

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH
SCIENCE SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF NURSING**

**PERCEPTION OF CARING SELF-EFFICACY AND
ASSOCIATED FACTORS AMONG NURSE'S IN PEDIATRIC
UNITS IN SELECTED GOVERNMENT HOSPITALS, ADDIS
ABABA, ETHIOPIA.**

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**A THESIS SUBMITTED TO ADDISABABA UNIVERSITY POST
GRADUATE PROGRAM COLLEGE OF HEALTH SCIENCE,
SCHOOL OF NURSING AND MIDWIFERY, DEPARTMENT OF
NURSING IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS OF
SCIENCE IN PAEDIATRICS AND CHILD HEALTH NURSING**

May, 2024

Addis Ababa, Ethiopia

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IN SELECTED GOVERNMENTAL HOSPITALS, ADDIS ABABA
ETHIOPIA – CROSSECTIONAL STUDY 2024.**

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**A Thesis submitted to the postgraduate program, Addis Ababa
University, College of Health Sciences, School of Nursing and Midwifery,
for a partial fulfillment of the requirements of a Master of Science degree
in pediatric and child health nursing.**

May, 2024

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Title of the research		PERCEPTION OF CARING SELF-EFFICACY AND ASSOCIATED FACTORS AMONG NURSES IN PAEDIATRIC UNITS IN SELECTED HOSPITALS, ADDIS ABABA, ETHIOPIA-CROSSECTIONAL STUDY,2024.
Duration of Research		November 2023- June 2024
Study area		Selected Governmental Hospitals, Addis Ababa, Ethiopia, 2024.

ACKNOWLEDGMENT

I want to express my heartfelt gratitude to my advisors, Dr.Rajalakshmi Murugan (Ph.D.), Mr. Nigussie Tadele (MSC, Associate professor), and Dr. Edom genet Tesfaye (Assistant Professor of Pediatric and Child Health), for their valuable guidance, support, and encouragement throughout the Research work. I am also thankful to Hamlin College of Midwifery for allowing me to study for an MSc program in pediatrics.

I would also like to thank my family and friends for their unreserved support and understanding. Their collective help has been instrumental in making this research possible. Above all, I am grateful for the almighty God's spiritual guidance and divine inspiration that have illuminated my oath and sustained my resolve.

ACRONYMS

AAU_ Addis Ababa University

AHRI - Armauer Hansen Research Institute

ALERT – African Leprosy Rehabilitation and Training Center

CSE – Caring Self-Efficacy

CSES - Caring Efficacy Scale **GSES** - Generalized Self-Efficacy

OPD –Out Patient Department **PICU**-Pediatric Intensive Care Unit

PWNSEC - Pediatric Ward Nurses Self -efficacy Scale

TASH -Tikur Anbessa Specialized Hospital

ZMH-Zewditu Memorial Hospital

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ABSTRACT

Background: Caring Self-efficacy in nursing has been linked to improved patient outcomes, nurse resilience, and job satisfaction. However, more information is needed to determine a critical gap in understanding how pediatric nurses perceive and evaluate their caring self-efficacy. Therefore, this study investigated pediatric nurses' caring self-efficacy, identifying potential challenges, strengths, and factors influencing their competencies.

Objectives: To assess the perception of caring self-efficacy and associated factors among nurses in Pediatric units in selected government Hospitals, Addis Ababa, Ethiopia, 2024.

Methods: An Institutional based cross-sectional study with census sampling technique was employed in this study to collect the samples ,274 nurses was participated who were working in the pediatric units of five randomly selected governmental hospitals in Addis Ababa . Data was collected from April 1 to April 30, 2024, using a self-administered questionnaire that was designed and validated scale for the assessment of pediatric ward nurses perception on caring self-efficacy. All pediatric nurses currently working in the selected hospitals participated in the study. The researcher used statistical software such as Epi-info 7 for data entry and SPSS for Windows version 26 for data analysis. Descriptive statistics compute and statistical analysis, such as binary logistic regression and bivariate analysis, to identify the factors associated with nurses' perception of caring self-efficacy. The odd ratio was used to determine the degree of association. Variables with p values of < 0.05 were considered significantly associated with nurses' perception of caring Self-efficacy.

RESULTS: Majority of nurses in pediatric units, 174 (63.5%, CI (58.0, 69.0)), have a good perception of caring self-efficacy, indicating a high level of competence and confidence among these healthcare professionals. Confounding factors controlled, educational level (AOR,2.57, 95 CI (1.96, 6.84)), work experience (3.380(1.22, 9.32)) and age (AOR, 5.64, 95%CI (1.63, 19.47)), have showed statistically significant association with perception towards caring self-efficacy at P-Value < 0.05

Conclusion and recommendation: The findings of this study are not only informative but also actionable, providing a roadmap for enhancing nursing self-efficacy. They indicate that two-thirds of nurses working in pediatric units have a good perceived caring self-efficacy. Moreover, factors such as age, educational status, and work experience are associated with good perceived caring efficacy, suggesting specific areas for improvement. Therefore, it is recommended that targeted training and education be provided to nurses to master their specialty areas by availing nurse mentoring programs to novice nurses, thereby improving the quality of care they provide. These recommendations, when implemented, can empower nurses and enhance their confidence in their abilities.

Keywords: Caring, nurses 'perception, Self-efficacy

1. INTRODUCTION

1.1. Background

Self-efficacy is the belief in one's own ability to succeed in specific situations or achieve specific goals. It is a key concept in social cognitive theory, which was developed by psychologist Albert Bandura , It is important because it influences motivation, behavior, and emotions ; Pediatric nurses' knowledge, skill, confidence, and expertise determine the outcome of children [1]. Due to childcare complexity, Nurses in pediatric units must trust their talents. They had to more prepare for complex healthcare issues. Nurses in pediatric units must understand their patients' emotional needs, child development, family dynamics, and professional skills. Despite nurses being front liners in changing patients' well-being, little was known about their caring attitudes especially in the study area. The nurse's job had undergone significant transformation due to years of nurses organizing, lobbying, and pursuing higher education.

Nurses nowadays play a crucial role in the healthcare team [2]. Collaborate with physicians, social workers, therapists, and paramedics to deliver complete, well-rounded patient care. Communication is an integral skill required in nursing as nurses interact with patients and providers in their day-to-day activities. It's evident that, patients spend more time with nurses than any other healthcare professionals [1].

Pediatric nurses' specialty involves caring for infants, young children, and teenagers. Along with a healthcare team, nurses treat patients, give medication, track patients' progress, and inform families and parents about their children's health conditions. Nurses in pediatric units can function at Hospitals, clinics, schools, and community health facilities. Nurses in pediatric units also assume specialized care for newborns, children, and teenagers. Nurses in pediatric units were tasked with simple immunization administration to manage complex and chronic illnesses such as diabetes and asthma or meet pediatric patients and their family's unique medical and psychological needs. In addition to providing information on how to care for their child's health, Nurses in pediatric units also help parents and guardians by fielding their inquiries [3].

The foundation of providing high-quality services is compassionate nursing practice [4]. To help nurses become more conscious of their actions and develop more effective tactics, evaluating their experience providing care is critical in terms of perceived caring efficacy.

The well-known idea of self-efficacy influences nurses' attitudes, deeds, and behaviors when caring for ill patients. Studies indicated that significant factors influence the nurses' drive to provide care, their ability to think critically and make decisions, how to prioritize interventions, and what motivates them to keep trying even when they fail to complete a specific task or duty.

Investigating and improving pediatric nurses' self-efficacy in the existing healthcare system was one of the most important parameters affecting the quality of clinical practice [6]. Because medical technology is advancing faster, and complex pediatric illnesses are increasing. Given its importance, this finding requires more study. This study investigated the complicated dynamics that affect pediatric nurses' caring self-efficacy.

Based on Bandura's social cognitive theory and other studies, high self-efficacy was proven to be related to more remarkable persistence, flexibility, less self-distrust, self-doubt, and anxiety when confronting challenges. In contrast, low self-efficacy may limit individuals' conviction and confidence to implement familiar techniques under stress [7,8,9]. However, the concept of pediatric nurses' perception of self-efficacy and the associated factors that influence pediatric nurses' motivation to care, thinking process and decision-making was not well known in this study area: Addis Ababa, Ethiopia.

Throughout the investigation, the researcher strived to evaluate pediatric nurses' challenges, knowledge, and skill gaps; the study's aim was to examine pediatric nurses' perception of caring self-efficacy during child-related medical procedures, considering child-patient relationships and complicated emotional dynamics.

