope in caring, and cultivating a sensitivity toward oneself and others; meanwhile, the remaining seven factors derive from the first three and complement the theoretical breakdown by seeking to develop a relationship of help and trust in caring, promote an expression of feelings, use problem-solving for decision-making, promote teaching-learning, promote a supportive environment, help with the gratification of human needs, and allow existential development (4-5).

Considering that nursing staff represent the majority of the health system (6), it is essential to train them beyond a biological and disease-centered conception. Countries such as Argentina include in the nursing curriculum a 20% of contents related to the socio-humanistic axis of the profession as mandatory (7), seeking to respond to a legal framework that places humanization as a relevant part of the health system.

Based on the above, nursing students are required to perceive themselves as effective in providing humane care and relating to patients. This concept is termed "self-efficacy" by Bandura (8), alluding to the fact that human motivation (intention to do something) and behavior (completion of the act) are regulated by thought, such that actions are a consequence of the belief of possessing the skills or abilities to perform an activity. Thus, in this case, the perception of self-efficacy translates into greater humanization in care (8). At the professional level, skills linked to humanization such as communication and empathy are related to less professional burnout, maintenance of motivation towards work, greater commitment to continuous professional development and a better organizational culture (9).

Given the relevance of the topic, studies are required to evaluate the perception of self-efficacy in nursing students to provide humane care. In case of detecting deviations, it is possible to design and implement educational processes that promote the development of associated skills. Studies conducted in Argentina have described that nursing students have a positive perception of self-efficacy, evaluated between moderate and high, to provide humane care and relate to patients (10-11). This is related to variables such as age, gender, having children, work experience, area and workload, and length of work experience (10).

The objective of the study was to evaluate the perception of self-efficacy to provide humane care and relate to patients of students of the Nursing Technician program at a non-university higher education institution in the City of Buenos Aires, Argentina during the first four months of 2025 .

2. Methods

A descriptive, quantitative, and cross-sectional study was conducted. The sample consisted of 66 students from a non-university higher education institution in the city of Buenos Aires (Argentina)

during the first four months of 2025. Students from the first to third years of the program were included and voluntarily agreed to participate. Non-probability (census) sampling was used.

For data collection, the *Caring Efficacy Scale* (CES) instrument was implemented, designed by Carolie Coates under Watson's Theory of Humane Caring. This instrument was validated in Argentina (8-11) and has a Cronbach's alpha ranging from 0.82 to 0.91 . The CES is made up of 30 items that represent statements that are answered on an ordinal scale of six adjectives: Strongly disagree, Moderately disagree, Slightly disagree, Slightly agree, Moderately agree, and Strongly agree. For data analysis, values ranging from 1 to 6 points are assigned, using the criterion that the higher the score, the better the perception of self-efficacy to provide humane care.

The items are grouped into two dimensions: "Confidence in providing care" (items 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 18, 19, 22, 25, and 28) and "Doubts and concerns when providing care" (items 1, 8, 12, 13, 15, 16, 17, 20, 21, 23, 24, 26, 27, 29, and 30). The items in this last dimension are reversed to maintain scoring consistency. The overall score of the instrument arises from the sum of the values of the thirty items and is categorized as: low self-efficacy (scores between 30 and 80 points), moderate self-efficacy (scores between 81 and 130 points) and high self-efficacy (scores between 131 and 180).

Data collection was complemented with five questions designed to provide a sociodemographic profile of the students, inquiring about age, gender, parenthood, the year of the curriculum in which they were enrolled, and their work experience in the health field.

Data collection took place during class time. Students were invited to participate in the study and were explained the scope of the study, its objectives, and the nature of their participation. Digital informed consent was obtained. The instrument was presented digitally using *Google Forms* and was provided to students who agreed to participate via a QR code.

The collected data were extracted into a Microsoft Excel database and analyzed using Infostat v/L software. Relative frequencies (*f*) and absolute frequencies (%) were calculated for qualitative variables; and mean, standard deviation, and 95% confidence intervals (95%CI) were calculated for quantitative variables. Since the variables did not follow a normal distribution, inferential analysis was performed using nonparametric tests: the Mann-Whitney-Wilcoxon U test, the Kruskal-Wallis test, and the Spearman correlation coefficient. Effect size was measured using Cohen's *d and Eta Squared (* η^2). A statistical significance level of $p = 0.05$ was set.

Institutional approval was obtained for the study. Ethical requirements established by current Argentine legislation were respected. Participation was voluntary, and informed consent was obtained. Data collection was anonymous. The evaluation of sensitive data was not included. The study is considered "risk-free" given its observational and anonymous nature.

3. Results

Sixty-six nursing students from a non-university higher education institution participated. The respondents had an average age of 32.38 years (SD=10.73), and were mostly female (87.88%), with children (51.52%), in their first year of the curriculum (42.42%), and with no work experience in healthcare (53.03%) (Table 1).

