ANXIETY AND SELF-EFFICACY AS PREDICTORS OF CLINICAL PERFORMANCE OF THIRD YEAR NURSING STUDENTS OF IN A SELECTED SCHOOL IN DAVAO CITY

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ABSTRACT

This study determined the relationship between anxiety, self-efficacy and clinic performance of third year nursing students. The descriptive-correlational design was utilized in this study. Data was gathered using survey questionnaires. Mean and Standard deviation was used to measure the levels of anxiety, self-efficacy and clinic performance of third year nursing students. Pearson Product Moment Correlation was utilized to determine the relationships between anxiety, self-efficacy and clinic performance of third year nursing students. The results showed that the nursing students had a high level of anxiety, a moderate level of self-efficacy, and a very high level of clinical performance. Moreover, the findings showed that there was no significant link between anxiety and self-efficacy and the clinical performance of the nursing students. This indicates that other elements—such as quality of supervision, hands-on training, and institutional guidance—may have a greater impact on students' clinical performance than their individual psychological factors.

Keywords: *Students, Anxiety, Self Efficacy, Clinical Performance, Related Learning Experience, Davao City*

INTRODUCTION

Anxiety and self-efficacy are two critical psychological factors that greatly influence clinical performance. They shape how nursing students handle clinical tasks, interact with patients and healthcare teams, and cope with the emotional challenges of working in the operating room. Ensuring that nursing students achieve optimal clinical performance remains a major concern in nursing education worldwide. Many students encounter psychological barriers that hinder their ability to perform well in clinical settings. Clinical placements, especially in high-pressure areas like the operating room—often trigger high levels of anxiety. This anxiety can undermine students' task performance, lower their confidence, and diminish their overall clinical learning experience. High anxiety levels can also make it harder for students to manage stressful situations, ultimately affecting their learning outcomes and the quality of care they provide.

In the United States, anxiety and self-efficacy are widely recognized as important determinants of nursing students' clinical performance. Research by Ozsaker et al. (2025) demonstrated a direct link between students' anxiety levels and their academic and clinical outcomes, particularly in high-pressure environments such as the operating room. This study emphasized that self-efficacy—defined as the belief in one's ability to succeed—is a key predictor of how well students perform under stress. However, the research also highlighted that many nursing programs do not adequately address psychological barriers like anxiety, which remains an under-explored area in nursing education. Similarly, Kiesznowski (2024) found that nursing students with higher levels of self-efficacy were more likely to display effective problem-solving skills and maintain composure during clinical placements, especially in demanding settings like the operating room.

In the Philippines, anxiety and self-efficacy likewise have a significant impact on nursing students' clinical performance, particularly in the operating room. A study by Manalo et al. (2023) reported that Filipino nursing students often experience high levels of anxiety during clinical placements, especially in specialized areas such as the operating room. This anxiety frequently stems from the fear of making mistakes in front of healthcare professionals and the pressure to demonstrate competence in a high-stakes environment. Britanico (2023) further found that students who received proper training and emotional support to manage their anxiety performed better during clinical rotations. However, the study noted that many nursing schools in the Philippines still lack structured interventions to help students cope with clinical anxiety, leaving them vulnerable to performance challenges.

Furthermore, the issue of anxiety and self-efficacy among nursing students in Davao City, similar to other regions in the Philippines, is a significant concern, especially for those participating in clinical placements in specialized areas such as the Operating Room (OR). Clinical performance is a vital aspect of nursing education; however, the challenges encountered by nursing students in clinical settings, particularly anxiety and low self-efficacy, significantly impact their capacity to perform effectively and navigate the high-pressure environment of the operating room (Lucero, 2023). Clinical training is crucial; however, numerous nursing students in Davao City experience increased anxiety levels, particularly during their RLEs, resulting in diminished self-confidence and impaired performance. Anxiety within clinical environments is often intensified by the perceived obligation of delivering direct patient care, apprehension regarding the possibility of errors, and the likelihood of facing unfamiliar or high-risk medical scenarios.

