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ORIGINAL

Self-efficacy and its sociodemographic factors in nursing students at a South American higher education institution

Autoeficacia y sus factores sociodemográficos en estudiantes de enfermería de una institución de educación superior sudamericana

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ABSTRACT

Introduction: self-efficacy, understood as the belief in one's own ability to face and overcome challenges, plays a fundamental role in the academic performance and personal well-being of university students, especially in areas such as nursing that demand high levels of commitment and resilience. Identifying the level of self-efficacy and its relationship with sociodemographic factors allows for a better understanding of students' needs and strengths, as well as guiding effective educational interventions.
Objective: to determine the level of self-efficacy of nursing students and its sociodemographic factors.
Method: this is a quantitative, descriptive, cross-sectional study with 270 students who completed a sociodemographic form and the Generalised Self-Efficacy Scale developed by Jerusalem M & Schwarzer R. Participants were included using a simple random stratified method. A descriptive analysis was performed. The variables on the quantitative measurement scale are described as absolute and relative frequencies together with their 95 % confidence intervals. To verify the distribution of the variables, the Shapiro-Will test was used.
Results: the participants had an average age of 22, 81 % were women, 53 % of the students surveyed had a high level of self-efficacy, and only 4 % had a low level of self-efficacy.
Conclusions: having a high level of self-efficacy is a strong predictor of academic success.

Keywords: Nursing; Self-Efficacy; Nursing Students; Academic Success.

RESUMEN

Introducción: la autoeficacia, entendida como la creencia en la propia capacidad para enfrentar y superar desafíos, desempeña un papel fundamental en el rendimiento académico y el bienestar personal de los estudiantes universitarios, especialmente en áreas como la enfermería que demandan altos niveles de compromiso y resiliencia. Identificar el nivel de autoeficacia y su relación con factores sociodemográficos permite comprender mejor las necesidades y fortalezas de los estudiantes, así como orientar intervenciones educativas efectivas.
Objetivo: determinar el nivel de autoeficacia de estudiantes de enfermería y sus factores sociodemográficos.
Método: el presente es un estudio cuantitativo, descriptivo de corte transversal con 270 estudiantes los cuales diligenciaron un formato forms una ficha sociodemográfica y la escala de Autoeficacia Generalizada realizada por (Jerusalem M & Schwarzer R), La inclusión de los participantes se realizado por un método estratificado aleatorio simple. Se realizo un análisis descriptivo las variables en escala de medición cuantitativa son

descritas como frecuencias absolutas y relativas junto con sus intervalos de confianza al 95 % para comprobar el reparto de las variables se empara la prueba de shapiro Will.
Resultados: los participantes se encuentran con edad promedio de 22 años, el 81 % fueron mujeres los el 53 % de los estudiantes encuestados tienen un nivel de autoeficacia alto y solo el 4 % tienen un nivel de autoeficacia baja.
Conclusiones: el tener un nivel de autoeficacia es un gran predictor para el éxito académico.

Palabras clave: Enfermería; Autoeficacia; Estudiantes de Enfermería; Éxito Académico.

INTRODUCTION

Self-efficacy, understood as a person's perception of their ability to organise and execute actions that enable them to achieve goals, has been widely studied in education due to its direct influence on academic performance and personal development.

As stated by Hechenleitner et al.[1], this concept does not refer solely to the resources an individual possesses but also to how they perceive their ability to use them effectively to achieve their goals. A high level of self-efficacy promotes motivation, reduces stress when faced with tasks, and fosters a positive attitude towards academic and professional challenges.

In the context of nursing education, self-efficacy plays a decisive role due to the programme's theoretical and practical demands. In Colombia, studies by Gonzales et al.[2], conducted in Cartagena, have shown a positive relationship between perceived self-efficacy and the academic performance of nursing students during their training placements. The results showed that the greater the perception of self-efficacy, the greater the likelihood of achieving satisfactory academic performance, reinforcing the need to promote this quality in educational settings.