When analyzing the behavior of the instrument items, it was found that item 1 "I do not feel confident in my abilities to express a sense of care to my clients/patients" had the lowest mean (2.77, SD=1.62, 95%CI=2.37-3.16) which is considered positive in the measurement scale given the inverse nature of the item and that corresponds to the *Slightly disagree option* . In turn, item 22 "If I think a client/patient is uncomfortable or may need help, I approach that person" presented the highest mean (5.17, SD=1.26, 95%CI=4.86-5.47) corresponding to the *Moderately agree option* (Table 2).

The mean self-efficacy for providing humane care was 136.62 (SD=18.61, 95% CI=132.04–141.19) out of 180 possible points, representing 75.90% of the total score. Categorical analysis found that 63.64% of respondents had a high perception of self-efficacy (Figure 1).

Table 1. Sample characterization.

Variable	*n*	%
Age		
Mean (SD)*	32.38 (10.73)	
Gender		
Female	58	87.88
Male	8	12.12
Children		
Yeah	34	51,52
No	32	48.48
Year of study		
First year	28	42.42
Second year	12	18.18
Third year	26	39.39
Work experience in health		
Yeah	31	46.97
No	35	53.03
Total	66	100

*SD=Standard deviation.

No correlation was found between the variables age and the overall score and the dimensions of the instrument (p = 0.976). There was no relationship between the variables gender (p = 0.732), having children (p = 0.424) and year of study (p = 0.106) with the overall score or with the dimensions of the perception of self-efficacy to provide humane care and relate to the patient . However, it was identified that students in the third year of the curriculum had higher means in the dimension "Doubts and concerns", which is interpreted as meaning that the more training, the fewer doubts and concerns are perceived when providing care (first year = 55.32, second year = 52.50, third year = 65.12; p = 0.004). The analysis of variance indicated statistically significant differences (F = 5.85), with a moderate effect size (η^2 = 0.16), which reinforces the relevance of the academic level in the development of confidence to provide humanized care.

It was found that students with experience caring for patients (formally or informally) had better perceptions of global self-efficacy to provide humane care (Yes = 142.61, No = 131.31, p = 0.012), as well as in the "Doubts and Concerns" dimension (Yes = 62.32, No = 55.43, *p = 0.037). The magnitude of these effects was moderate, according to Cohen's d* values , which were 0.633 for global self-efficacy and 0.526 for the "Doubts and Concerns" dimension.

4. Discussion

The humanization of care is currently a highly relevant component of healthcare, and efforts have been made to train professionals to provide comprehensive care with a more humane approach. The provision of humanized care can be influenced by the perceived ability to provide it, making adequate development and strengthening of these competencies essential during undergraduate training (12).

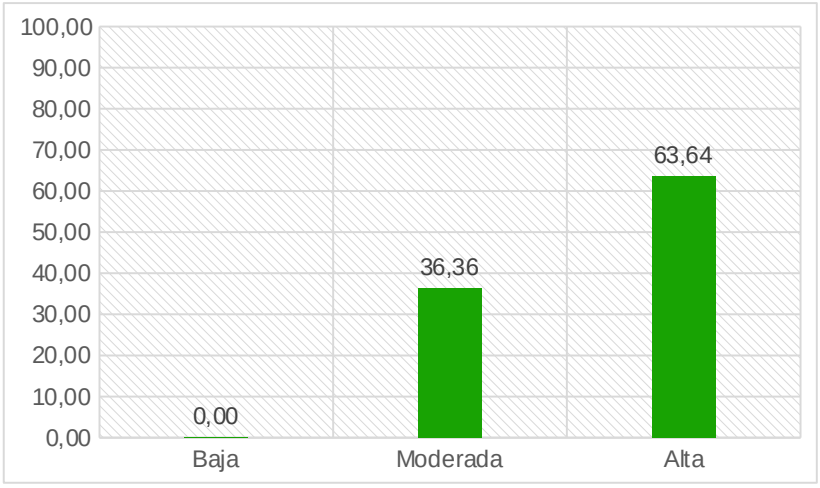

Figure 1. Assessment of nursing students' perception of self-efficacy in providing humane care and relating to patients (Baja: Low; Moderada: moderate; Alta: High).