Nursing education primarily focuses on technical skills and clinical knowledge, with insufficient emphasis on the emotional and psychological dimensions of clinical practice. Current research has largely focused on the overarching academic difficulties faced by nursing students, with limited investigation into the specific relationship among anxiety, self-efficacy, and performance in high-pressure clinical settings such as the Operating Room. This

gap underscores the necessity for targeted research examining the influence of emotional resilience and confidence on the clinical competence of nursing students in critical settings. This quantitative study aims to investigate the impact of anxiety and self-efficacy on the clinical performance of third-year nursing students in the Operating Room. The study seeks to elucidate the relationship between psychological factors and student performance, thereby enhancing the understanding of the challenges encountered by nursing students during clinical placements.

The findings helped nursing educators, administrators, and policymakers develop evidence-based strategies and structured interventions to reduce students' anxiety and strengthen their self-efficacy. Implementing such measures improved students' confidence, enhanced their problem-solving abilities, and ensured higher-quality patient care during clinical placements.

Furthermore, the study provided valuable insights for nursing schools in the Philippines, where structured support systems for managing clinical anxiety were often lacking. By shedding light on this under-explored aspect of nursing education, the research guided curriculum improvements and the development of support programs that better prepared nursing students for high-pressure clinical environments. Ultimately, addressing these psychological barriers led to better learning outcomes, improved clinical competence, and safer, more effective patient care.

Statement of the Problem

This study determined the relationship between level of anxiety and self-efficacy on the clinical performance of third year nursing students. Specifically, this sought answers to the following questions:

1. What is the demographic profile of the third-year nursing students in terms of:
   1.1 Sex
   1.2 Enrollment Status
2. What is the level of anxiety among third year nursing students ?
3. What is the level of self-efficacy among third year nursing students ?
4. What is the level of clinical performance among third year nursing students ?
5. Is there a significant correlation between:
   5.1 anxiety and the level of clinical performance
   5.2 self-efficacy and the level of clinical performance
6. Do anxiety and self-efficacy significantly influence the clinical performance of nursing students?

FRAMEWORK

This study is anchored in Social Cognitive Theory (SCT) developed by Albert Bandura, which provides a comprehensive framework for understanding how anxiety and self-efficacy influence the clinical performance of third-year nursing students in the operating room. Bandura (1986) explains that SCT emphasizes the dynamic and reciprocal interaction among personal factors, behavioral actions, and environmental conditions in shaping an individual's ability to perform tasks effectively. In nursing education, this theory helps explain how students' perceived self-efficacy and levels of anxiety affect their clinical performance in high-stress environments such as the operating room.

Bandura (1997) defines self-efficacy as an individual's belief in their capacity to successfully perform specific tasks. Within nursing education, high self-efficacy is associated with greater confidence, improved problem-solving skills, and enhanced clinical competence in the operating room. In contrast, low self-efficacy is linked to increased anxiety, impaired decision-making, and poorer performance outcomes (Bandura, 1997).

The operating room is a highly demanding clinical environment that requires nursing students to carry out complex procedures, make rapid decisions, and prioritize patient safety. According to SCT, self-efficacy plays a critical role in managing these demands. Students with strong self-efficacy tend to approach clinical tasks with confidence, remain composed under pressure, and demonstrate greater technical accuracy (Kim et al., 2021). Conversely, students with lower self-efficacy may hesitate, commit more errors, and experience heightened anxiety, all of which negatively affect clinical performance (Johnson et al., 2022). Anxiety further disrupts concentration and decision-making, creating a reinforcing cycle of self-doubt and diminished performance (Bandura, 1997; Roberts & Kim, 2023).

METHODS

This research study utilized a quantitative descriptive correlational research design. A quantitative descriptive correlational research design is an approach that aims to quantify variables and investigate the relationships among them without manipulation or control of the variables. This study employed a quantitative descriptive correlational research design, which is suitable for measuring the anxiety levels, self-efficacy, and clinical performance of nursing students, thus offering a clear and quantifiable representation of these variables.

This study was conducted in a selected private school in Davao City. Davao City is one of the largest cities geographically with land area of 244,000 hectares touted as the world's largest in land area.

