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ORIGINAL ARTICLE

PERCEIVED SELF-EFFICACY TO PROVIDE HUMANIZED CARE AMONG NURSING STUDENTS AND STAFF IN BUENOS AIRES, ARGENTINA

PERCEPCIÓN DE AUTOEFICACIA PARA BRINDAR CUIDADOS HUMANIZADOS POR PARTE DE ESTUDIANTES Y PERSONAL DE ENFERMERÍA DE BUENOS AIRES, ARGENTINA

PERCEPÇÃO DE AUTO-EFICÁCIA NA PRESTAÇÃO DE CUIDADOS HUMANIZADOS POR ESTUDANTES E PESSOAL DE ENFERMAGEM EM BUENOS AIRES, ARGENTINA

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ABSTRACT

Objective: To assess the perception of self-efficacy when providing care and relating to patients, among nursing students and professionals (academic and clinical) attending an extracurricular workshop at a private university in Buenos Aires, Argentina. **Methodology:** Descriptive, cross-sectional, and quantitative study. The sample consisted of 76 subjects, representing 84.44% of those who participated in the activity. The instrument Caring Efficacy Scale was administered in its Spanish version. Descriptive and inferential analyses were performed using the InfoStat software. Informed consent was obtained, and no personal identification data were collected. **Results:** The mean age of the participants was 37.1 years, the majority being women, single, with children, and with more than five years of work experience. A relationship was found between being childless, a student, and having a bachelor's degree with higher scores in the dimensions of empathy ($p = 0.028$), confidence when providing care ($p = 0.005$), and communication skills ($p = 0.037$), respectively. Positive aspects that demonstrated a humanized practice were identified. **Conclusions:** Moderately positive levels of perceived self-efficacy in the context of providing humanized care were found, with the dimensions of “interpersonal relationships” and “empathy” being the best and worst rated, respectively. It is

essential to carry out training on humanized care in order to prevent depersonalization among the nursing staff.

Keywords: Self Efficacy; Nursing care; Humanization of Assistance; Nursing students; Nursing Faculty.

RESUMEN

Objetivo: Evaluar la percepción de autoeficacia para brindar cuidados y relacionarse con sus pacientes que tienen los estudiantes y profesionales de enfermería (académicos y asistenciales) concurrente a un taller de extensión de una universidad privada de Buenos Aires, Argentina. **Metodología:** Estudio descriptivo, transversal y cuantitativo. La muestra estuvo constituida por 76 sujetos equivalentes al 84,44% de los concurrentes a la actividad. Se implementó el instrumento Caring Efficacy Scale en su versión en español. Se realizó un análisis descriptivo e inferencial utilizando el software Infostat. Se implementó el consentimiento informado y no se recolectaron datos filiatorios. **Resultados:** Los encuestados tuvieron una media de edad de 37,1 años, y fueron mayormente mujeres, de estado civil solteras, con hijos, y con más de cinco años de experiencia laboral. Se halló una relación entre no tener hijos, ser estudiante y tener formación de grado con mayores puntajes en las dimensiones empatía ($p = 0,028$), seguridad al brindar atención ($p = 0,005$) y habilidades de comunicación ($p = 0,037$), respectivamente. Se identificaron aspectos positivos que evidencian humanización en la práctica. **Conclusiones:** Se hallaron niveles moderadamente positivos de percepción de autoeficacia para otorgar cuidados humanizados, siendo las dimensiones relación interpersonal y empatía la mejor y peor evaluadas, respectivamente. Se requiere implementar actividades de capacitación en cuidados humanizados tendientes a evitar la despersonalización del personal de enfermería.

Palabras clave: Autoeficacia; Cuidados de Enfermería; Humanización de la atención; Estudiantes de Enfermería; Docentes de Enfermería.