In this study, it was found that most respondents had a high perception of self-efficacy, which is corroborated by studies conducted with similar populations. In this regard, studies conducted in Argentina have found high levels of self-efficacy (8, 10-11); however, they have focused on final-year undergraduate students and university institutions. This study is a precedent for the behavior of the variable of interest in students from different years of the curriculum and undergraduate nursing programs (Nursing Technician). However, it is important to highlight that the finding of positive levels of self-efficacy in undergraduate students contrasts with the results of a study conducted in Buenos Aires (8), which identified a negative assessment of the skills to provide humane care. According to Choi (13), there are five factors that influence the perception of self-efficacy to provide humane care in nursing students: qualifications and personality to care, self-confidence in the abilities to care, growth through the experience of caring, educational environment to learn to care and social support. The above could explain the differences detected between the studies mentioned, given that in one study (8) both students and professionals from various health and educational institutions were incorporated, and in the other, students from a single institution of a religious nature were incorporated, which can influence the approach to care, orienting it towards a more comprehensive one. This last element was described by Larico Calla & Mamani Quispe (14) in Peru, who in a sample of 117 nursing students identified a relationship between spirituality and self-efficacy to provide humane care.

Third-year students were found to have higher self-efficacy. This may be associated with a higher level of training; having completed a greater number of curricular activities, they have acquired greater clinical experience, developed humanistic competencies, integrated theoretical and practical skills, and a more consolidated professional identity (8, 15-16). The combination of these factors makes them feel more capable, empathetic, and competent.

Regarding the finding of greater perceived self-efficacy to provide humanized care in students who reported work experience in health (mainly those who work as home caregivers or nursing interns), it has been described in the literature that it is linked to greater exposure to the clinical environment, which provides them with experience in interacting with real patients and other health professionals, reducing anxiety and improving personal security to act in an empathetic and effective manner. This in turn allows for greater development of communication skills, empathy, tolerance and active listening, provides greater confidence in decision-making (autonomy and problem-solving capacity), internalization of the role of the nursing professional (imitation of positive professional role models and greater understanding of the human dimension of care), and finally, positive feedback from the work environment for their humanized work reinforces their perception of self-efficacy and motivates them to continue acting with warmth and respect (8, 17-18). It is necessary to highlight that the increased workload, together with the need to fulfill academic commitments, can lead to the development of Burnout, and with it, to dehumanization in care, with work experience and workload

being variables that can act both positively and negatively in the exercise of humanization of care in future nursing professionals (19).

Studies have described that the use of active and reflective methodologies contribute to the development of competencies linked to humanization in nursing students, such as the exercise of empathy and communication (19-20). In turn, the use of simulation has been shown to be useful in improving the degree of competence to provide humanized care in students in their first years of the degree (21-22). The level of knowledge of the student will guide the exercise of their practice (praxis), facilitating or hindering the application of humanized practices. Therefore, it is necessary to review the curriculum to incorporate components related to humanization, especially in professional subjects, since they allow for a more effective integration of theory and practice (23-27).

The study's limitations include the fact that it was conducted in a single religious institution, the small sample size, and the characteristics of the students, which may affect the representativeness of the results. Furthermore, the perception of self-efficacy in providing humane care may be influenced by individual values, personality, and prior experiences. It is suggested that future studies incorporate these variables into data collection and analysis.

5. Conclusions

- Perceived self-efficacy in providing humane care and relating to patients was high in one-sixth of respondents.
- The overall perception of self-efficacy for providing humane care showed no relationship with the variables of age, gender, having children, and the year of the curriculum in which the student is enrolled.
- It was found that the more training the person has, the fewer doubts and concerns there are when providing humane care and interacting with patients.
- Students with work experience in healthcare had a higher self-efficacy for providing humane care.

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Table 2. Perceived self-efficacy for providing humane care and relating to the patient.