The development of self-efficacy in students not only influences their performance during university training but also impacts their future professional practice, promoting autonomous decision-making, clinical safety, and the ability to deal with complex situations in the workplace. It is, therefore, essential that academic programmes and teachers adopt pedagogical strategies that promote self-efficacy as a cross-cutting competence.

Within this framework, the present study aims to determine the level of self-efficacy in nursing students at a higher education institution and to provide updated information on how this factor influences their academic performance and the training of more confident, competent, and committed professionals.

What is the level of self-efficacy among nursing students at a higher education institution, and how does this influence their academic performance and professional training?

Objective

To determine the self-efficacy and sociodemographic factors among nursing students at a higher education institution in Bucaramanga.

METHOD

Type of study

This quantitative, descriptive, cross-sectional study.[3] The data will be collected during the second semester of 2022.

Population

Active students in the nursing program from levels I to VIII at the Bucaramanga campus.

Sample

The sample was calculated using a Netquest® online calculator. The universe consists of all enrolled students, N: 673 students (2023), with a heterogeneity of 50 %, a margin of error of 5, and a confidence level of 95 plus 10 % of the sample. This resulted in a total of 245 + 24,5 = 270 students.

Participants were randomly selected using a table of random numbers generated by Excel.

Netquest, (2023) Statistical calculators. Retrieved from https://www.netquest.com/es/gracias-calculadora-muestra MENDELEY.

Inclusion criteria

- Nursing students enrolled in the nursing programme aged 18 or over.
- Active students at any level of training from I to VII semester of nursing.
- Enrolled in more than two courses regardless of the semester.

Exclusion criteria

- Students are in the process of changing campuses.
- Students enrolled in the objectives-based plan.

Project development

Step 1: a scale designed by Jerusalem et al.[4] will be used. It has been validated by experts and has a Cronbach's alpha reliability coefficient of 0,8, demonstrating the instrument's internal consistency.

The instrument will be digitised for online response and consists of 10 questions with 4 points (1- incorrect; 2-barely correct; 3-rather correct; 4-correct), so the results can range from 10 to 40 as follows:

- 31-40 points: high self-efficacy.
- 21-30 points: moderate self-efficacy.
- 10-20 points: low self-efficacy.

Similarly, a sociodemographic form will be used with open-ended questions (name, age, origin, institutional email address, number of children, favourite subject, previous semester's grade) and multiple-choice questions (gender, socioeconomic status, academic semester, where and with whom they live, religious beliefs, current employment status, whether they have children, payment method, whether they have failed any subjects, how they feel about the previous semester, how they rate their level of learning so far, and whether they consider themselves to be part of a good study group), for a total of 20 questions.

Step 2: Data collection process:

Following acceptance by the faculty research committee and research ethics committee, a pilot test will be conducted with five students to assess the sociodemographic form's applicability as an instrument.

Data collection from participants will be carried out using a stratified method. Students enrolled in the Nursing programme from the first to eighth level will be determined, with a percentage equal to 12,5 % of the students enrolled in each semester, regardless of the number of students due to variability in each level. The table below then identifies the number of students per level.

Table 1. Selection of participants by academic semester

Selection of participants			
Sample: 270			
Total number of students: 673			
Total number of students: 673	**Number of students per level**	**Percentage by level**	**Number of students required per level (12,5)**
First semester	100	15 %	41
Second semester	46	7 %	19
Third semester	128	19 %	51
Fourth semester	108	16 %	43
Fifth semester	69	10 %	27
Sixth semester	67	10 %	27
Seventh semester	96	14 %	38
Eighth semester	59	9 %	24
Total	673	100	270

After completing the consent form, participants are asked to complete the self-efficacy scale and the sociodemographic form, taking into account the explanations and instructions provided. This is done using a Google Forms questionnaire in person or self-administered via institutional email addresses.

After completing the consent form, participants are asked to complete the self-efficacy scale and the sociodemographic form, taking into account the explanations and instructions provided. This is done using a Microsoft Forms questionnaire in person or self-administered via institutional email addresses.