RESUMO

Objetivo: Avaliar a percepção de autoeficácia em cuidar e relacionar-se com seus pacientes entre estudantes e profissionais de enfermagem (acadêmicos e da saúde) participantes de uma oficina de extensão em uma universidade privada em Buenos Aires, Argentina. **Metodologia:** Estudo descritivo, transversal e quantitativo. A amostra foi composta por 76 sujeitos equivalentes a 84,44% dos frequentadores da atividade. O instrumento Caring Efficacy Scale foi implementado em sua versão em espanhol. Foi realizada análise descritiva e inferencial por meio do software Infostat. O consentimento informado foi implementado e nenhum dado filiado foi coletado. **Resultados:** Os respondentes tinham idade média de 37,1 anos, eram em sua maioria mulheres, solteiras, com estado civil, com filhos e com mais de cinco anos de experiência profissional. Encontrou-se relação entre não ter filhos, ser estudante e ter curso superior com escores mais elevados nas dimensões empatia ($p=0,028$), segurança no cuidado ($p=0,005$) e habilidades de comunicação ($p=0,037$), respectivamente. Foram identificados aspetos positivos que evidenciam a humanização na prática. **Conclusões:** Foram encontrados níveis moderadamente positivos de autoeficácia percebida para prestar cuidados humanizados, sendo as dimensões relacionamento interpessoal e empatia as melhores e piores avaliadas, respetivamente. É necessário implementar ações de capacitação em atendimento humanizado visando evitar a despersonalização do pessoal de enfermagem.

Palavras-chave: Autoeficácia; Cuidados de Enfermagem; Humanização da Assistência; Estudantes de Enfermagem; Docentes de Enfermagem.

INTRODUCTION

The concept of self-efficacy was first introduced in 1977 by Bandura, who believed that human motivation and behavior are regulated by thought,[1] with this involving three types of expectations: of the situation, of results, and perceived self-efficacy. Regarding the first one, it is considered that consequences are a product of external events and do not depend on the person's action; the second refers to beliefs of the results that a certain behavior will produce, and the third one alludes to the belief that a person has of their skills to carry out activities that contribute to the achievement of expected results.[2]

In the case of nursing staff, perceived self-efficacy affects the execution of care-related actions, the level of effort dedicated to them, and the persistence and commitment to said activities.[3] It could be inferred that when nursing staff perceives themselves as ineffective, their care-related actions will decline in quantity and quality, negatively impacting the achievement of objectives set for the patient's health.[4] On the other hand, some studies, such as the one by Llor Lozano et al., mention that better communication skills and perceived self-efficacy are associated with lower emotional exhaustion and depersonalization, and with greater personal fulfillment at work.[5]

It is important to mention that self-efficacy seems to be related to Burnout Syndrome (BS), both directly and indirectly. In this context, having a positive concept of one's skills is considered a relevant modulating and protective factor. This reinforces the need to carry out studies in this area, considering that depersonalization, one of the primary components of BS, affects between 20 and 60% of nursing staff.[6-9]

On the other hand, nursing care should be structured, formalized, and aimed at fully satisfying the needs of the subject of care, client, or patient, which requires having the knowledge and skills to provide quality healthcare that is person- and family-centered.[10] In the context of healthcare, we should also highlight the implementation of activities related to professional values and ethics, emphasizing humanized and sensitive care, given its influence on recovery and hospital stay. However, some studies refer that, in educational processes, a technical approach has been used when training in human resources, leaving these aspects aside.[11-12]

Humanized Care (HC) includes aspects such as the relationship with the patient, adequate treatment, sensitivity, and the value of human dignity, which are widely addressed by instruments like the Caring Efficacy Scale, used in this study, from the perspective of perceived self-efficacy in students and/or professionals when providing care.[13,14] According to Bandura, individuals plan and execute their actions depending on how they judge their skills, which underlines the relevance of conducting studies that evaluate this from the perspective of the caregiver.[1]

Based on the above, this study aims to evaluate perceived self-efficacy in the context of providing care and relating to patients, in students and nursing staff (academic and clinical) who attended a panel discussion on humanized nursing care held in the second semester of 2021 in Buenos Aires, Argentina.

METHODOLOGY

This is a descriptive and cross-sectional study with a quantitative approach. The participants were students and professionals who attended the *Conversatorio sobre Cuidado Humanizado en Enfermería* [Panel Discussion on Humanized Nursing Care], carried out as an extracurricular activity for the bachelor's degree in nursing at a private university in Buenos Aires, Argentina, during the second semester of 2021. Those who provided their informed consent to participate and completed the instrument were included. From an initial population of 90 subjects, 76 (84.44%) agreed to participate.