1.2. Statement of the Problem

Self-efficacy, it is a provider's confidence in their capacity to deliver effective care, communicate with patients, and manage complex situations. Once healthcare professionals doubt their abilities, it can lead to suboptimal care quality. Low self-efficacy may result inadequate patient education, and compromised treatment decisions in addition providers with low perception self-efficacy may struggle to implement evidence-based practices, leading to poorer patient outcomes. Plus, Healthcare professionals with low self-efficacy may avoid complex cases or novel procedures, limiting their growth and expertise [2, 3].

Nurses in pediatric units must be confident handling any situation as the first line of defense in children's healthcare. Research studies indicated that self-efficacy strongly influences nursing performance; high self-efficacy is associated with an increased quality of care and improves individual and organizational performance Pediatric nurses' assessment of their caregiving skills was vital but poorly understood in many settings [10].The nurses' self- efficacy in pediatric patient care may impact health outcomes and the healthcare experience of children and their families.

Understanding nurses 'perception of caring self-efficacy is vital for several reasons, as it significantly impacts nursing practice, patient care, and overall healthcare outcomes [11]. Self-efficacy refers to an individual's belief in their ability to perform specific tasks or behaviors. In the nursing context, nurses with higher self-efficacy are more likely to assess patient needs accurately , adapt to evolving situations effectively, prevent situations from escalating out of control [12] .In addition, by understanding nurses 'self-efficacy perceptions, healthcare institutions can tailor training programs and provide support to enhance nurses 'confidence and competence. In improving Patient Care, Nurses 'self-efficacy directly influences their competence in providing care [13].When nurses feel confident in their abilities, they are better equipped to monitor patients effectively , implement evidence-based practices ,manage complex cases , patients benefit from receiving care from nurses who are self-assured and capable [14].

Thus, this study mainly investigates how nurses in pediatric units view their self-efficacy in caring for pediatric patients. The main focus is on comprehending how nurses in pediatric units view and evaluate their competence to manage several facets of pediatric care, such as family interactions, medical procedures, and emotional support. By considering these views, the studystrives to pinpoint potential obstacles and areas of the nurses' self-efficacy strengths and weaknesses; in turn, it highlights areas that could improve pediatric nursing care.

1.3 Significance of the study

The existing information regarding pediatric nurses' self-efficacy in caring is limited, with only one research undertaken in West Showa Zone, Ethiopia. This study, however, brings a fresh perspective, producing not just information but also actionable insights. These insights can be utilized by pediatric nurses, nurse managers, hospital administrators, and policymakers to enhance pediatric nurses' self-efficacy in caring for pediatric patients. Healthcare institutions can then design targeted interventions, training programs, and support mechanisms, leading to improved nurse job satisfaction and better pediatric patient outcomes.

1.4. Justification of the study

Pediatric nursing is a specialized field that demands unique skills, particularly in caring for pediatric patients who often require specialized care and emotional support. This study underscores the importance of understanding pediatric nurses' self-efficacy perception in improving the quality of care for a pediatric patient. By delving into these perceptions, it aimed to identify the areas where nurses in pediatric units may experience self-doubt or lack confidence, potentially affecting their ability to provide optimal care. Addressing these challenges through targeted interventions and support mechanisms can significantly enhance the overall quality of care provided to pediatric patients, a goal that all share.

2. LITERATURE REVIEW

2.1 Nurses' perception of caring Self –efficacy

Self-efficacy and self-confidence are key factors in nursing, influencing nurses' beliefs, actions, and behaviors. High self-efficacy leads to better decision-making, prioritization of interventions, and persistence in patient care. Positive nurse-patient interaction improves nursing care quality, increases patient involvement, and contributes to satisfaction and coping. Caring self-efficacy influences nurses' approach and compassionate care [4]. So, nurses' perception of caring self-efficacy influences their behavior, patient interactions, and overall quality of care. It's a critical factor in ensuring positive patient outcomes and professional resilience.

The level of caring self-efficacy among nurses in Africa varies, but research sheds light on this important aspect: A descriptive-analytical study of 470 nurses found a significant correlation between self-efficacy and general health, with social functioning being a significant predictor of self-efficacy. Nurses with high self-efficacy tend to positively impact their overall health [5]. Another study revealed that nurses exhibited moderate levels of self-efficacy, self-confidence, and patient interaction, with mean scores of 28.84, 47.41, and 93.59, respectively [6].

A cross-sectional study at Jimma Medical Center assessed transcultural self-efficacy among Ethiopian nurses, revealing key findings; The mean transcultural self-efficacy score was 2.89 ± 0.59 . This indicates a moderate level of transcultural self-efficacy perception among the nurses, in the study, resulting in a response rate of 96.7%, they were working in a diverse cultural context. Several factors were significantly associated with transcultural self-efficacy: Gender influenced self-efficacy perceptions, nurses with more experience tended to have higher self-efficacy, effective communication across cultures played a role and cultural Sensitivity: Being agreed to cultural shades impacted self-efficacy and Building relationships with patients mattered as well Motivation to understand and respect diverse cultures influenced self-efficacy. Therefore, while nurses in Ethiopia demonstrated moderate transcultural self-efficacy, targeted training and awareness can further enhance their ability to provide culturally sensitive care [7]. Because of this, the researcher anticipate that caring efficacy will have a correlation with all sex, work experience and can influence the quality of health care service and affect patient outcome of the health care.

2.2. Factors associated with caring Self –efficacy

2.2.1 Socio demographic factors

2.2.1.1. Age

Self-efficacy, a crucial concept in nursing, refers to an individual's belief in their ability to perform specific tasks effectively, influencing their approach to responsibilities, patient interactions, and managing complex situations [8]. Regarding Age and Self-Efficacy: research suggests that age can play a role in shaping nurses' self-efficacy perceptions. Older nurses often have more clinical experience, which can enhance their self-efficacy, Exposure to diverse patient cases contributes to confidence, over time, nurses develop mastery in specific skills, leading to increased self- efficacy, and experienced nurses serve as role models for younger colleagues, positively influencing their self-efficacy. On the other hand older nurses may experience burnout due to prolonged exposure to stressors. Burnout can erode self-efficacy, some older nurses may struggle with adapting to technological advancements or changing healthcare practices, affecting their self- efficacy and also Age-related health issues can impact physical stamina and emotional resilience, influencing self-efficacy. Then, recognizing the interplay between age and self-efficacy is crucial for promoting nurses' well-being and ensuring high-quality patient care [9, 10, 11].

2.2.1.2. Income

Evidence suggests that income status can play a role in shaping nurses' self-efficacy perceptions [12]. Nurses with higher income may experience greater financial security, which can positively impact their self-efficacy; adequate income allows nurses to access professional development opportunities, training, and resources, enhancing their confidence; financial stability can reduce stress, contributing to better self-efficacy [13]. In the contrary; Nurses with lower income may face additional stressors related to financial constraints, affecting their self- efficacy, Nurses in lower-income settings may experience heavier workloads, potentially impacting their confidence. Financial strain can contribute to burnout, which in turn affects self- efficacy [14].Finally, recognizing the interplay between income status and self-efficacy is crucial for promoting nurses' well-being and ensuring high-quality patient care.

2.2.1.3. Gender

When considering the impact of gender differences on the perception of self-efficacy, a fascinating realm where factors like societal norms, individual experiences and personal beliefs can shape how individuals view their capabilities in various domains. A study article in Educational Psychology, University of Reading, United Kingdom showed that gender is among the important moderator of self-efficacy [26]. Researchers have emphasized that the significance of self-efficacy in understanding differences in educational and career choices between men and women, clarifying that women are less likely to achieve performance goals or to be verbally persuaded about their accomplishments, which would trigger self-efficacy beliefs due to male-dominated work settings. Numerous nationwide researches demonstrate that women often have lower levels of self-efficacy than males [29]. However, there is no difference in the work outcome among women and men. For example, job satisfaction, work engagement, intent to quit, and indicators of psychological health like exhaustion and life satisfaction. Perhaps men worked significantly more hours than women [30]. Another evidence on an article published online by Cambridge University Press: showed that the mean self-efficacy of nurses was 32.50 ± 4.992 (81.25%), with male nurses having higher self-efficacy than females [31]. And also it is identified that the gender and occupation of an individual are two other important factors that impact interactions at work [32]. Gender stereotypes have been observed to affect women more in male-dominated fields like medicine, particularly if they lack confidence [33]. Additionally, it has been discovered that women are more likely to be more susceptible to stereotypes, especially if they have low self-confidence [34].