Sample analysis process: a descriptive analysis of the results will be done by creating an Excel file with the participants' responses from the flat Excel file and the Google questionnaire. Similarly, an Excel database will be created to perform measures of central tendency with graphs for continuous variables, such as measures of dispersion. For variables with quantitative measurement, absolute and relative frequencies will be described along with confidence intervals, while those that do not have a normal distribution will be described with medians and interquartile ranges.

Statistical Analysis Plan or Data Evaluation

The statistical analysis will be definitive through quantitative variables, which will be measured in absolute and relative frequency with a confidence level of 95 %. Central tendency measures will be performed with continuous variables. Continuous variables with a normal measurement level will be given a standard deviation and an average according to the information collected. Continuous variables measured by ratio will be described with their medians and interquartile ranges. Graphs of central tendency measures will be produced, and the Shapiro-Wilk test will be used to check the distribution of variables.

Ethical aspects

According to regulation 008430 of 1993, this research is classified as 'risk-free' because it does not 'involve any intentional intervention or modification of the biological, physiological, sociological or social variables of the individuals participating'. Similarly, four students from the study population are participating, representing the moral and sociocultural values of the group.

It is also based on compliance with the application of written informed consent by participants to protect the privacy of the individual, as specified in the codes of good clinical practice, Decree 1377 of 2013, and Law 1581 of 2012. At the same time, the researchers undertake not to disclose the information collected.

This research complies with the principles set out in the Declaration of Helsinki[5], which was promulgated by the World Medical Association (WMA) and must be taken into account by medical researchers and others involved in research with human subjects, who must adopt these principles. The duty to protect the privacy and confidentiality of participants' personal information is respected through the application of written informed consent, even if the individual and the ethics committee have accepted it. Efforts are also made to reduce the impact on the environment by conducting and applying the scale virtually by the participants; scientific literature also supports the research.

Furthermore, the principle of respect and autonomy will be guaranteed through recognition as agents with the capacity to make their own decisions and with the right to be protected through voluntary participation using adequate information about the research and followed by consideration of beneficence with the aim of not causing harm and generating the maximum possible benefits with the effect obtained in the study. In this regard, the principle of justice is made visible by treating participants equally without discrimination based on gender, race, or social conditions, principles in the Belmont Report.[6]

Participation in this research is voluntary, and no compensation will be provided. Therefore, if you agree to participate in this study, you will receive a physical copy of the informed consent form and a link sent to your email address to direct you to a Google Forms survey. This survey will include a sociodemographic questionnaire and a general self-efficacy scale of multiple-choice and open-ended questions. You will be asked to rate each item's clarity, accuracy, and comprehensiveness.

Participating in this research will help recognise the degree of self-efficacy in students at a higher education institution. This will allow us to analyse the relationship between sociodemographic data and self-efficacy and identify the factors that favour or hinder students' academic performance according to the results of this scale.

RESULTS

For the analysis of this project, the results were entered into an Excel database, which contained sociodemographic variables and responses from the self-efficacy scale in a population of 673 students from the Faculty of Nursing at a higher education institution. The sample was composed of 270 students.

The average age was 22, with ages ranging from 18 to 37. Eighty-one percent were women, and 19 % were men. Seventy-seven percent came from municipalities in the department of Santander. The other sociodemographic variables are described in the table below.

Table 2. Sociodemographic variables, frequencies and percentages

Variable	Frequency	%
Gender		
Female	219	81 %
Male	51	19 %
Origin		
Santander	208	77 %
Other municipalities in Colombia	62	23 %
Stratum		
1	61	22,6 %
2	85	31,4 %
3	81	30 %
4,5,6	43	16 %

Who do you live with?		
Alone	42	16 %
Family members	203	75 %
Other people	25	9 %
Religion		
Catholic	202	75 %
Christian	45	17 %
Other	23	8 %
Pets		
Yes	174	64,4 %
No	96	35,6 %
Children		
Yes	32	12,9 %
No	238	88,1 %
Work		
Yes	106	40 %
No	164	60 %
What do you do?		
Nursing assistants	57	23,3 %
Other	213	76,7 %
Payment method		
Icetex	88	32,5 %
Cash	149	55,2 %
Cooperatives	26	10 %
Other	7	2,3 %

The following are academic variables reported by the students interviewed in this project. The average academic grade point average of 100 % of the students surveyed is 3,9/5,0.