No.	Reagent	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
1	I don't feel confident in my abilities to express a sense of caring to my clients/patients	2 (3.03%)	15 (22.73%)	2 (3.03%)	14 (21.21%)	13 (19.70%)	20 (30.30%)
2	If I'm not relating well to a client/patient, I try to analyze what I can do to reach him/her.	29 (43.94%)	23 (34.85%)	7 (10.61%)	0 (0.00%)	5 (7.58%)	2 (3.03%)
3	I feel comfortable "touching" my clients/patients when providing care	24 (36.36%)	28 (42.42%)	8 (12.12%)	2 (3.03%)	1 (1.52%)	3 (4.55%)
4	I transmit a sense of personal strength to my clients/patients	27 (40.91%)	27 (40.91%)	4 (6.06%)	2 (3.03%)	2 (3.03%)	4 (6.06%)
5	My clients/patients can talk to me about almost anything and I won't feel shocked.	23 (34.85%)	24 (36.36%)	8 (12.12%)	3 (4.55%)	2 (3.03%)	6 (9.09%)
6	I have skills to introduce a sense of normalcy under stressful conditions	19 (28.79%)	30 (45.45%)	6 (9.09%)	4 (6.06%)	4 (6.06%)	3 (4.55%)
7	It is easy for me to consider the multiple facets of caring for a client/patient, while also listening to them.	19 (28.79%)	32 (48.48%)	8 (12.12%)	2 (3.03%)	3 (4.55%)	2 (3.03%)
8	I have difficulty letting go of my beliefs and prejudices to listen to and accept the client/patient as a person.	11 (16.67%)	9 (13.64%)	4 (6.06%)	5 (7.58%)	8 (12.12%)	29 (43.94%)
9	I can walk into a room looking serene and energized, making clients/patients feel better.	30 (45.45%)	24 (36.36%)	6 (9.09%)	3 (4.55%)	1 (1.52%)	2 (3.03%)
10	I am able to tune into a particular client/patient and forget my personal concerns.	28 (42.42%)	18 (27.27%)	10 (15.15%)	3 (4.55%)	4 (6.06%)	3 (4.55%)
11	I can usually establish some form of rapport with most patients/clients.	20 (30.30%)	29 (43.94%)	7 (10.61%)	2 (3.03%)	4 (6.06%)	4 (6.06%)
12	I lack confidence in my ability to talk to patients/clients whose backgrounds are different from mine.	12 (18.18%)	17 (25.76%)	2 (3.03%)	6 (9.09%)	8 (12.12%)	21 (31.82%)
13	I feel that if I have a very personal conversation with my patients/clients things can get out of control.	4 (6.06%)	12 (18.18%)	7 (10.61%)	10 (15.15%)	11 (16.67%)	22 (33.33%)
14	I use what I learn from my conversations with clients/patients to provide more individualized care.	33 (50.00%)	19 (28.79%)	6 (9.09%)	2 (3.03%)	3 (4.55%)	3 (4.55%)
15	I don't feel strong enough to listen to my clients'/patients' fears and concerns.	5 (7.58%)	7 (10.61%)	3 (4.55%)	11 (16.67%)	13 (19.70%)	27 (40.91%)
16	Even though I feel confident about most things, I am still unable to relate to my patients.	5 (7.58%)	6 (9.09%)	5 (7.58%)	13 (19.70%)	16 (24.24%)	21 (31.82%)
17	I think I have problems relating to my clients/patients	1 (1.52%)	6 (9.09%)	5 (7.58%)	12 (18.18%)	11 (16.67%)	31 (46.97%)
18	I can usually establish a close relationship with my clients/patients	17 (25.76%)	28 (42.42%)	10 (15.15%)	7 (10.61%)	2 (3.03%)	2 (3.03%)
19	I usually manage to please my clients/patients.	29 (43.94%)	25 (37.88%)	8 (12.12%)	1 (1.52%)	2 (3.03%)	1 (1.52%)
20	I often find it difficult to convey my point of view to patients/clients when I need to.	3 (4.55%)	16 (24.24%)	11 (16.67%)	9 (13.64%)	16 (24.24%)	11 (16.67%)
21	When I try to resolve a conflict with clients/patients, I usually do worse.	4 (6.06%)	7 (10.61%)	3 (4.55%)	11 (16.67%)	9 (13.64%)	32 (48.48%)
22	If I think a client/patient is uncomfortable or may need help, I approach that person.	37 (56.06%)	14 (21.21%)	11 (16.67%)	0 (0.00%)	1 (1.52%)	3 (4.55%)
23	If I find it difficult to relate to a client/patient, I stop working with that person.	5 (7.58%)	8 (12.12%)	6 (9.09%)	7 (10.61%)	11 (16.67%)	29 (43.94%)
24	I often find it difficult to relate to clients/patients from cultures different from my own.	2 (3.03%)	5 (7.58%)	4 (6.06%)	11 (16.67%)	14 (21.21%)	30 (45.45%)
25	I have helped many clients/patients through my ability to develop close and meaningful relationships.	15 (22.73%)	27 (40.91%)	14 (21.21%)	3 (4.55%)	4 (6.06%)	3 (4.55%)
26	I often find it difficult to express empathy with clients/patients	4 (6.06%)	6 (9.09%)	4 (6.06%)	14 (21.21%)	13 (19.70%)	25 (37.88%)

27	I often feel overwhelmed by the nature of the problems clients/patients are experiencing.	5 (7.58%)	6 (9.09%)	11 (16.67%)	11 (16.67%)	17 (25.76%)	16 (24.24%)
28	When a patient/client is having difficulty communicating with me, I am able to adapt to their level.	24 (36.36%)	24 (36.36%)	9 (13.64%)	1 (1.52%)	6 (9.09%)	2 (3.03%)
29	Even when I really try, I can't finish care with difficult clients/patients.	2 (3.03%)	8 (12.12%)	9 (13.64%)	16 (24.24%)	10 (15.15%)	21 (31.82%)
30	I do not use creative or unusual ways to express care to my clients.	4 (6.06%)	10 (15.15%)	8 (12.12%)	11 (16.67%)	14 (21.21%)	19 (28.79%)