The respondents of the study were d third-year nursing students from selected higher education institutions in Davao City who had completed their clinical skills laboratory training, were enrolled in their Practicum course, and had not yet been assigned to any clinical areas, particularly the Operating Room.

The study employed the questionnaires adapted from different studies and considered fit to the context of the respondents of this study. The instrument was divided into three parts such as anxiety, self-efficay and clinical performance.

RESULTS AND DISCUSSION

Profile of the Respondents

Table 1 presents the demographic profile of the respondents. In terms of sex, female students comprised the majority of the sample, with 143 respondents (75%), while male students accounted for 47 respondents (25%). This indicates that most of the participants in the study were female. Regarding enrollment status, regular students represented the larger portion of the sample, with 155 respondents (82%), compared to 35 irregular students (18%). These results show that the majority of respondents were regularly enrolled students.

The predominance of female respondents is consistent with the broader pattern observed in nursing education, where the profession continues to be largely female-dominated both in the Philippines and worldwide. Xu et al. (2022) noted that gender distribution in nursing programs remains skewed toward women, influenced by longstanding societal expectations and traditional views of nursing as a caregiving role.

Table 1
Demographic Profile of the Respondents

	Frequency	Percentage
Sex		
Male	47	25%
Female	143	75%
Enrollment Status		
Regular	155	82%
Irregular	35	18%
TOTAL	**190**	**100%**

Level of Anxiety

Table 2 shows the level of anxiety among third-year nursing students. The overall mean score is 2.55 with a standard deviation of 0.734, indicating a high level of anxiety and showing that the respondents' scores are relatively consistent.

In terms of specific anxiety indicators, the highest mean was found for the item "I have trouble falling asleep, my sleep is often disturbed, and I wake up feeling tired and unrested," with a mean of 2.78, which is described as high. This suggests that sleep disturbances are the most prominent anxiety-related symptom experienced by the students.

Conversely, the lowest mean was found for two items: "I occasionally experience symptoms like frequent urination, urgency to urinate, or a missed period" and "I show physical signs of anxiety such as hand tremors, rapid breathing, or restlessness during interviews," both with a mean of 2.41, described as moderate. This indicates that physical symptoms are the least commonly experienced anxiety indicators among the respondents.

Furthermore, the findings indicate that emotional manifestations of anxiety, particularly sleep disturbances, are more pronounced among third-year nursing students, whereas physical symptoms of anxiety appear to be less severe as they prepare for deployment in the operating room.

Table 2
Level of Anxiety

	Mean	SD	Description
I often experience anxious mood, worrying about the worst outcomes and feeling fearful about the future.	2.76	.818	**High**
I frequently feel tense, easily fatigued, and restless, and I find it hard to relax or stop trembling.	2.61	.912	**High**
. I sometimes have intense fears, such as being afraid of the dark, crowds, or unfamiliar situations.	2.45	1.000	**Moderate**
I have trouble falling asleep, my sleep is often disturbed, and I wake up feeling tired and unrested.	2.78	.899	**High**
I struggle with concentrating and often find that my memory is poor or unreliable.	2.72	.905	**High**
I feel a sense of depression, loss of interest in activities I usually enjoy, and sometimes wake up early with a low mood.	2.55	.968	**High**
I experience physical discomfort, such as muscle pain, stiffness, or twitching, and occasionally grind my teeth.	2.54	.963	**High**
I often feel physical sensations like weakness, hot and cold flushes, or sometimes blurred vision and tinnitus.	2.54	.940	**High**

I experience cardiovascular symptoms like palpitations, chest pain, or occasionally a fainting feeling.	2.57	.994	**High**
I sometimes feel pressure or tightness in my chest, have difficulty breathing, or feel like I am choking.	2.44	1.076	**Moderate**
I often experience gastrointestinal issues such as nausea, abdominal pain, or discomfort while eating.	2.44	1.110	**Moderate**
I occasionally experience symptoms like frequent urination, urgency to urinate, or a missed period.	2.41	1.089	**Moderate**
I have symptoms like dry mouth, flushing, excessive sweating, or sometimes a headache due to tension.	2.49	1.149	**Moderate**
I show physical signs of anxiety such as hand tremors, rapid breathing, or restlessness during interviews.	2.41	1.107	**Moderate**
OVERALL MEAN	**2.55**	**.734**	**High**

Level of Self-Efficacy

Table 3 presents the level of self-efficacy among third-year nursing students who will be deployed in the operating room. The overall mean is 2.20, with a standard deviation of 0.551, indicating a moderate level of self-efficacy and showing that the respondents' scores are relatively consistent.