2.2.1.4. Educational Level

A study in Saudi Arabia found that a 12-hour structured education program significantly improved nurses' knowledge and attitudes towards pain management, regardless of their nursing education level, highlighting the importance of education in nursing self-efficacy [15]. A systematic review done in 2018 with the aim to determine how level of education affects professional nursing values of clinical practicing nurses, the review revealed that; Out of 1501 articles, seven were of good to high quality, with most indicating that registered nurses with a bachelor's degree or higher have a greater awareness and application of professional values, which are essential for quality nursing care practice [16]. In summary, The main point from the results is that structured education programs can improve nurses' knowledge and attitudes towards pain management, regardless of their nursing education level. Additionally, it highlights that registered nurses with a bachelor's degree or higher tend to have a greater awareness and application of professional values, which are crucial for quality nursing care practice.

2.2.2 The four domains in measuring the level of caring self- efficacy

2.2.2.1 Altruism

The term altruism was introduced as a term opposite to egoism by a French philosopher Auguste Comte as a guide to working in the interests of others [35]. The selfless care and concern that nurses' show for their patients—putting others' needs and well-being ahead of their own—is referred to as altruism in the nursing profession. It entails deeds of kindness, empathy, and compassion driven by a sincere desire to assist and uplift those in need.[36]. In the nursing profession, altruism is regarded as a fundamental virtue that is necessary for developing therapeutic alliances, fostering trust, and providing patient-centered care. Altruistic nurses frequently go above and beyond the call of duty to guarantee the greatest potential outcomes for their patients. [37]. In terms of how it affects patient care, altruism improves the standard of care by developing a rapport, feeling of security, and trust between nurses and patients. When they receive treatment from nurses who truly care about them, patients feel appreciated, respected, and supported [38]. A concept analysis done in Professional nursing values result showed that, Professional nursing values were defined as important professional nursing principles of human dignity, integrity, altruism, and justice that serve as a framework for standards, professional practice, and evaluation [39]. Researches in a cohort study of nurses undertaken in Kenya, South Africa and Thailand; report that, altruism is the most commonly reported motivation by people that have chosen nursing as their profession. It is often proposed that nursing has an altruistic nature, and people interested in helping patients are attracted to this profession [40]. In conclusion, altruism is a foundational principle in nursing that shapes the compassionate and patient- centered care provided by nurses. By embodying altruistic behaviors, nurses have a profound impact on the well-being and outcomes of their patients, creating a positive and healing environment within healthcare settings.

2.2.2.2. Proficiency

Proficiency among nurses encompasses a range of competencies, including clinical skills, critical thinking, communication, and empathy. The ability of nurses to effectively assess, plan, and provide care that fulfills the holistic requirements of their patients is reflected in their caring self-efficacy. [41]. Concerning Confidence and beliefs in nursing proficiency is closely linked to nurses' confidence and beliefs in their capabilities to handle diverse patient situations. Nurses with high levels of caring self-efficacy believe in their capacity to provide compassionate, high-quality care that promotes positive patient outcomes [42].

Regarding the impact on Patient Care : It is showed that Proficiency in caring self-efficacy directly Influences the quality of patient care. Skilled in caring self-efficacy, nurses are more likely to build

therapeutic alliances, attend to patients' needs in a complete manner, and competently and confidently adjust to changing clinical circumstances.

[43]. In addition to this Nurses' proficiency in caring self-efficacy is foundational to their professional growth and development. Continuous learning, skills enhancement, and reflective practice contribute to the ongoing improvement of nurses' competencies and confidence in providing optimal care [44]. Therefore, by emphasizing proficiency among nurses regarding caring self-efficacy, healthcare institutions can promote a culture of excellence, compassion, and patient-centered care. Building nurses' competencies and confidence in providing holistic and empathetic care contributes to improved patient outcomes and a positive healthcare experience.

2.2.2.3. Communication ability

The importance of communication ability in caring self-efficacy among nurses and in explore how effective communication skills can enhance nurses' confidence, patient interactions, and overall quality of care delivery. It is the Foundation of Patient-Centered Care, effective communication is the cornerstone of patient-centered care [45]. Nurses that possess strong communication abilities can build rapport, establish trust, and engage with patients in a compassionate and empathetic manner, which are essential elements of caring self-efficacy. Confidence in Interpersonal Interactions: Nurses' communication skills impact their confidence in interacting with patients, families, and healthcare-team members. Clear, empathetic communication fosters a supportive environment, allowing nurses to express care, understanding, and professionalism in their interactions.

Research findings showed that nursing professional self-efficacy is among the main influences on explanation and cumulative effect on attitude to families' importance in nursing care and nurse-parent partnership [46]. Evidence of the concept of pediatric nurses' care self-efficacy is remarkably associated with improved Communication between nurses and hospitalized children and their families [48]; based on study findings, the nursing professional self-efficacy in Nurses in pediatric units affected nurses' attitudes toward nurse-parent partnership. On top of that, professional Communication is considered one of the crucial attributes of the self-efficacy of pediatric nurses [49]. Parents have a high demand for detailed explanations of everything related to their child's care [50]. Therefore, the quality of inpatient childcare can be improved by enhancing the nursing professional self-efficacy of pediatric nurses.

Family engagement and complete patient care have become more important as pediatric nursing has evolved from a technical specialty. The principles require Nurses in pediatric units to be clinically adept and aware of their emotional, social, and developmental needs. Say these traits are essential to family nurturing [48].

2.2.2.4. Management of care process

Organizational Support in relation to caring self -efficacy in healthcare organizations that prioritize nurses' well-being, professional development, and recognition can positively impact nurses' caring self-efficacy. Resources, training programs, and organizational structures that support holistic care can enhance nurses' confidence and sense of competence (51).The other point regarding to management of care process in caring self -efficacy is Empowerment and Autonomy ,Empowering nurses to make decisions, exercise autonomy in patient care, and contribute to care processes can boost their caring self-efficacy. When nurses feel valued, respected, and empowered in their roles, they are more likely to demonstrate confidence and effectiveness in providing compassionate care [54]. In addition, Collaboration within interdisciplinary healthcare teams can impact nurses' caring self- efficacy. Effective communication, teamwork, and mutual support among healthcare professionals create a conducive environment for nurses to excel in their caring roles and feel empowered in their practice [55].

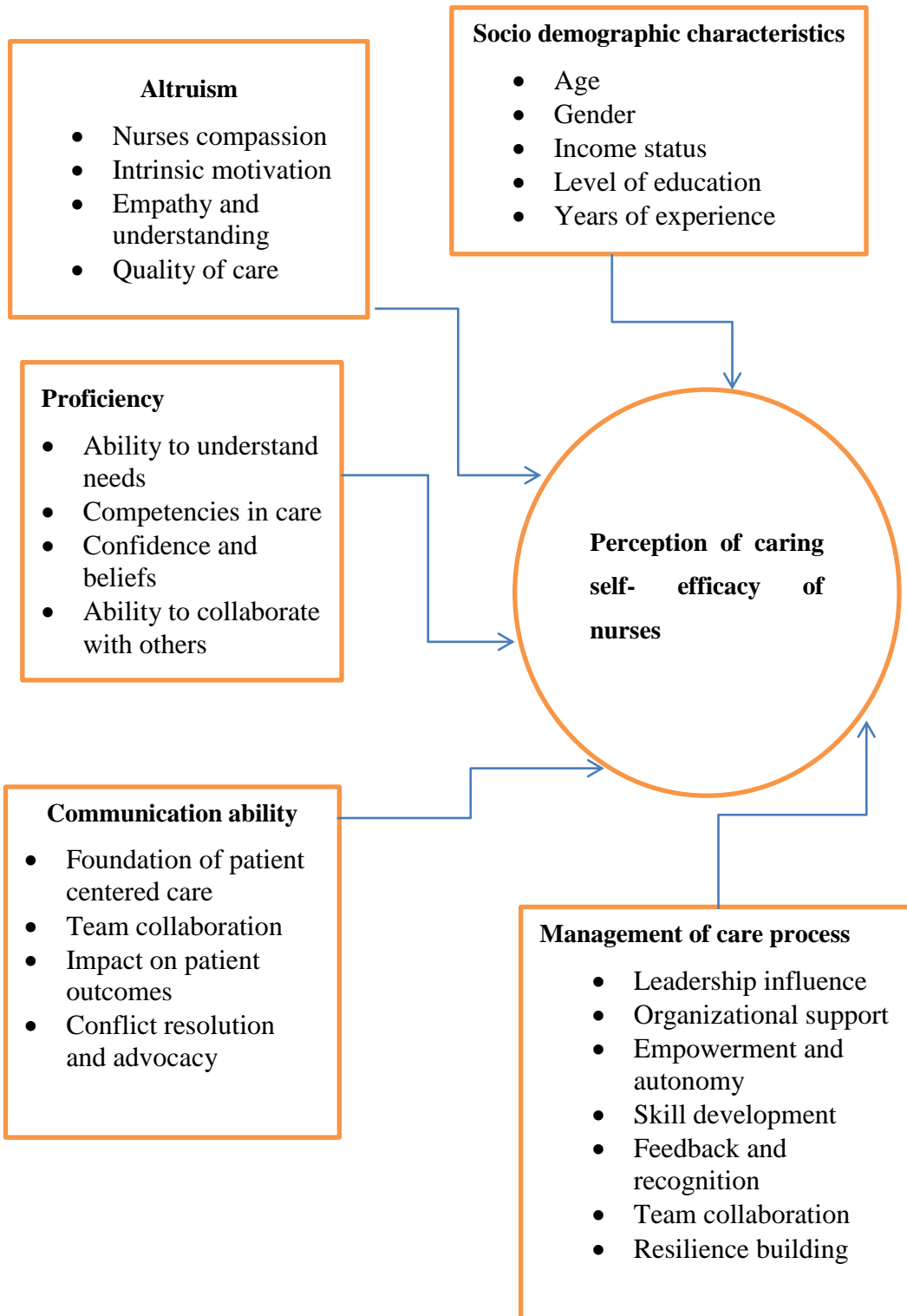
2.3 Impact of Self-Efficacy on Pediatric Patient Outcomes