Table 3. Academic variables

Variable	Frequency	%
Is it in accordance with the academic curriculum?		
Si	270	100 %
Have you lost any material?		
Si	270	100 %
Do you have a good study group?		
Yes	254	95 %
No Why?	13	4,9 %
Other options	3	1,1 %
Level of learning		
Good	210	77,78 %
Very good	36	13,33 %
Average	21	7,78 %
Poor	3	1,11 %

The above data can be analysed in terms of variables such as employment. Notably, only 23,3 % of the students recruited for the study currently work as nursing assistants, while 76,7 % are engaged in jobs that are very different from nursing. Another critical piece of information is that 75 % of the students live with family members and only 9 % live with strangers. Regarding the learning level of the students interviewed, 91 % reported a good or excellent learning level, and 9 % reported an average or poor learning level.

The instrument consists of 10 questions with 4 points (1- incorrect; 2-barely correct; 3-rather correct; 4-correct), so the results can range from 10 to 40 as follows:

- 31-40 points: high self-efficacy
- 21-30 points: moderate self-efficacy
- 10-20 points: low self-efficacy

53 % of all students surveyed have a high level of self-efficacy, 43 % have a moderate level of self-efficacy, and 4 % have a low level of self-efficacy.

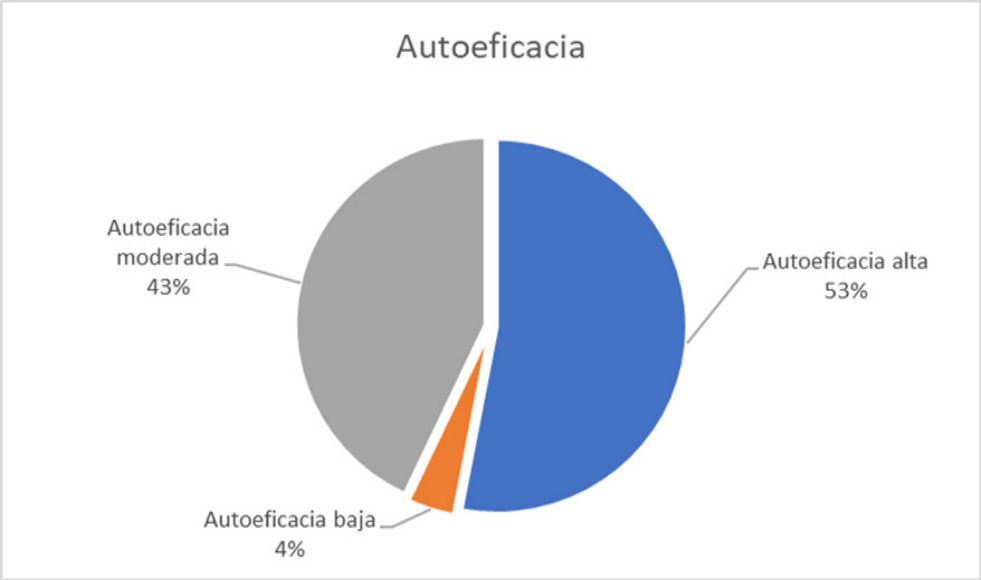

Figure 1. General self-efficacy

Table 4. Self-efficacy results by academic semesters

Semester	High Self-Efficacy	%	Moderate Self-Efficacy	%	Low Self-Efficacy	%	Total
First	28	68,2	11	27	2	4,8	41
Second	14	68,4	5	31,6	0	0	19
Third	5	9,9	41	80,3	5	9,8	51
Fourth	19	44,2	22	51,2	2	4,6	43
Fifth	16	59,3	10	37	1	3,7	27
Sixth	19	70	8	30	0	0	27
Seventh	29	76,3	9	23,7	0	0	38
Eighth	16	66,7	8	33,3	0	0	24
Total	146		114		10		270

After applying the General Self-Efficacy Scale to the students surveyed in this study, the results showed that 53 % of all participants have a high level of self-efficacy, 43 % have a moderate level of self-efficacy, and 4 % have a low level of self-efficacy. About this, an analysis of the level of self-efficacy by academic semester was carried out, finding that 76,3 % of seventh-year students had a high level of self-efficacy, with the highest number of students at this level, as did participants in the sixth semester (70 %), second semester (68,4 %), first semester (68,2 %) and the final academic level (66,7 %). This was despite there being no similarities in the number of students.