The Chilean Spanish-validated version of Carolie Coates' Caring Efficacy Scale (CES) was administered, which was created based on Watson's Human Caring Transpersonal Philosophy, and has a Cronbach's alpha of 0.76.[14,15] This instrument is made up of 30 items that are answered using a 6-adjective scale ranging from Strongly disagree (1) to Strongly agree (6). It includes 15 positive and 15 negative statements, which translate into positively and negatively perceived aspects of care grouped into four dimensions: Confidence when providing care (items 1, 4, 9, 12, 15, and 16), Interpersonal Relationship (items 2, 3, 11, 15, 17, 18, 19, 22, 23, 24, 25, 29 and 30), Communication Skills (items 5, 6, 13, 14, 15, 20, 21 and 28), and Empathy (items 7, 8, 10, 26 and 27).[16] Item 15 is included in the first three dimensions because it does not distinguish between them. The data collection was complemented with a battery of questions meant to gather sample characteristics and variables such as age, sex, marital status, educational level, having children, activities (healthcare, management, teaching, research, student), and work experience.

For data collection, the instrument and informed consent were sent via email using Google Forms. Subsequently, the data were extracted to a Microsoft Excel database and processed using the InfoStat/L Software for analysis. Absolute (n) and relative (%) frequencies were calculated. Regarding the inferential analysis, and due to the non-probabilistic sampling used, non-parametric tests such as U-Mann-Whitney were applied to compare mean values between two groups, and Kruskal Wallis to compare mean values between more than two groups. A significance level of $p < 0.05$ was established.

The study was approved by the institution's authorities. Written informed consent was obtained and no personal identification data were collected such as names, surnames, document numbers, or any other information that would link the respondent to the completed instrument, thus ensuring anonymity. In compliance with the current legislation of Argentina, this constitutes "risk-free" research since it is an observational study that used already collected data, and no personal identification data were obtained.[17]

RESULTS

Seventy-six surveys were received, of which one was discarded for being partially filled. The respondent's mean age was 37.1 years (SD = 10), ranging between 20 and 57 years, they were mostly women (88.00%), single (57.33%), with children (69.33%), with their maximum educational level being a bachelor's degree in nursing (26.66%) with some of them still being students (33.33%), having a work experience of over five years (44.00%) and working in healthcare (68.00%) (Table 1).

Regarding the analysis of perceived self-efficacy when providing humanized care and relating to patients, the highest mean value for the "Confidence when providing care" dimension was obtained in item 9 (m = 4.61, SD = 1.52), indicating that the participants slightly to moderately agreed with the statement *Puedo caminar en una habitación con aspecto de serenidad y energía que haga sentir mejor a los clientes/pacientes* (I can walk in a room with an aspect of serenity and energy that makes clients/patients feel better). Item 16 had the lowest mean score (m = 1.85, SD = 1.11), which means that the respondents strongly and moderately disagreed with the statement *Aun cuando siento confianza en mí mismo(a) respecto a la mayor parte de las cosas, todavía soy incapaz de relacionarme con mis pacientes* (Even though I feel confident regarding most things, I am still unable to relate to my patients) (Table 2).

Table 1: Sample characteristics, 2021 (n = 75)

Variable	Categories	n	%
Sex	Man	9	12.00
	Woman	66	88.00
Marital Status	Single	43	57.33
	Married	22	29.33
	Domestic Partnership	5	6.67
	Divorced	4	5.33
	Widowed	1	1.33
Children	Yes	52	69.33
	No	23	30.67
Training	Student	25	33.33
	Technician	18	24.00
	Bachelor's	20	26.67
	Postgraduate	12	16.00
Work Experience	<1 year	9	12.00
	1-2 years	12	16.00
	3-5 years	13	17.33
	>5 years	33	44.00
	Not working	8	10.67
Total		75	100.00

Source: Own elaboration.

In the "Interpersonal Relationship" dimension, item 2 had the highest mean (m = 4.57, SD = 1.69), indicating that the participants slightly to moderately agreed with the statement *Si no me estoy relacionando bien con un cliente/paciente trato de analizar qué puedo hacer para llegar a él/ella* (If I do not connect well with a client/ patient, I analyze what I can do to reach them), with the lowest mean being found in item 17 (m = 1.56, SD = 0.87). This shows that respondents strongly and moderately disagreed with the statement *Creo tener problemas para relacionarme con mis clientes/pacientes* (I think I have problems connecting with my clients/patients) (Table 2).