The highest mean was found for the item "I can solve most problems if I invest the necessary effort," with a mean of 2.31, described as moderate. This suggests that students feel relatively more confident in their ability to overcome challenges when they put in sufficient effort.

Conversely, the lowest mean is in the item "If I am in trouble, I can usually think of a solution," with a mean of 2.11, also described as moderate. This indicates that some students feel less confident in their ability to quickly come up with solutions during difficult situations.

Overall, the findings show that while nursing students have a moderate level of confidence in their ability to solve problems through effort, many still feel less assured when faced with unexpected challenges. This gap in confidence becomes more evident as they prepare to work in high-pressure settings such as the operating room, where quick thinking and adaptability are essential.

Table 3
Level of Self-Efficacy

	Mean	SD	Description
I can always manage to solve difficult problems if I try hard enough	2.24	.805	Moderate
If someone opposes me, I can find the means and ways to get what I want.	2.20	.729	Moderate
It is easy for me to stick to my aims and accomplish my goals.	2.17	.715	Moderate
I am confident that I could deal efficiently with unexpected events.	2.21	.724	Moderate
I know how to handle unforeseen situations.	2.23	.639	Moderate
I can solve most problems if I invest the necessary effort.	2.31	.838	Moderate
I can remain calm when facing difficulties because I can rely on my coping abilities.	2.18	.776	Moderate
When I am confronted with a problem, I can usually find several solutions.	2.27	.761	Moderate
If I am in trouble, I can usually think of a solution.	2.11	.790	Moderate
I can usually handle whatever comes my way.	2.14	.811	Moderate
OVERALL MEAN	2.20	.551	Moderate

Level of Clinical Performance

Table 4 shows the level of clinical performance among third-year nursing students who will be deployed in the operating room. The overall mean is 3.98, with a standard deviation of 0.095, indicating a very high level of clinical performance and demonstrating that the respondents' scores are highly consistent.

Table 4
Level of Clinical Performance

	Mean	SD	Description
I obtain the health history of the client to identify their health needs.	3.85	.402	Very High
I maintain the privacy and confidentiality of the patient's personal and health information.	3.97	.160	Very High
I check the vital signs of the patient regularly and accurately.	3.97	.160	Very High
I conduct physical examinations as part of the assessment process for the patient.	3.99	.102	Very High
I gather related data about the patient's health condition to inform the care plan.	3.99	.102	Very High
I monitor the effectiveness of nursing interventions to ensure they are achieving the desired outcomes.	3.99	.102	Very High
I evaluate the nursing plan based on the expected outcomes for the patient's recovery.	3.99	.102	Very High
I check the proper functioning of medical equipment before using them during the procedure.	3.99	.102	Very High
I document all pertinent data accurately and completely in the patient's medical record.	3.99	.102	Very High
I respect the religious, cultural, and ethical practices of the patient and their family during care.	3.99	.102	Very High
I report accurately any deviations or abnormal findings from the patient's condition and nursing interventions.	3.99	.102	Very High
I project a professional image as a nurse in the ward, ICU, or ER setting.	3.99	.102	Very High
I accept constructive criticism and recommendations for improvement in my practice.	3.99	.102	Very High
I perform nursing functions according to the established standards of care.	3.99	.102	Very High
I communicate effectively with the healthcare team and the patient to ensure safe and quality care.	3.99	.102	Very High
I collaborate with the healthcare team to develop and implement an effective care plan for the patient.	3.99	.102	Very High
I work efficiently in a team environment to ensure that patient care is delivered effectively.	3.99	.102	Very High
I demonstrate appropriate skills and techniques to ensure patient safety.	3.99	.102	Very High
I respond promptly and competently to emergencies.	3.99	.102	Very High
I prioritize patient safety and comfort throughout all stages of the clinical procedure in the area.	3.99	.102	Very High
OVERALL	3.98	.095	Very High