Nurses in pediatric units who believe in themselves and their abilities satisfy patients. This large association could quickly boost nurse health, burnout, and job satisfaction [56]. Nurse self-efficacy is associated with job performance, patient care quality, and pediatric patient health outcomes. Recent literature has vital information, but more is needed, Studying pediatric nurses' self-efficacy requires qualitative and quantitative methodologies [57]. Found that company culture and support systems may affect nurses' self-efficacy. Recent research demonstrates that numerous essential variables affect pediatric nurses' competence Confidence [58]. And also it stressed pediatric nurse training. Licensed and postgraduate Nurses in pediatric units can confidently handle tough patients [59]. Demonstration is mentoring and ongoing nursing education boost pediatric nurses' self-esteem, highlighting the ~~sub~~ dynamic skill progression. Few demographic and self-efficacy studies on Nurses in pediatric units exist.

2.4. Conceptual framework

In this study the researcher aims to investigate how various factors influences the perception of self- efficacy among nurses The conceptual framework for the study is grounded in Banduras social cognitive theory, which posts that an individual’s perception of their own efficacy plays a central role in determining their behavioral pattern and performance .Within the framework the perception of caring self- efficacy among nurses is the dependent variable ,while Altruism, Proficiency, Communication ability , management of care process are the measuring scales and demographic characteristics serve as the associated factors [17]. The conceptual framework is adopted and modified from related article; Pediatric Ward Nurses ‘Caring Self-Efficacy Scale: Development and Validation (60).

Figure 1:-Schematic representation of Conceptual framework on assessment of caring Self- efficacy and associated factors among nurses working in pediatrics unit, Addis Ababa Ethiopia, 2024



3. OBJECTIVE OF THE STUDY

3.1. General Objective

- To assess perception of caring Self–efficacy and associated factors among nurses in pediatric units in selected governmental hospitals, Addis Ababa Ethiopia , 2024.

3.2. Specific objective

- To determine perception of caring Self -efficacy among nurses in Pediatric units in selected governmental hospitals, Addis Ababa Ethiopia, 2024.
- To identify factors associated in perception of caring Self-efficacy among nurses in pediatric units in selected governmental hospitals, Addis Ababa, Ethiopia, 2024.

4. MATERIALS AND METHODS

4.1. Study Area and Period

Addis Ababa, the vibrant and cosmopolitan capital of Ethiopia, is separated into 11 sub-cities situated in the heart of the East African region, which offers a dynamic and culturally diverse environment that provides an ideal setting for studying pediatric nurses' perception of carrying Self-efficacy. The Addis Ababa Health Bureau runs five hospitals; the Federal Ministry of Health runs four; the Ministry of Education runs one; and the Addis Ababa City Health Bureau's defense force runs two. The study was take place at the Tikur Anbessa Specialized Hospital, ALERT Hospital, Tirunesh Beijing Hospital, Yekatit 12 Hospital and Zewditu Memorial Hospital, which were selected by lottery method among the 12 government Hospitals and the data collection span was April 1 – April 30 /2024.

Tikur Anbessa Specialized Hospital (TASH) is the largest tertiary referral hospital in the country. There are a total of 800 beds in the Hospital overall. Additionally, The Pediatric Department of Tikur Anbessa Hospital (TAH) has ten specialty clinics and an outpatient department (OPD). Pediatrics emergency, Pediatrics Ward and Pediatric ICU, There are a total of 700 nurses in the hospital from which 116 of them are working in pediatrics units.

ALERT (All Africa Leprosy, Tuberculosis, and Rehabilitation Training Centre.) Hospital is a medical facility found in Addis Ababa. There are currently total of 600 beds, from which there are Pediatrics Ward Pediatrics emergency and OPD. With 712 total number of nurses in the hospital from which 31 of them are working in pediatric units. .

Tirunesh Beijing Hospital is a public healthcare organization located in Akaki kality sub-city, Addis Ababa. The Hospital is situated on the Addis -Adama Expressway. The Hospital is run by a Chinese medical team and Ethiopian a total of 107 doctors and 216 nurses who work together to provide quality health services to patients,48 of the nurses are working in pediatric units (Pediatrics OPD, Pediatrics emergency, pediatrics' ward and ICU .

Zewditu Memorial Hospital :is one of the oldest hospitals in Ethiopia .There are a total of 404 nurses working the hospital from which 46 of them are working in pediatric units (Pediatrics Emergency, Pediatrics OPD, Pediatrics Ward and Pediatrics ART .

Yekatit 12 Hospital is also among the oldest government hospitals having a total of 540 nurses fromwhich 56 of them are working in different pediatrics care units, Pediatrics OPD, Pediatrics Ward, Pediatrics Emergency, Burn center and Pediatrics ICU.

4.2. Study design

Institutional based cross sectional study design was employed in randomly selected governmental hospital in Addis Ababa, Ethiopia.

4.3. Population

4.3.1 Source Population

All Nurses working in the five selected government Hospitals in Addis Ababa, Ethiopia.

4.3.2. Study Population

All Nurses working in pediatric units of the randomly selected government hospitals and meets the inclusion criteria.

4.4 Inclusion and exclusion criteria

4.4.1 Inclusion criteria

- Nurses who are working in the pediatric units and willing to participate in the study.

4.4.2. Exclusion criteria

- Nurses who are working in pediatrics OPD and do not have the exposure to Pediatric ward.

4.5. Sample size determination and procedure

4.5.1. Sample size determination

Sample size was determined using a formula for a single population proportion. The researcher uses a confidence interval of 95%, a margin of error ($d = 0.05$), and a population proportion of 50% ($p = 0.5$) since there is no study on pediatric nurses' perception of caring self-efficacy in Ethiopia.

Since the number of targeted population is known the following formula is used to determine the sample size:

$$\text{Sample size (n0)} = \frac{\frac{Z^2 \times p(1-p)}{e^2}}{1 + \frac{Z^2 \times p(1-p)}{e^2 N}}$$

Where: Z = 1.96; N =2572; P=0.5; q=0.5; and e=0.05. Therefore,

$$n = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} \div \left(1 + \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2 \times 2572} \right)$$

$$n = \frac{384.16}{1 + \frac{0.9604}{0.0025 \times 2572}}$$

The Initial Calculated sample size n=**334**

$$\text{Final population correction to sample size } n_c = \frac{Nn}{(N + n-1)}$$

Where N is population size, and n is the sample size

$$n_c = \frac{2572 \times 334}{2572 + (334 - 1)} = \underline{\underline{295}}$$

In the study area, the available total number of Nurses was 2572 among which only 297 of them working in pediatrics units. Thus, since the corrected sample size is nearly equal to the number of nurses working in pediatric wards of the selected hospitals, the researcher decides to use census for data collection.

4.5.2. Sampling technique and procedure

The study was implemented in five selected government hospitals in Addis Ababa, which are selected by lottery method. From each of the five selected Hospitals, every nurse who currently working in the pediatrics unit that met the requirements for inclusion criteria was included in the study.