In the "Communication Skills" dimension, item 5 showed the highest mean (m = 4.55, SD = 1.60), meaning that the respondents slightly to moderately agreed with the statement *Mis clientes/pacientes pueden hablarme de casi cualquier cosa y yo no me sentiré choqueado(a)* (My clients/patients can talk to me about almost anything without me feeling shocked), while item 21 obtained the lowest mean (m = 1.87, SD = 1.12), which shows that they strongly and moderately disagree with the statement *Cuando trato de resolver un conflicto con clientes/pacientes, habitualmente lo hago peor* (When I try to resolve a conflict with clients/patients, I usually make it worse) (Table 2).

Finally, concerning the "Empathy" dimension, the highest mean score was found in item 10 (m = 4.53, SD = 1.63), indicating that the participants slightly to moderately agreed with the statement *Soy capaz de sintonizar con un cliente/paciente en particular y olvidar mis preocupaciones personales* (I can connect with a particular client/patient and forget my personal concerns), while item 26 obtained the lowest mean (m = 1.83, SD = 1.26), showing that the respondents strongly to moderately disagree with the statement *A menudo encuentro difícil expresar empatía con clientes/pacientes* (It is often difficult for me to express empathy with clients/patients) (Table 2).

Table 2: Mean, standard deviation, distribution, and relative importance, per item and dimension of the CES instrument, 2021. (n = 75)

Dimension	Item		Mean	SD	FD		MD		LD		FA		MA		LA	
					n	%	n	%	n	%	n	%	n	%	n	%
Confidence when Providing Care	1	*No siento confianza en mis habilidades para expresar un sentido de cuidado a mis clientes/pacientes*	1.95	1.36	41	54.67	16	21.33	7	9.33	6	8.00	2	2.67	3	4.00
	4	*Transmito un sentido de fortaleza personal a mis clientes/pacientes*	4.49	1.64	6	8.00	8	10.67	2	2.67	14	18.67	17	22.67	28	37.33
	9	*Puedo caminar en una habitación con aspecto de serenidad y energía que haga sentir mejor a los clientes/pacientes*	4.61	1.52	2	2.67	11	14.67	1	1.33	17	22.67	13	17.33	31	41.33
	12	*Carezco de confianza en mi habilidad para hablar con pacientes/clientes cuyos orígenes son diferentes al mío*	2.6	1.79	32	42.67	12	16.00	8	10.67	9	12.00	5	6.67	9	12.00
	15	*No me siento con la fortaleza suficiente para escuchar los temores y las preocupaciones de mis clientes/pacientes*	1.95	1.32	42	56.00	13	17.33	8	10.67	7	9.33	4	5.33	1	1.33
	16	*Aun cuando siento confianza en mí misma respecto a la mayor parte de las cosas, todavía soy incapaz de relacionarme con mis pacientes*	1.85	1.11	39	52.00	18	24.00	10	13.33	7	9.33	0	0.00	1	1.33
Interpersonal Relationship	2	*Si no me estoy relacionando bien con un cliente/paciente trato de analizar qué puedo hacer para llegar a él/ella*	4.57	1.69	6	8.00	9	12.00	1	1.33	11	14.67	16	21.33	32	42.67
	3	*Me siento cómoda al "tocar" a mis clientes/pacientes cuando proporciono cuidado*	4.45	1.65	5	6.67	10	13.33	3	4.00	14	18.67	14	18.67	29	38.67
	11	*Usualmente puedo establecer alguna forma de relacionarme con la mayoría de los pacientes/clientes*	4.55	1.52	4	5.33	8	10.67	3	4.00	13	17.33	22	29.33	25	33.33
	15	*No me siento con la fortaleza suficiente para escuchar los temores y las preocupaciones de mis clientes/pacientes*	1.95	1.32	42	56.00	13	17.33	8	10.67	7	9.33	4	5.33	1	1.33
	17	*Creo tener problemas para relacionarme con mis clientes/pacientes*	1.56	0.87	49	65.33	13	17.33	10	13.33	3	4.00	0	0.00	0	0.00
	18	*Usualmente puedo establecer una relación estrecha con mis clientes/pacientes*	3.77	1.76	10	13.33	15	20.00	5	6.67	12	16.00	18	24.00	15	20.00
	19	*Usualmente logro agradarles a mis clientes/pacientes*	4.24	1.64	6	8.00	11	14.67	2	2.67	18	24.00	16	21.33	22	29.33
	22	*Si pienso que un cliente/paciente está incómodo o puede necesitar ayuda, me acerco a esa persona*	4.48	1.68	5	6.67	10	13.33	4	5.33	12	16.00	13	17.33	31	41.33
	23	*Si encuentro difícil el relacionarme con un cliente/paciente, dejo de trabajar con esa persona*	2.07	1.45	40	53.33	13	17.33	8	10.67	8	10.67	3	4.00	3	4.00
	24	*A menudo encuentro difícil relacionarme con clientes/pacientes de culturas diferentes a la mía*	1.96	1.4	40	53.33	18	24.00	7	9.33	4	5.33	2	2.67	4	5.33
	25	*He ayudado a muchos clientes/pacientes a través de mi habilidad para desarrollar relaciones cercanas y significativas*	4.11	1.72	7	9.33	12	16.00	5	6.67	16	21.33	12	16.00	23	30.67
	29	*Aun cuando realmente trato, no puedo terminar los cuidados con clientes/pacientes difíciles*	2.45	1.52	25	33.33	23	30.67	9	12.00	9	12.00	4	5.33	5	6.67
	30	*No uso formas creativas o poco usuales para expresar cuidados a mis clientes*	2.39	1.58	31	41.33	18	24.00	7	9.33	8	10.67	7	9.33	4	5.33