The highest mean was recorded for several items, including "I conduct physical examinations as part of the assessment process for the patient," "I gather relevant data about the patient's health condition to inform the care plan," and "I monitor the effectiveness of nursing interventions to ensure they achieve the desired outcomes," all with a mean of 3.99, described as very high. This indicates that the students demonstrate exceptional competence in fundamental nursing skills essential for thorough patient assessment and effective intervention monitoring.

On the other hand, the lowest mean was found for the item "I obtain the health history of the client to identify their health needs," with a mean of 3.85, which is still described as very high. This indicates that while health history taking is performed at an excellent level, it is slightly less developed compared to other clinical skills. Overall, the results show that third-year nursing students demonstrate outstanding clinical performance across a wide range of competencies, reflecting their readiness to provide safe and high-quality care during their operating room deployment.

These findings align with the study of Hernandez et al. (2024), who emphasized that clinical competence among nursing students is strongly enhanced through rigorous academic preparation and supervised clinical practice. Similarly, Kaya and Bakir (2024) found that continuous hands-on training significantly improves students' technical and critical thinking skills, especially in high-risk areas such as operating rooms. Furthermore, Jacobson (2024) highlighted that fostering teamwork, effective communication, and sound clinical decision-making within nursing education greatly contributes to students' exceptional clinical performance and preparedness for professional practice.

Relationship of Anxiety and Self-efficacy with the Clinical Performance of Nursing Students

Table 5 presents the test of correlation between anxiety, self-efficacy, and the clinical performance of nursing students. The results indicate that there is no significant relationship between anxiety and clinical performance, nor between self-efficacy and clinical performance, as shown by the p-values being greater than 0.05.

In particular, there is no significant relationship between anxiety and clinical performance (r=.004, p>.05). The strength of correlation between the two variables is very weak and has a directly proportional relationship as revealed by the coefficient of .004 . This finding contrasts with the study of Montegrico (2021), who suggested that higher anxiety levels could potentially impair clinical decision-making and performance. However, more recent findings, such as those by O'Connor et al. (2022), argue that mild anxiety may not necessarily translate into lower performance outcomes, especially among students who are trained to manage stress effectively in clinical environments.

Similarly, there is no significant relationship between self-efficacy and clinical performance (r = .085, p > .05). This result contrasts with earlier studies, such as Rahmani et al. (2023), which suggested that higher self-efficacy generally leads to better performance outcomes. However, consistent with the findings of Salah (2024), this study indicates that during early clinical exposures, other factors such as technical skills, quality of supervision, and situational stressors may have a greater influence on actual performance than self-efficacy alone.

Table 5
Relationship between the Variables

INDEPENDENT VARIABLES	Clinical Performance		
	R	p-value	Remarks
Anxiety	.004	.951	Not Significant
Self-efficacy	.085	.245	Not Significant

Influence of Role Anxiety and Self-Efficacy on Clinical Performance of Third Year Nursing Students

Table 6 presents the results of the regression analysis, which aims to examine the influence of role anxiety and self-efficacy on the clinical performance of third-year nursing students. The results show that neither anxiety nor self-efficacy significantly predicts clinical performance, as indicated by the p-values greater than .05.

In particular, anxiety has no significant direct effect on clinical performance (β = .007, p > .05). This means that the regression weight for anxiety in predicting the clinical performance of nursing students is not significantly different from zero at the 0.05 level (two-tailed). These results suggest that anxiety does not have a meaningful influence on the clinical performance of nursing students. This finding is consistent with previous studies, such as Spence and Greenberg (2020), who found that while anxiety can affect performance in high-pressure situations, its direct impact on clinical performance in structured and well-supervised environments may be minimal.