Data collection instrument

A Standardized and validated self-administered tool developed for the assessment of pediatric ward nurses perception (PWNCSE) Was used to collect data for the study (60).The questionnaire has two main parts: (1) Socio-demographic questionnaire, (2) Pediatric ward nurses caring Self-efficacy scale (2.1)Altruism,(2.2)Proficiency (2.3)Communication ability (2.4) Management of care process; The questionnaire does have a total of 58 questions from which the first seven questions (7) assess the socio demographic information and the rest 51 statements to be answered through a Likert scale having five options which are used to assess the pediatric ward nurses' self-efficacy (PWNSEC is adopted from related studies) and the questionnaire was administered in English (61).

Part One : Socio-demographic characteristics - These consist of the pediatric nurses' Age, Gender, Religion, Marital status, Level of Education, Income status, Clinical area of practice, Total Years of experience, years of experience in the pediatrics department, and they are adapted and modified by the researcher after different literatures have been reviewed to collect the necessary data which contain **nine** questions.

Part Two: Altruism - which assess the pediatric nurses 'supporting patients and nurses' concerns about the wellbeing of patients in their professional performance, giving the health care service with love and compassion, and the involvement of nurses in caring for others without any expectations. Questions are adapted and modified by the researcher after different kinds of literature have been reviewed to collect the necessary data, which contains **thirteen** questions.

Part Three: A scale with **twelve** statements measuring proficiency among nurses regarding caring self-efficacy, healthcare institutions can promote a culture of excellence, compassion, and patient-centered care. Building nurses' competencies and confidence in providing holistic and empathetic care contributes to improved patient outcomes and a positive healthcare experience.

Part Four: A scale that measures how confident pediatric nurses' are in establishing effective Communication and the establishment of an effective relationship with interdisciplinary team members, patients, and their family members. These assessing questions are also adapted from related research, and a scale developed to assess pediatric ward nurses' perception of caring Self-efficacy contains **twelve** factors.

Part Five: Management of care Process -another scale is used to measure whether pediatric ward nurses are able to manage and organize care through the nursing diagnosis and nursing process to

achieve successful outcomes. These are also **twelve** questions Adapted from the scale developed to assess pediatric ward nurses' perception of caring Self–efficacy.

4.5.3 Scoring system

All Nurses in working in the pediatric Units (pediatrics ward, Pediatric OPD, and Pediatric Emergency, Pediatric ICU) of the five selected government Hospitals in Addis Ababa, Ethiopia.

Item scaling: 5-point Likert scale from 1 (never) to 5 (almost always). Scores values are: never= 1 point, rarely = 2 points, Sometimes = 3 points, Very often= 4 points , and Always=5 points. PWNCES is divided into 51 items, which are divided into four dimensions, including Altruism with 13 items, Proficiency with 12 items, Communication with 13 items, and management of care process with 13 items. On a five-point scale. The total score was from 51 to 255.

4.6. Data Analysis

The data was cleaned, coded, and entered into an Epi -info, then exported to SPSS for Windows version 26 for analysis. Frequencies, percentages, mean, and standard deviation was used for descriptive statistics. Statistical analysis, such as binary logistic regression and bivariate analysis, is computed in order to identify the factors associated with and control confounding variables. The odd ratio was used to determine the degree of correlation between the components and summary scores. Variables with p values of < 0.05 was considered significantly associated with nurses' perception of caring Self-efficacy. Nurses perception towards caring self -efficacy which is measured by a value of 51 questions with four domains having 1 to 5 point Likert scale which scored on 51 – 255, the analysis tools used are mean, median, and mode. These help better understand the information collected. The mean (or average) is the average value of data, calculated by adding all the numbers and dividing this sum by the total number of values offered to respondents. The median is the middle value of a data set, while the mode is the number that occurs most often. ($<$ mean value) is regarded as a poor perception while a score (\geq mean value) is regarded as good perception of caring self –efficacy. Finally, the results were presented in tables, graphs, and diagrams.

4.7. Data Quality Control

The quality of data was maintained through one day training of data collectors, and continuous monitoring and supervision was made by the principal investigator. In addition, for data collection, the data collection tools was pretested on 5% of healthcare professionals in healthcare facilities other than the selected five hospitals before the main study, and appropriate modifications was made based on the pretest as needed.

4.8 Study variables

4.8. 1 Dependent variable

Perception of caring self-efficacy of nurses in pediatric units.

4.8.2. Independent variables

Socio-demographic characteristics

- Age
- Gender
- Marital status
- Income status
- Level of Education
- Total Years of experience

Altruism

- Nurses' compassion
- Intrinsic Motivation
- Empathy and Understanding
- Quality of care

Proficiency

- Ability to understand needs
- Competencies in Care
- Confidence and Beliefs
- Ability to collaborate with other professionals
- Critical thinking skills

Communication ability

- Foundation of Patient-Centered Care
- Team Collaboration:
- Impact on Patient Outcomes
- Conflict Resolution and Advocacy

Management of care process

- Leadership influence
- Organizational Support
- Empowerment and Autonomy
- Skill Development
- Feedback and Recognition
- Team Collaboration
- Resilience Building

4.9 Operational Definition

Nurses in pediatric units –All nurses working in the pediatric ward, pediatrics OPD, and pediatrics emergency.

Pediatric Nurses' Perception: subjective beliefs and self-assessments held by pediatric nurse professionals regarding their confidence, competence, and effectiveness in providing care to pediatric patients. This encompasses their self-efficacy beliefs related to emotional support, clinical procedures, family interactions, and holistic pediatric care

Caring Self-Efficacy: nurses' perceived capability to address the multifaceted needs of pediatric patients, including their confidence in managing emotional and psychological aspects of care, Communication with young patients and their families, and clinical proficiency in pediatric-specific procedures.

Good perception of caring self- efficacy: The total score was from 51 to 255.

A higher score (\geq mean value) implies high self-efficacy.

Poor perception of caring self – efficacy: if the score is less the mean value

($<$ mean value) calculated from the total score 51 to 255

4.10 Ethical consideration

Ethical clearance was obtained from the ethical review board of the Department of Nursing, the School of Nursing, and Midwifery. An official letter was offered from the Department of Nursing to selected hospitals to get permission to conduct the study, and study participants was informed about the objective and purpose of the investigation. Approval from the IRB of Pediatrics wards 'Tikur Anbesa' Hospital as well Addis Ababa Health Bureau was obtained.

Informed consent was obtained from the study participants. All participants Was informed that they have the right not to participate in the study and that they can drop out of the study any time they want to. They will also be assured that all data was used for research purposes only and will only be analyzed as aggregate software, and the confidentiality of data was maintained by password.

4.11 Plan for Result Dissemination

The findings of the study was submitted to the School of Nursing and Midwifery, department of child health nursing, To Addis Ababa Health Bureau and Recommendations was forwarded to hospitals and other stakeholders based on the findings of the study. Finally, the manuscript was submitted to scientific journals for possible publication.

5. RESULT

5.1. Socio-demographic Characteristics of study participants

The study, which drew upon the insights of a substantial and diverse sample of two hundred seventy-four pediatric nurses, was conducted across five randomly selected government hospitals in Addis Ababa. As detailed in Table 1, the majority 123(44.9%) of the study participants were young, aged between 30-39. The average years of experience was three years. The participants included 172(62.8%) with more than three years of work experience, and 232(84.7%) with a bachelor degree. Most participants were female, with 204 (74%) being women, reflecting a male-to-female ratio 1:3.

Table 1: Socio demographic characteristics of nurses in pediatrics unit in selected government Hospitals in Addis Ababa Ethiopia

, 2024. (N=274),

Variable	Category	Frequency	Percentage
Age	20-29	91	33.2
	30-39	123	44.9
	40-49	45	16.4
	>/=50	15	5.5
Gender	Male	70	25.5
	Female	204	74.5
Marital Status	Married	138	50.4
	Unmarried	117	42.7
	Divorced	19	6.9
Educational Level	BSc	232	84.7
	MCs	42	15.3
Work experience	6 m0-1yr	23	8.4
	1-2 yrs	38	13.9
	0-6 month	30	10.9
	2-3 yrs	11	4.0
Income level	>=3 yrs	172	62.8
	<3934	12	4.1
	3935–6193	91	33.2
	>6194	171	62.4

5.2 Pediatric Nurses Caring Self Efficacy Scale

5.2.1 Altruism

The findings, as presented in Table 2, The researcher has been used thirteen questions to assess perception towards caring self-efficacy in the case of Altruism. The result revealed that positive attitudes of the majority of nurses towards caring self-efficacy, particularly in the aspect of Altruism, with 160(58.4%) scoring well. Furthermore, a significant number of participants, 209(76.3%), consistently reported that they always respect the privacy of the child, a reassuring testament to their ethical standards.