Table 2 continued.

Communication Skills	5	*Mis clientes/pacientes pueden hablarme de casi cualquier cosa y yo no me sentiré choqueada*	4.55	1.60	4	5.33	11	14.67	0	0.00	14	18.67	17	22.67	29	38.67
	6	*Tengo habilidades para introducir un sentido de normalidad en condiciones estresantes*	4.29	1.56	5	6.67	9	12.00	5	6.67	16	21.33	20	26.67	20	26.67
	13	*Siento que si tengo una conversación muy personal con mis pacientes/clientes las cosas pueden perder el control*	2.19	1.43	34	4.33	17	22.67	10	13.33	6	8.00	6	8.00	2	2.67
	14	*Uso lo que aprendo de mis conversaciones con clientes/pacientes para suministrar un cuidado más individualizado*	4.23	1.73	8	10.67	10	13.33	3	4.00	13	17.33	18	24.00	23	30.67
	15	*No me siento con la fortaleza suficiente para escuchar los temores y las preocupaciones de mis clientes/pacientes*	1.95	1.32	42	56.00	13	17.33	8	10.67	7	9.33	4	5.33	1	1.33
	20	*A menudo encuentro difícil transmitir mi punto de vista a los pacientes/clientes cuando lo necesito*	2.21	1.42	33	44.00	18	24.00	8	10.67	8	10.67	7	9.33	1	1.33
	21	*Cuando trato de resolver un conflicto con clientes/pacientes, habitualmente lo hago peor*	1.87	1.12	37	49.33	21	28.00	11	14.67	3	4.00	2	2.67	1	1.33
	28	*Cuando un paciente/cliente está teniendo dificultades para comunicarse conmigo, soy capaz de adaptarme a su nivel*	4.45	1.60	4	5.33	11	14.67	2	2.67	15	20.00	16	21.33	27	36.00
Empathy	7	*Es fácil para mí considerar las múltiples facetas del cuidado de un cliente/paciente, al mismo tiempo que lo escucho*	4.41	1.43	2	2.67	12	16.00	1	1.33	16	21.33	26	34.67	18	24.00
	8	*Tengo dificultades para dejar de lado mis creencias y prejuicios para escuchar y aceptar el cliente/paciente como persona*	2.8	1.82	30	40.00	8	10.67	9	12.00	12	16.00	7	9.33	9	12.00
	10	*Soy capaz de sintonizar con un cliente/paciente en particular y olvidar mis preocupaciones personales*	4.53	1.63	6	8.00	7	9.33	3	4.00	13	17.33	17	22.67	29	38.67
	26	*A menudo encuentro difícil expresar empatía con clientes/pacientes*	1.83	1.26	44	58.67	15	20.00	7	9.33	4	5.33	4	5.33	1	1.33
	27	*A menudo me siento agobiada por la naturaleza de los problemas que los clientes/pacientes están viviendo*	2.37	1.61	34	45.33	13	17.33	8	10.67	11	14.67	4	5.33	5	6.67

Source: Own elaboration.
FD: Strongly disagree, MD: Moderately disagree, LD: Slightly disagree, FA: Strongly agree, MA: Moderately agree, LA: Slightly agree.