Table 6
Influence of Role Anxiety and Self-Efficacy on Clinical Performance of Third Year Nursing Students

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	p-value	Remarks
	B	Std. Error	Beta			
(Constant)	3.946	.038		103.696	.000	
Anxiety	.001	.009	.007	.097	.923	Not Significant
Self-efficacy	.015	.013	.085	1.167	.245	Not Significant

Note: R=.085, R-square=.007, F=..683 P>.05

Similarly, self-efficacy was also found to have no significant effect on clinical performance, with a standardized coefficient (β = .085, p > .05). This finding contrasts with studies such as Vasli et al. (2021) and Yang et al. (2024), which reported that higher self-efficacy is typically associated with better clinical outcomes. However, in this study, the lack of a significant effect may be due to other influencing factors—such as the students' level of clinical exposure, the quality of mentorship, or the structured nature of their clinical training—which may outweigh the role of psychological factors like self-efficacy.

The overall model has an R value of .085 and an R-square of .007, indicating that the independent variables (anxiety and self-efficacy) explain only a very small portion of the variance in clinical performance (0.7%). Furthermore, the F-statistic of .683 and the p-value greater than 0.05 confirm that the regression model is not statistically significant, suggesting that other factors not included in this analysis may have a more substantial impact on students' clinical performance.

CONCLUSIONS

Based on the findings, the following conclusions were drawn:

1. The findings reveal that the majority of the third-year nursing students preparing for operating room deployment are predominantly female and regular enrollees, with 75% identifying as female and 82% classified as regular students.
2. The level of anxiety among third-year nursing students preparing for operating room deployment is high, particularly with sleep disturbances being the most prominent symptom, while physical manifestations of anxiety are less frequently experienced.
3. The third-year nursing students demonstrate a moderate level of self-efficacy, indicating that while they feel confident when effort is applied, they are less assured in responding quickly to unexpected challenges in clinical settings.
4. The clinical performance of third-year nursing students is very high, particularly in areas such as physical assessment, data gathering, and monitoring interventions, reflecting strong readiness for operating room deployment despite slightly lower scores in health history-taking.
5. There is no significant relationship between anxiety, self-efficacy, and clinical performance among third year nursing students, suggesting that these psychological factors do not directly affect their clinical competence.
6. Neither anxiety nor self-efficacy significantly predicts the clinical performance of third year nursing students, implying that other factors, such as technical skills, mentorship, and clinical exposure, may play a more influential role in shaping their performance outcomes.

RECOMMENDATIONS

Based on the conclusions of the study, the following recommendations are proposed to enhance nursing education, clinical preparation, and research related to operating room deployment:

For Nursing Education Administrators and Curriculum Planners. Nursing schools may consider strengthening operating room–related preparation through structured pre-deployment programs that emphasize simulation-based learning, skills laboratories, and scenario-driven activities. Although students demonstrate very high clinical performance, targeted reinforcement of health history-taking and rapid decision-making in unexpected situations may further improve clinical readiness.

For Clinical Instructors and Operating Room Mentors. Clinical instructors and operating room preceptors are encouraged to provide consistent mentorship and guided exposure during clinical rotations. Since anxiety and self-efficacy do not significantly predict clinical performance, instructors may focus more on refining technical competencies, procedural familiarity, and real-time clinical judgment rather than solely addressing psychological variables.

For Student Support and Wellness Programs. Despite the absence of a significant relationship between anxiety and clinical performance, the high level of anxiety—particularly sleep disturbances—warrants attention. Nursing institutions may implement stress management workshops, sleep hygiene education, counseling services, and wellness programs to promote students' overall well-being and long-term professional resilience.

For Nursing Students. Nursing students are encouraged to actively engage in self-directed learning, deliberate practice, and reflective activities to strengthen confidence in managing unexpected clinical situations. Participation in simulation exercises, peer learning, and mentoring opportunities may help enhance self-efficacy and adaptability in high-pressure environments such as the operating room.

For Hospital Training Units and Clinical Affiliates. Clinical partner institutions may develop structured orientation and transition programs for student nurses assigned to the operating room. Emphasis on procedural protocols, teamwork, and equipment familiarity may help maximize students' strong clinical performance while ensuring patient safety and effective learning experiences.