In contrast, 80,3 % of the 51 participants in the third semester obtained a moderate level of self-efficacy, the highest score for moderate self-efficacy and, in turn, the highest number of students with low self-efficacy overall. About the low level of self-efficacy, no students from the other semesters, such as the second, sixth, seventh, and eighth semesters, were at this level. Following this, 51,2 % of fourth-semester students also had a moderate level of self-efficacy.

Taking the above into account, first-, second, and seventh-year students have a high level of self-efficacy, ranging from 68,2 % to 76,3 %. These high levels are related to their motivation at the beginning of their degree programme and their desire to complete it to achieve their goal of becoming professional nurses.

In relation to the four response options established for each question, which were ‘correct’, ‘rather true’, ‘barely true’ and “incorrect”, each with a score of 1-4, the options most frequently chosen by the participants were ‘rather true’ and ‘correct’ in all questions on the General Self-Efficacy scale. Therefore, it can be said that, as the options with the highest scores were selected, the level of self-efficacy was higher for the seventh-level students surveyed, with 76,3 %, and the lowest was in the third semester, with 9,8 % of the students in that level.

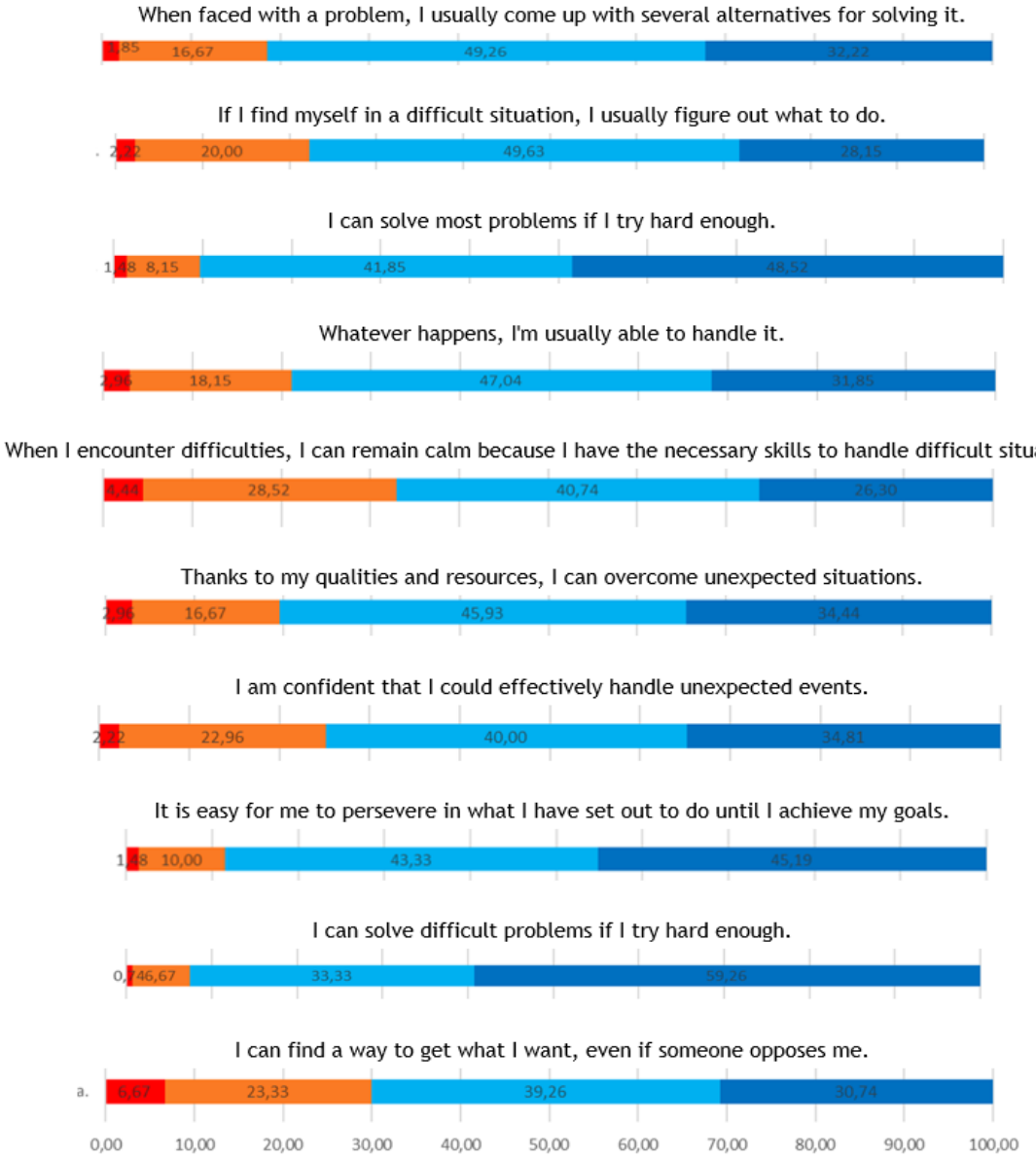

Figure 2. Analysis of the self-efficacy scale

DISCUSSION

Successful experiences (actual performance) were reflected in the high level of self-efficacy of 53 % of the students, since actual performance ensures course approval. Vicarious experience or learning by observation was evident in the students' teamwork with the learning levels. Judgments expressed by others - Verbal persuasion was evident in students who perform nursing activities but are not yet professionals, as this is only a stimulus to achieve the goal of graduating as professionals. Physiological feedback is evident in the survey questions, where they express confidence that they could effectively handle unexpected events. Thanks to my qualities and resources, I can overcome unforeseen situations. I can remain calm when I find myself in difficulty because I have the necessary skills to handle difficult situations.