The highest perceived self-efficacy when providing care and relating to patients was found in the item *Puedo caminar en una habitación con aspecto de serenidad y energía que haga sentir mejor a los clientes/pacientes* (I can walk in a room with an aspect of serenity and energy that makes clients/patients feel better), with a 4.61 mean (SD= 1.52), indicating that the participants slightly to moderately agree with this statement. In contrast, the item *Creo tener problemas para relacionarme con mis clientes/pacientes* (I think I have problems relating to my clients/patients) obtained the lowest mean score, 1.56 (SD= 0.87), meaning that the respondents strongly to moderately disagree with that sentence (Table 2).

When performing the inferential analysis, no relationship was found between age (p = 0.789), sex (p = 0.695), marital status (p = 0.212), and work experience (p = 0.774) with the respondents' perceived self-efficacy when providing humanized care and relating to their patients.

Participants without children presented higher mean scores in the "Empathy" dimension (p = 0.028), students obtained higher mean values in the "Confidence when providing care" (p = 0.005) and "Empathy" (p = 0.023) dimensions, and graduates in the "Communication skills" dimension (p = 0,037). The mean values obtained by nursing technicians were lower in all dimensions. Concerning professional roles, respondents who worked in clinical positions obtained higher mean values in the empathy dimension compared to those who did not practice clinically (p = 0.049) (Table 3).

Table 3: Relationship between work and sociodemographic variables and CES dimensions, 2021 (N = 75)

Variable	Categories	Confidence when Providing Care	Interpersonal Relationship	Communication Skills	Empathy
Sex	Man	18.78 (3.35)	45.33 (5.77)	27.78 (4.44)	16.67 (15.85)
	Woman	17.27 (4.94)	42.17 (11.07)	25.45 (6.90)	15.85 (4.99)
Marital Status	Single	17.93 (4.24)	43.42 (9.73)	26.02 (6.05)	16.63 (4.64)
	Married	17.68 (4.27)	44.09 (9.71)	27.05 (6.16)	16.00 (4.67)
	Domestic Partnership	15.40 (6.84)	34.60 (15.40)	19.60 (8.17)	12.40 (5.50)
	Divorced	16.25 (8.62)	40.50 (12.01)	26.75 (9.00)	15.25 (6.65)
	Widowed	7.00 (0.00)	19.00 (0.00)	11.00 (0.00)	6.00 (0.00)
Children	Yes	16.87 (5.36)	40.79 (11.86)	25.33 (7.53)	15.10 (5.07)
	No	18.78 (2.81)	46.52 (5.25)	26.65 (4.10)	**17.87 (4.10)***
Training	Student	**19.24 (3.38)**†	45.08 (4.95)	27.72 (4.55)	**17.52 (4.79)**§
	Technician	14.89 (4.00)	37.67 (12.59)	22.33 (7.23)	13.33 (3.93)
	Bachelor's	19.00 (4.77)	45.70 (8.39)	**28.30 (5.85)**‡	17.30 (3.99)
	Postgraduate	15.00 (6.03)	39.33 (15.88)	22.42 (7.90)	14.33 (6.29)
Work Experience	<1 year	19.56 (2.60)	45.56 (4.00)	26.89 (4.51)	17.56 (4.07)
	1-2 years	18.83 (4.02)	44.08 (7.30)	28.08 (4.32)	16.50 (4.93)
	3-5 years	17.00 (4.28)	39.85 (11.59)	24.08 (7.03)	14.77 (4.21)
	>5 years	16.27 (5.39)	41.85 (12.74)	25.03 (7.63)	15.33 (5.31)
	Not Working	18.63 (5.26)	44.13 (8.84)	26.50 (6.91)	17.75 (5.39)

Source: Own elaboration.
Note: Values expressed as mean and standard deviation. * p=0.028; † p=0.005; ‡ p=0.037, §: p=0.023.

DISCUSSION

The aim of humanized care (HC) in nursing is to provide patients with assistance that is centered on their needs and experiences, seeking a comprehensive approach to patient care rather than focusing solely on their medical condition. HC contributes to an improvement in patient satisfaction, promotes faster recovery, and strengthens the therapeutic relationship between nursing staff and care recipients. By recognizing and addressing the emotional, social, and spiritual needs of the patients, HC can also contribute to improving overall health outcomes and patient experiences.[18,19]

This study revealed that participants who were students or nursing graduates, without children, and who performed healthcare roles presented better perceived self-efficacy in the context of providing care and relating to patients. This concurs with previous findings reported by the scientific literature.