For Future Researchers. Future studies may explore other variables that could influence clinical performance, such as technical skill proficiency, quality of clinical mentorship, learning environment, coping mechanisms, motivation, and length or quality of clinical exposure. Longitudinal and mixed-methods research designs are also recommended to gain deeper insights into how nursing students develop competence over time in high-acuity clinical settings.

REFERENCES

Abu, L., Baybayan, S., & Asiri, M. (2024). Preparedness of level III nursing students towards first exposure to operating room at selected hospitals in Jolo. *SOCIAL PSYCHOLOGY AND HUMAN EXPERIENCE*, *1*(1), 1-13.

Ahmed, F. A., Alrashidi, N., Mohamed, R. A., Asiri, A., Al Ali, A., Aly, K. H., ... & Almowafy, A. A. (2023). Satisfaction and anxiety level during clinical training among nursing students. *BMC nursing*, *22*(1), 187.

Alanazi, R. (2022). *The Impact of Simulation-Based Learning on the Satisfaction, Clinical Self-Efficacy, and Adherence to Infection Control Practices of Saudi Nursing Students* (Doctoral dissertation, Saint Louis University).

Amiri, M., Sadeghi, E., Parvane, A., & Khosravi, A. (2024). The Association of Self-efficacy with Self-care Behaviors, Anxiety, and Academic Motivation in Iranian Medical Sciences Students. *The Open Public Health Journal*, *17*(1).

Britanico, J. M. (2023). *Association between COVID-19 Health Knowledge, Self-Efficacy and preventive behaviors among nursing students*. Walden University.

Bourne, M. J., Smeltzer, S. C., & Kelly, M. M. (2021). Clinical teacher self-efficacy: A concept analysis. *Nurse education in practice*, *52*, 103029.

Cha, K. S., & Lee, D. (2024). Influential factors affecting nursing performance amid COVID-19: A cross-sectional study on nurse preparedness for infectious diseases. *International Journal of Nursing Studies Advances*, *7*, 100239.

Chami-Malaeb, R. (2022). Relationship of perceived supervisor support, self-efficacy and turnover intention, the mediating role of burnout. *Personnel Review*, *51*(3), 1003-1019.

Chen, Z. H., Ma, Y. Y., Feng, X. H., & Lin, Y. (2023). Correlation analysis of self-directed learning ability, self-efficacy and academic burnout of junior nursing college students in closed management colleges. *Nursing Open*, *10*(4), 2508-2518.

Curry, J. M. (2023). *Certified Registered Nurse Anesthesiologists' Self-Efficacy Regarding Workplace Incivility* (Doctoral dissertation, The University of Arizona).

da Costa Martins, M. D. L., Rodrigues, A. P., Marques, C. D. C. P., & Carvalho, R. M. B. C. (2024). Do spirituality and emotional intelligence improve the perception of the ability to provide care at the end of life? The role of knowledge and self-efficacy. *Palliative & Supportive Care*, *22*(5),

Douangsavanh, S. (2021). *A Qualitative Exploratory Case Study of Self-Efficacy and Andragogy in Successfully Passing the National Certification Exam (NCE) for Nurse Anesthetists*. Robert Morris University.

Epp, A. (2024). *Examining the Relationship Between Clinical Site Placements in Senior Practicum and First-Time NCLEX-RN Outcomes for Baccalaureate Nursing Students* (Doctoral dissertation, William Carey University).

El-Gazar, H. E., Zoromba, M. A., Fayed, S. M., Loutfy, A., Elzieny, A. A., Elzeiny, A., ... & El-Monshed, A. H. (2024). Nurturing Success: E-Learning readiness and academic self-efficacy in nursing students. *BMC nursing*, *23*(1), 495.

Fan, L. H., Cai, J., Li, L., & Yi, L. J. (2024). Mediating effect of self-efficacy between social support and compassion fatigue among Geriatric Services and management interns: a cross-sectional study. *Geriatric Nursing*, *59*, 662-668.