The sociodemographic characteristics of the present study showed that the average age was 22 years, with a range of 18-37 years. These results are similar to those of studies conducted in Indonesia, China, Iran, Spain, Ecuador, Peru, Chile, Brazil, Norway, and Colombia, where the age range was 18 to 36 years and the average age was 19,8 years among university students.[7,8,9,10,11,12,13,14] Similar to the above, in China, Myanmar, Poland, Spain, Slovakia and Chile, in a study of nursing students, the average age was 19-20 years.[15,16,17,18]

In other studies conducted in Iran, Brazil and Ecuador on nursing students, the average age was 21 to 22 years.[7,19,20,21] In China, the age range was 19-24 years.[22] In Ecuador and Brazil, the age range was 18-28 years.[20,22] In contrast, at a university in Ecuador, the age range was 18 to 45 years.[22]

About the above, the students participating in this research showed that the majority were women (81 %). Similarly, several studies showed similarities about this variable in China, Myanmar, Spain, Brazil, Chile and

Colombia, where the range was 86 % to 95 % women.[10,13,14,16,18,23,24,25,26]

Below are studies with values between 50 % and 78 %, but with a prevalence of females, as in Iran, China, Ecuador, Brazil and Chile.[1,7,8,19,22,27,28]

On the other hand, a study conducted in Turkey found that the prevalence of males was 53,3 %.[9] Taking this into account, another study conducted in China showed that the prevalence of females was 82,9 % compared to males, who only accounted for 17,1 % of those surveyed. From the above, it can be inferred that in these latest studies analysed, female students predominate in undergraduate nursing programmes.

In our study, we found that 77 % of students live in Santander, Colombia. This is similar to the article by Gonzalez et al.[14], in which the participants live in Cartagena, Colombia. In contrast, the other studies are international.