As mentioned, a statistically significant relationship was found between being a student and scoring high in the dimensions "Confidence when Providing Care" and "Empathy". This finding agrees with research such as González Tobias et al., in which a high level of self-efficacy was found in 73.7% of a sample of 217 nursing students from a Colombian university. The authors assert that the students' positive perceived self-efficacy is closely related to their perceived self-image as future professionals (positive self-image) and their academic performance. From this, it could be inferred that the students in the sample wish to maintain said performance since they are participating voluntarily in an extracurricular activity, and they show interest in improving their knowledge to provide better care to their patients.[20]

A negative concept of self-efficacy was found in the nursing technicians participating in this study. According to some studies, the activities of workers with this educational level related to patient care expose them to added emotional exhaustion, depersonalization, and deteriorated quality of life, since they are the ones who spend considerable time in contact with patients while having fewer coping tools compared to those with a bachelor's degree.[21] Furthermore, it has been described that burnout negatively impacts empathy in professional practice, which would explain the findings in this research.[22]

It is noteworthy that higher levels of empathy were found in childless workers. In this regard, it has been observed that professionals who do not have children are able to dedicate more time to themselves, which considerably improves their wellbeing and results in better and more empathetic relationships with their patients.[23]

Regarding the professional activity of the respondents, those who provided direct care to patients showed higher levels of empathy than those who dedicated their work exclusively to teaching, research, and/or nursing management. Some studies have associated communication skills and empathy with lower levels of burnout and sustained motivation at work; thus, empathy is a quality worth developing during professional training and should be exercised in healthcare, due to its benefits both for professionals and patients.[22] On the other hand, authors such as Maidana & Samudio have identified, in a sample made up of 81 university teachers, that nearly a quarter of them show a need to improve aspects of their emotional intelligence, which has been related to burnout syndrome, affecting different dimensions, among them depersonalization (this would explain the low perceived self-efficacy in the empathy dimension).[24-26] This is also associated with work variables such as instability, pressure to carry out research and outreach activities, multi-employment, and stress, explaining the negatively perceived self-efficacy in those performing duties that differ from healthcare.[27,28]

As for educational level and communication skills, higher mean values were observed in participants with a bachelor's degree in nursing. Studies have found that social and communication skills for

humanized care are developed and strengthened during training, which supports the relationship between longer training and a more positively perceived self-efficacy.[29] The relationship between nursing professionals and patients requires thorough communication, given its role as an instrument that mediates the humanization of healthcare, thus enabling trust, emotional expression, and the ability to offer wellbeing and tranquility to care recipients and their families.[12]

Concerning perceived self-efficacy in the context of providing humanized care and relating to patients, the findings in this study are similar to those of Guerrero-Ramírez et al., who found, in a sample of 46 nursing professionals working in medical services in Lima, Perú, that HC offered by the respondents was rated as "regular" in 52% of the cases, revealing a need to implement strategies that improve care, through staff training.[30] The present research found a moderately positive level of perceived self-efficacy when providing humanized care and relating to patients, highlighting an area where intervention should be prioritized. This is especially true for healthcare workers and teachers, who are most exposed to conditions and variables that result in depersonalization.[31]

Among the limitations of this study, we can mention the non-probabilistic (intentional) sampling method, small sample size, and the fact that all the respondents attended an activity on humanized care for nurses and nursing students. This may interfere with the representativeness of the findings, thus requiring further research that seeks to analyze the perceived self-efficacy of students and nurses in the context of providing humanized care.

CONCLUSIONS

A medium level of perceived self-efficacy for humanized care was found, with the dimension "interpersonal relationship" obtaining the highest scores, and the "empathy" dimension the lowest. Statistically significant relationships were found between socio-demographic and work variables such as having children, educational level, and professional role with the dimensions that comprise the respondents' perceived self-efficacy in the context of providing humanized care and relating to patients. In this regard, participants with children, who trained as nursing technicians (undergraduate degree), and who work in healthcare obtained lower mean values in the dimensions associated with self-efficacy in humanized care.

Finally, the objectives of this study were achieved, allowing us to identify variables that negatively affect self-efficacy in humanized care, thus making it possible to develop interventions aimed at reducing their impact on these activities. Consequently, implementing continuous training that seeks to prepare nursing staff to offer humanized care is of the utmost importance, especially for professionals working in hospitals, as this would prevent depersonalization.

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JFT: Concept, formal analysis, obtaining funds, research, methodology, resources, validation, writing– revision and edition.
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