Table 2: Level of Altruism of nurses in pediatric unit in selected governmental hospital in Addis Ababa, Ethiopia .2024 (n=274)

S.no	Statement	Never	Rarely	Some times	Very Often	Always
1	State my affection and interest for hospitalized children	12	16	59	51	136
2	Identify the emotional-psychological responses of the hospitalized child to age, anxiety and anger	12	22	85	58	97
3	Respect the child's privacy	3	2	18	42	209
4	Help the child express his/her feelings (anger, fear, etc.)	16	15	23	65	155
5	Relax the child when I am taking care of him/her	6	3	23	74	168
6	Provide nursing care for all children of all ages, races, and religions without being racist	11	26	22	40	175
7	Listen to the problems, fears, and wishes of the hospitalized child's parents	13	7	41	54	159
8	Involve the child's family in decisions regarding the care and treatment of the child	3	26	32	44	169

9	Help the child's parents to adapt to their child's hospitalization	7	24	53	66	124
10	Respect the values, beliefs, and preferences of the child's family	-	7	23	59	185
11	Use pharmaceutical and non-pharmaceutical methods (distraction and etc.) to manage and control the child's pain	15	10	21	66	162
12	Provide emotional-psychological care for the child's family at the end of the Child's life	4	9	47	109	105
13	Find the best method for communicating with the child	4	6	18	65	181
Overall			Good	160	58.4%	
			Poor	114	41.6%	

5.2.2 Proficiency

The researcher has been used twelve questionnaires to assess perceptions of caring self-efficacy regarding proficiency. As detailed in Table 3, the findings reveal a significant trend: most 168 (61.3%) study participants expressed positive perceptions of caring self-efficacy regarding proficiency. This positive outlook was further reinforced by the fact that most participants reported performing nursing care accurately and quickly, as always 197(71.9%).

Table 3: Level of proficiency of nurses in pediatrics unit in selected government Hospitals, Addis Ababa, Ethiopia, 2024

S.No	Statement	Never 1	Rarely 2	Some times	Very Often 4	Always 5
1	Apply my knowledge when taking care of the child	2	11	24	59	178
2	Increase my care knowledge in order to be professional	6	6	19	47	196
3	Perform the care procedures proficiently according to nursing standards	9	17	21	62	165
4	Perform nursing care accurately and quickly	3	7	6	61	197
5	The time of providing a child with nursing care depends on me	32	15	84	66	77
6	Use creative ways according to the ward features when providing child care	5	19	64	82	104

7	Work correctly with different equipment and devices when providing child care	6	6	36	89	137
8	Perform resuscitation for children with confidence and calmness	6	13	20	70	165
9	Keep my focus when the child cries and become restless	11	3	51	52	157
10	Prevent nursing errors by predicting risk factors	11	8	22	49	184
11	Register and report any care errors honestly	11	21	40	54	148
12	Register the care procedures performed in accordance with the regulations of the Hospital	3	14	23	81	153
Overall			Good	168	61.3%	
			Poor	106	38.7%	

5.2.3 Communication ability

Eleven questionnaires were utilized to assess perceptions of caring self-efficacy in relation to communication ability. As detailed in Table 4, a significant 153 (55.8%) study participants have reported good perceptions of caring self-efficacy in relation to communication ability.

Table 4: Level of communication ability of nurses in pediatrics unit, Addis Ababa Ethiopia, 2024. (N=274)

S. No	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
I am confident while taking care of a child. I can:						
1	Obtain the child's cooperation during the care procedures	4	22	41	72	135
2	Reassure the parents of hospitalized children	11	10	35	100	118
3	Establish a suitable therapeutic relationship with the child's parents	7	6	36	88	137
4	Cooperate with other colleagues in providing child care	5	10	34	90	135
5	Interact with other nurses (health care staff)	3	3	29	68	171
6	Ask for help from competent nurses when I have doubt about any care procedures	7	6	20	61	180
7	Consult the doctor easily (patient condition)	12	4	25	50	183

8	Explain care and diagnostic procedures according to the age of the child	5	10	60	62	137
9	Explain the cause and process of care to the child's parents	3	7	56	76	132
10	Training the child's parents (at the time of admission, during hospitalization, and discharge) in accordance with their culture, age, literacy, and dialect	4	35	73	82	80
	Obtain the trust of the treatment team (doctor, head nurse.) in my ability to provide nursing care for the child	3	9	11	90	161
Overall			Good	153	55.8%	
			Poor	121	44.2%	

5.2.4 Management of care process

In this study, fifteen questions were used to assess participants' perceptions of caring self-efficacy regarding the management of the care process. As detailed in Table 5, most study participants, 157(57.3%), scored positive perceptions of caring self-efficacy regarding the management of the care process.

Table 5: Level of management of care process of nurses in pediatric units , Addis Ababa Ethiopia, 2024. (N=274)

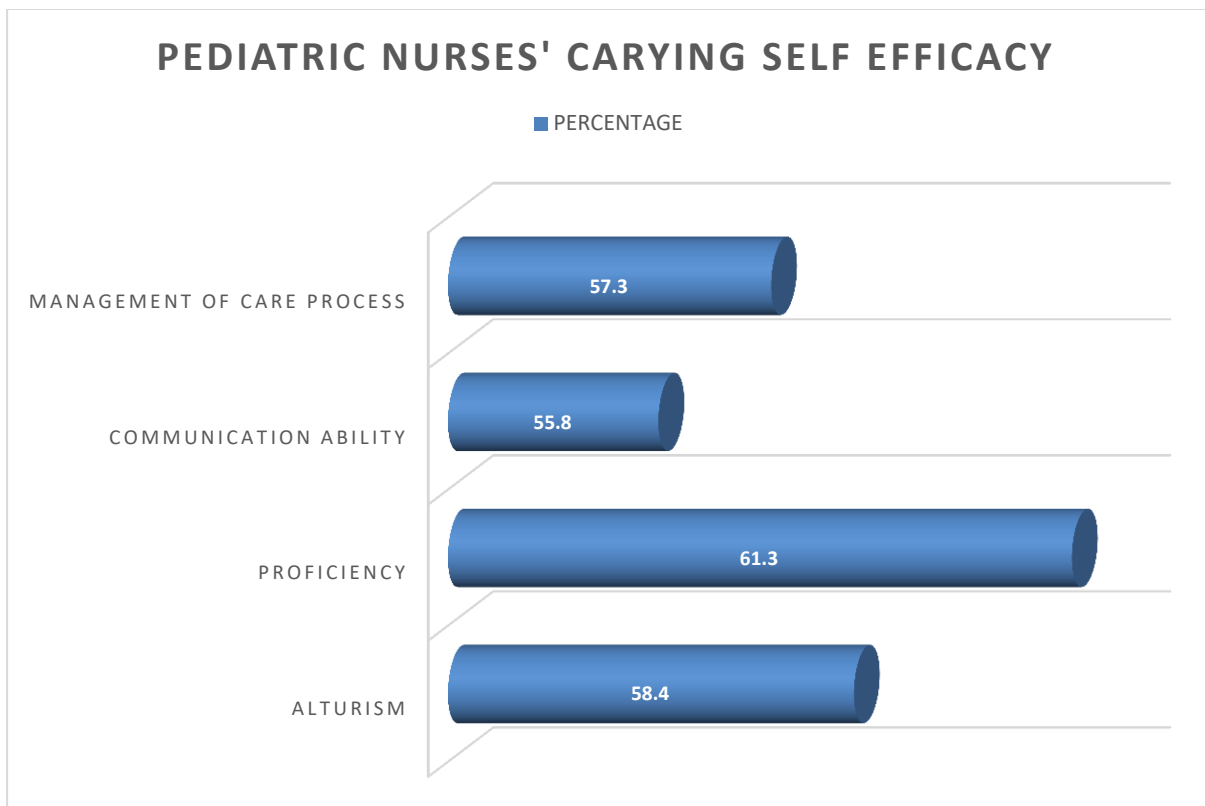
S. No	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
I am confident while taking care of a child. I can:						
1	Identify the child's care needs based on his/her growth and development level through medical history and physical examination	12	10	23	93	136
2	Determine nursing diagnosis by analyzing the collected data	3	11	48	50	162
3	Arrange nursing diagnosis based on its importance	7	16	23	62	166
4	Determine the achievable goals of the care plan	6	7	37	66	158
5	Design care plan based on the child care needs	16	11	24	70	153

6	Make decisions about care based on the child's caring needs	3	14	31	103	123
7	Evaluate the clinical condition and the care program effects continually	1	11	40	125	97
8	Identify the child's emergency care needs	7	13	11	47	196
9	Take the needed time to provide nursing care	3	8	20	59	184
10	Coordinate between the caring team members to provide appropriate care	4	8	54	72	136
11	Manage all available facilities in the ward	17	20	49	79	109
12	Carry out regular and accurate nursing care procedures for the child	1	16	18	68	171
13	Identify the dangers in the child's environment based on the child's developmental and consciousness level	5	4	26	105	134
14	Accept responsibility for care-related decisions	8	13	25	50	178
15	Defend my clinical decisions	11	19	50	76	118
Over all		Good		157	57.3%	
		Poor		117	42.7%	

5.3 Perception of Caring Self-Efficacy

Figure 3 illustrates the results of the study, which assessed nurses' perception of caring self-efficacy across four domains: altruism, proficiency, communication ability, and management of the care process. Using a 1 to 5-point Likert scale, and scored a range of 51 to 255. The survey revealed a trend, with 174 (63.5%, CI (58, 69) respondents demonstrating a good perception of caring self-efficacy.