In our study, the most prevalent socioeconomic strata were 1 to 3 (84 %); in the study by Gonzalez et al.[14], the most prevalent strata were 1 and 2.

In the present study, we considered students from first to eighth grade, with a prevalence of third-semester students, as in the study in Iran and China, where 34 % to 53 % were in their third semester,[19,23] as in the Brazilian study by Riberio et al.[25]. However, the majority of these were in their second semester. In contrast, studies conducted in Indonesia, Chile, and Brazil only considered first- and second-semester students as second-year university undergraduates.[11,18,25]

Regarding the current residence of the participants in this study, 75 % lived with their families and 16 % mentioned living alone, similar to the results of studies conducted in Indonesia, China, Myanmar, Poland, Spain, Slovakia, Brazil, and Chile.[11,16,17,25,26,27,29,30] In contrast, a study conducted in Iran on nursing students found that 63,5 % lived in university residences. Similarly, another study in Brazil reported that 36 % lived with four people in the same household.[25]

Another factor that our research considered was the religion of our participants,[31,32,33] of whom 75 % were Catholic and 17 % were Christian, similar to the results of the study in Cartagena.[14,34,35,36] This contrasts with other studies, such as the one conducted in China, where 81 % had no religion[23] or did not take other religions into account.

Our research considered whether or not participants had pets, finding that 64,4 % had pets, unlike other studies that did not take this sociodemographic factor into account. It also showed that those who had pets had high and moderate self-efficacy.[37,38,39,40]

Sixty percent of respondents in this study mentioned that they do not work, as in studies conducted in Brazil and Cartagena, Colombia, with university students, the latter study having a higher percentage of participants who do not work.[14,25,26,41,42] In contrast to the above, a study in Ecuador found that 40 % of participants are in paid employment.[22,43,44]

Of our participants, 88,1 % do not have children, as in the study conducted in Cartagena by Gonzalez et al.[14], and 89,4 % (194) of students do not have children, as in the study conducted in China. In contrast, in Ecuador, the study conducted by Bonilla et al.[22] found that most participants had children.

One of the inclusion criteria for this study was that students had to be on track with their academic programme, i.e., they had not failed any subjects. This was also evident in a study conducted in Brazil and Colombia with nursing students.[13,26,45,46,47,56] Unlike the above, in Indonesia, a study was conducted only with first-semester nursing students, without considering our inclusion criterion of the participants' semester.[11,48,49,50]

Regarding the academic average of all the students surveyed, the result obtained varies between 3,7 and 4,6, with an average of 3,9. This variable was included in studies such as those conducted in Iran and Cartagena, Colombia, on nursing students, but without mentioning the course average.[19,51,52,53,56]

The level of learning was good in 77,8 % of the participants, a variable not mentioned in the studies reviewed in the bibliography consulted. This is of great importance due to the influence it may have on students' self-efficacy level. Similarly, the studies consulted did not mention the type of study equipment.[13,26,54,55,56] However, our study found that 95 % of participants have good work equipment, contributing to their self-efficacy and academic performance.

CONCLUSIONS

The majority of the population surveyed were women, accounting for 81 %.

The study determined that 53 % of students have a high level of self-efficacy, 43 % have a moderate level, and 4 % have a low level. This is important because it gives us insight into the self-efficacy of students at a higher education institution and allows us to propose improvements to the academic curriculum.

Most students were female (81 %), with 83,9 % belonging to socioeconomic strata 1, 2, and 3 and 16,1 % belonging to strata 4-6. Regarding pet ownership, 64,4 % had pets and 35,6 % did not.

RECOMMENDATIONS

This study should be conducted annually to measure the level of competence or achievements of students.

It should be incorporated into nursing and other disciplines at the Cooperative University of Colombia to measure self-efficacy and academic success.

Develop multicentre studies at other universities that offer nursing courses to compare results, develop strategies, and thus measure student self-efficacy.

Creating motivational learning strategies and attitudes for students with moderate self-efficacy would be advisable.

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The authors declare that there is no conflict of interest.

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