Figure 2:-Perception of caring self-efficacy of nurses in pediatrics unit across the four domains in five randomly selected Hospitals, Addis Ababa Ethiopia, 2024. (N=274)



5.4 Factors associated with pediatric nurses caring self- efficacy.

In this study, rigorous bi-variate logistic regression analysis revealed significant associations between perception towards caring self-efficacy and factors such as age, gender, educational level, marital status, work experience, and monthly income at P-Value <0.2. A comprehensive multivariate logistic regression analysis conducted to control confounding. Even with the confounding factors controlled, educational level (AOR,2.57, 95 CI (1.96, 6.84)), work experience (3.380(1.22, 9.32)) and age (AOR, 5.64, 95%CI (1.63, 19.47)), have showed statistically significant association with perception towards caring self-efficacy at P-Value < 0.05 as detailed in Table- 6 below.

Table 6: Factors associated with pediatric nurses caring self-efficacy in five randomly selected Hospitals, Addis Ababa, Ethiopia, 2024. (N=274),

Variable	Perceived self-efficacy		COR 95 % CI	AOR 95CI	P-Value
	Good	Poor			
Age					
20-29	55(60.4)	36(39.6)	1	1	
30-39	71(57.7)	52(42.3)	0.89(0.51, 1.55)	1.16(0.31, 4.26)	0.404
40-49	39(86.7)	6(13.3)	4.25(1.63, 11.07)	5.64(1.63, 19.47)	0.006
>/=50	9(60)	6(40)	0.98(0.32, 2.99)	0.86(0.23, 3.15)	0.822
Sex					
Female	138	66	1.97(1.13, 3.43)	0.75(0.37, 1.52)	0.434
Male	36	34	1	1	
Marital Status					
Single	82	56	1	1	
Married	80	37	1.47(0.88, 2.47)	2.80(0.704, 11.21)	0.087
Divorced	12	7	1.17(0.43, 3.15)	5.45(1.32, 22.43)	0.144
Educational Level					
BSc	140	92	1	1	
MSc	34	8	2.79(1.23, 6.30)	2.57(1.96, 6.84)	0.048
Work experience					
0-6 Month	11	19	1	1	
6-1year Month	11	12	1.58 (0.524, 4.780)	1.30(0.40, 4.25)	0.660
1-2 Years	34	4	1.76 (1.10, 5.52)	1.33(0.29, 5.4)	0.123
2-3 Years	5	6	1.43 (0.35, 5.83)	1.27(0.28, 5.66)	0.751
>/= 4 Years	113	59	3.3 (1.47,7.41)	3.380(1.22, 9.32)	0.019
INCOME					
<3934	7	5	1	1	
3935–6193	63	28	0.90(0.27, 2.95)	1.37(0.30, 6.20)	0.677
>6194	104	67	1.45(0.84, 2.44)	1.25(0.27, 5.72)	0.768

6. DISCUSSION

The study, a significant endeavor, aimed to assess the perception of pediatric nurses' caring self-efficacy and identify the associated factors. This study's key findings are as follows: The overall perception of caring self-efficacy among nurses in pediatric units was 63.5%, with factors such as age, educational status, and work experience showing significant associations. These results underscore the importance of these variables in nursing care.

Finding from this study revealed that around 63.5% of nurses working in pediatric unit have good perceived caring self-efficacy. This indicates that most; two thirds of nurses working in pediatric unit of government hospitals in Addis Ababa have good perceived caring self-efficacy.

The study's findings, which unveiled significant associations between perception towards caring self-efficacy and factors such as age, gender, educational level, marital status, work experience, and monthly income at P-Value <0.2 , are of paramount relevance. Specifically, academic level (AOR, 2.57, 95 CI (1.96, 6.84)), work experience (3.380 (1.22, 9.32)) and age (AOR, 5.64, 95%CI (1.63, 19.47)), have shown statistically significant association with perception towards caring self-efficacy at P-Value < 0.05 . These findings are consistent with cross-sectional studies conducted in Jimma Medical Center, Saudi Arabia, United Kingdom, and a systematic review conducted in 2018, (7,16,26), which highlight their relevance to nurses' professional performance and the quality of care provided to pediatric patients.

The implications of this study's findings are not just significant, they are promising. The odds of having good perceived caring self-efficacy are 2.57 more likely among nurses with advanced education, indicating that educational intervention can be a powerful tool in boosting caring self-efficacy. This aligns with Bandura's theory, which suggests that self-efficacy beliefs are developed through mastery experiences. Therefore, nurses with an MSc have a real opportunity to master specific care in pediatric units, thereby enhancing their self-efficacy.

On the other hand, the odds of having good perceived caring self-efficacy are 3.38 more likely among those nurses who worked more than four years in the pediatric unit compared to those nurses who worked less than six months. This finding is not just in line with the study conducted in Australia, it's a testament to the value of experience in nursing. Experienced nurses have the ability to see challenging tasks as opportunities to enhance their skills; they can create engaging and thought-provoking goals and make a commitment to achieve them. This is a clear demonstration of their self-efficacy in providing patient care (72, 74).

Moreover, the report from this study showed that the odds of having good perceived caring self-efficacy are 5.64 more likely among nurses 40-49 years old compared to those between 20-29 age groups. This is probably because the longer they stay working as pediatric nurses, the more they will acquire the confidence and skills to provide care with high self-efficacy. However, the Iran study showed no statistical significance between age and caring self-efficacy among nurses (75).

This study found that socio-demographic characteristics such as gender and income didn't show a statistically significant association with caring self-efficacy. This finding diverges from studies conducted in Iran and the United Kingdom that reported male gender showed an increased caring self-efficacy. This discrepancy may be due to the similarity in income among male and female nurses, and most participants in this study were female, with 204 (74%) being women, reflecting a male-to-female ratio 1:3. which challenges existing assumptions and calls for a deeper understanding.

This study underscores the profound importance of altruism as a fundamental factor influencing caring self-efficacy. A significant number of participants, 209(76.3%), consistently reported that they always respect the privacy of the child. This finding aligns with various studies that have also identified altruism as a significant factor in shaping the nurse's perception of caring self-efficacy. A cohort study of nurses conducted in China a, Iran, and Thailand further supports this, highlighting altruism as one of the primary influencing factors for nurses caring self-efficacy[69, 70,]

The findings of this study showed 153 (55.8%) study participants have reported good perceptions of caring self-efficacy in relation to communication ability. This finding not only align with other evidence but also have practical implications. The concept of pediatric nurses' care self-efficacy is remarkably associated with improved communication between nurses and hospitalized children and their families [48]. Our study also found that the nursing professional self-efficacy in Nurses in pediatric units affected nurses' attitudes toward nurse–parent partnership. Furthermore, professional communication is considered one of the crucial attributes of the self-efficacy of pediatric nurses [49]. These findings remarked the importance of effective communication in enhancing the self-efficacy of pediatric nurses, a practical insight for healthcare policymakers and nursing professionals.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength of the study

The study findings unveiled robust information that signals researchers, hospital managers, educators, and policy makers can consider while designing further studies, or planning quality improvement intervention in the case of pediatric nurses and pediatric patients' health outcomes. These findings not only contribute to the existing body of knowledge but also provide a roadmap for future research and quality improvement interventions, thereby potentially improving the quality of care for pediatric patients.

7.2 Limitation of the study

The study, while comprehensive, has a limitation in that it was unable to directly correlate the nurses' self-efficacy with their actual clinical practice. Consequently, it was unable to identify the actual clinical abilities of nurses in specific pediatric nursing skills competencies and determine the cause-and-effect relationship of determinant factors with patient outcomes. This limitation, openly acknowledged, should be considered when interpreting the findings, as it may affect the generalizability and applicability of the results to specific skill competencies.

Due to a lack of time and resources, we have a non-response rate of 7%. While this may introduce some potential bias, It is believe that the participants who declined to participate in the study may provide relevant information that could strengthen our study findings. Therefore, we encourage future studies to address this limitation and strive for a higher response rate to ensure the robustness of the data.

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

This study evidenced that two-thirds of nurses working in the pediatric unit of government hospitals in Addis Ababa have good perceived caring self-efficacy. The perception of caring self-efficacy of pediatric ward nurses is associated with their years of experience, age 40 and above, and advanced educational level.

Building nurses' competencies and confidence in providing holistic and empathetic care contributes to improved patient outcomes and a positive healthcare experience.

The findings strongly indicate that nurses' self-efficacy in caring for pediatric patients in healthcare facilities can be significantly improved through further training and education. This improvement in self-efficacy, in turn, leads to a higher quality of patient care. Therefore, it is imperative to educate nurses to master their specialty area, as this is a key factor in providing quality care.

8. 2. Recommendation

It is shown that proficiency in caring self-efficacy directly influences the quality of patient care. Nurses who are proficient in caring self-efficacy are more likely to establish therapeutic relationships, address patient needs comprehensively, and adapt to evolving clinical scenarios with confidence and competence [43].

- To develop this proficiency, nurses can engage in continuous learning through attending conferences and workshops, enhance their skills through practical experience and simulation training, and practice reflective practice by regularly reviewing their performance and seeking feedback. Therefore, by emphasizing proficiency among nurses regarding caring self-efficacy, healthcare institutions can promote a culture of excellence, compassion, and patient-centered care.
- Based on the findings, it is imperative for hospitals to take these findings into account and design quality improvement interventions that address these critical factors. Such interventions can directly impact the health care outcome of pediatrics and influence perception towards caring self-efficacy among pediatric nurses working at government hospitals in Addis Ababa, Ethiopia.

- This study's findings underscore the crucial role of preceptors' mentoring function in shaping novice nurses' perception of their self-efficacy and organizational commitment. Nursing mentoring, a mutually beneficial relationship between more and less experienced nurses is a powerful tool in nurse education. It facilitates a successful transition from a novice to an experienced nurse, highlighting the importance of the role played by experienced nurses in this process.
- This study, while providing valuable insights, utilized a quantitative approach that was unable to fully capture significant variables that highlight the nurses' views of caring self-efficacy from diverse perspectives. Hence, it is strongly recommended that future studies adopt a more comprehensive approach by integrating qualitative and quantitative study designs. This will enable a deeper exploration of organizational commitment, job satisfaction, and organizational structure, and their impacts on nurse perception of caring self-efficacy.

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ANNEX

Annex I. Participant Information Sheet/ Consent form for the Study PERCEPTION OF CARING SELF-EFFICACY AND ASSOCIATED FACTORS AMONG NURSES IN PEDIATRIC UNITS IN SELECTED GOVERNMENTAL HOSPITALS, ADDIS ABABA ETHIOPIA - CROSSECTIONAL STUDY, 2024

RESEARCHER: Tigist Nigussie

Dear Respondent: I am a Masters student (ID number: GSR 5179/15) at Addis Ababa University, College of Health Sciences, School of Nursing Department of Pediatric and child Health. I kindly request you to participate in this study. The study aimed exploring perception of Carrying Self efficacy and associated factors among nurses in Pediatric units. Your participation is voluntary; you can withdraw at any time. Failure to participate resulted no consequences that impact your work or performance evaluation. your name is anonymous, so your response kept confidential. There are no risks involved in participating in this study. There is no immediate benefits to the respondents, but will have benefits later in improving the uptake of Child health services utilization among children and thereby help to ensure the quality of care delivered to pediatric patients as a result it will contribute to the reduction of child morbidity and mortality. I welcome any question if you have any about the study and your participation. If you have any questions about the research objectives or any related matters, please contact me at +251911391242

Email: tigistnigussie2020@gmail.com

Annex II.

Consent sheet

I, the undersigned, received an explanation about the research study, the study benefits, the right of my voluntary participation, confidentiality and withdrawal from the study without any victimization. I have the opportunity to ask questions and all my questions and concerns addressed satisfactorily. My participation is Voluntary, thus, I hereby freely consent to take part in this study.

Signature of the participant _____ Date _____

Supervisor Name _____ Signature _____ Date _____ E.C.

Name of interviewer _____ Date _____ Signature _____ E.C.

Your participation is greatly appreciated. Yours Faithfully,

Annex III.

Questionnaire

PART 1: Socio-Demographic related Questions.

Dear participant, please answer all questionnaires anonymously. We would appreciate you answering all the questions honestly as possible. Please tick on the number you select that best answers of the question. Kindly make only one selection unless otherwise instructed.

Part 1: Socio Demographic Information

1. Age (in years)

20–29 30–39 40–49 ≥50

2. Gender:

Female Male

3. Marital status

Single Married Divorced Widowed

4. Educational Level

Diploma Bachelor's Degree (BSc) Master's Degree (MSc)

5. Total Work experience (in years) :

0-6 month 6month -1 year 1-2 years 2-3 years >3years

6. Income status (per month)

< 3934 3935–6193 ≥ 6194 and above

Part 2: Pediatric Ward Nurses Caring Self Efficacy Scale

2.1 Altruism						
S. No	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
	I am confident while taking care of a child. I can:					
1	State my affection and interest for hospitalized children					
2	Identify the emotional-psychological responses of the hospitalized child to age, anxiety and anger					
3	Respect the child's privacy					
4	Help the child express his/her feelings (anger, fear, etc.)					
5	Relax the child when I am taking care of him/her					
6	Provide nursing care for all children of all ages, races, and religions without being racist					
7	Listen to the problems, fears, and wishes of the hospitalized child's parents					
8	Involve the child's family in decisions regarding the care and treatment of the child					
9	Help the child's parents to adapt to their child's hospitalization					
10	Respect the values, beliefs, and preferences of the child's family					
11	Use pharmaceutical and non-pharmaceutical methods (distraction and etc.) to manage and control the child's pain					
12	Provide emotional-psychological care for the child's family at the end of the Child's life					
13	Find the best method for communicating with the child					

2.2. Proficiency						
S.N	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
	I am confident while taking care of a child. I can:					
1	Apply my knowledge when taking care of the child					
2	Increase my care knowledge in order to be professional					
3	Perform the care procedures proficiently according to nursing standards					
4	Perform nursing care accurately and quickly					
5	The time of providing a child with nursing care depends on me					
6	Use creative ways according to the ward features when providing child care					
7	Work correctly with different equipment and devices when providing child care					
8	Perform resuscitation for children with confidence and calmness					
9	Keep my focus when the child cries and become restless					
10	Prevent nursing errors by predicting risk factors					
11	Register and report any care errors honestly					
12	Register the care procedures performed in accordance with the regulations of the Hospital					

2.3 Communication ability

S.No	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
I am confident while taking care of a child. I can:						
1	Obtain the child' s cooperation during the care procedures					
2	Reassure the parents of hospitalized children					
3	Establish a suitable therapeutic relationship with the child' s parents					
4	Cooperate with other colleagues in providing child care					
5	Interact with other nurses (health care staff)					
6	Ask for help from competent nurses when I have doubt about any care procedures					
7	Consult the doctor easily (patient condition)					
8	Explain care and diagnostic procedures according to the age of the child					
9	Explain the cause and process of care to the child' s parents					
10	Training the child' s parents (at the time of admission, during hospitalization, and discharge) in accordance with their culture, age, literacy, and dialect					
11	Obtain the trust of the treatment team (doctor, head nurse.) in my ability to provide nursing care for the child					

2.4 Management of care process						
S.No	Statement	Never 1	Rarely 2	Some times 3	Very Often 4	Always 5
I am confident while taking care of a child. I can:						
1	Identify the child' s care needs based on his/her growth and development level through medical history and physical examination					
2	Determine nursing diagnosis by analyzing the collected data					
3	Arrange nursing diagnosis based on its importance					
4	Determine the achievable goals of the care plan					
5	Design care plan based on the child care needs					
6	Make decisions about care based on the child' s caring needs					
7	Evaluate the clinical condition and the care program effects continually					
8	Identify the child' s emergency care needs					
9	Take the needed time to provide nursing care					
10	Coordinate between the caring team members to provide appropriate care					
11	Manage all available facilities in the ward					
12	Carry out regular and accurate nursing care procedures for the child					
13	Identify the dangers in the child' s environment based on the child' s developmental and consciousness level					
14	Accept responsibility for care-related decisions					
15	Defend my clinical decisions					