Fang, L., Hsiao, L. P., & Fang, S. H. (2024). The effect of workplace bullying and self-efficacy on emotional distress among hospital nurses. *International journal of nursing practice*, *30*(4), e13206.

Gonella, S., Delfino, C., Rolfo, M., Rizzo, A., Esposito, V., Berchialla, P., & Campagna, S. (2021). Effects of a video-based preoperative educational

intervention plus nurse-led reinforcement discussion on knowledge, self-efficacy, and resilience in patients undergoing major surgery. *Clinical Nursing Research*, *30*(6), 753-761.

Hernandez, A., Busquets, P., Jimenez, R., & Scanlan, J. (2024). Mood states and academic performance in the objective structured clinical examination. The mediating effect of self-efficacy. *Nurse Education Today*, *135*, 106116.

Jacobson, K. (2024). *Instructor Characteristics That Increase Self-Efficacy in Nursing Students* (Doctoral dissertation, Walden University).

Jardine-Garvey, C. (2023). *The Relationship Between Bullying and Selected Nursing Student Outcomes (Anxiety, Stress, Performance) as Mediated by Self-Efficacy: Testing a Theoretical Model* (Doctoral dissertation, Queen's University (Canada)).

Kaya, S., & Bakir, G. K. (2024). The relationship between clinical decision-making levels and self-efficacy levels of operating room nurses. *Perioperative Care and Operating Room Management*, *37*, 100416.

Kiesznowski, J. C. (2024). Simulation and Self-Efficacy in the Student Registered Nurse Anesthetist: A Quantitative, Causal-Comparative Study.

Li, X., Zong, Q., & Cheng, M. (2024). The Impact of Medical Explainable Artificial Intelligence on Nurses' Innovation Behaviour: A Structural Equation Modelling Approach. *Journal of Nursing Management*, *2024*(1), 8885760.

Li, H., Wang, Y., Zhang, R., & Sun, C. (2025). Exploring the Influence of Career Decision Self-Efficacy on Adjustment Challenges in Psychiatric Nursing Students: A Cross-Sectional Insight. *Actas Españolas de Psiquiatria*, *53*(1), 126.

Lightner, C. M. (2022). *The Impact of the Maternal-Child Clinical Learning Environment on Undergraduate Nursing Students' Self-Efficacy*. Indiana University of Pennsylvania.

Lois, F., Hallet, C., Suarez, N. S., Ghuysen, A., & Brichant, J. F. (2021). In situ simulation improves perceived self-efficacy of OR nurses and anaesthesiologists during COVID-19 pandemic. *BMJ Simulation & Technology Enhanced Learning*, *7*(6), 555.

LUCERO, S. H. D. (2023). MEDIATING EFFECT OF RESILIENCE ON THE RELATIONSHIP BETWEEN ADVERSITY RESPONSE AND QUALITY OF NURSING CARE AMONG NURSES IN DAVAO DEL SUR AND DAVAO OCCIDENTAL.

Lugo, R. G., Hjelmeland, I., Hansen, M. T., Haug, E., Sütterlin, S., & Grønlien, H. K. (2021). Impact of initial emotional states and self-efficacy changes on nursing students' practical skills performance in simulation-based education. *Nursing Reports*, *11*(2), 267-278.

Lugo, R. G., Hjelmeland, I., Hansen, M. T., Haug, E., Sütterlin, S., & Grønlien, H. K. (2021). Impact of initial emotional states and self-efficacy changes on nursing students' practical skills performance in simulation-based education. *Nursing Reports*, *11*(2), 267-278.

Manalo, M. A., Polancos, J. G., Mergal, B. B. C., Caagbay, R. C., & Orbe, J. B. (2023). Nurses' Roles Performance and Quality of Life during the COVID-19 Pandemic. *Managing Editor*, *6*(1), 202331.

Mohamed Ibrahim, R., Mohamed Lofty Aboraya, E., Mohamed Sultan, H., & Adel Fouda, M. (2024). Effect of Emotional Intelligence Training Program on Stress and Self-Efficacy among Nursing Students. *Egyptian Journal of Health Care*, *15*(4), 1064-1079.

Montegrico, J. J. C. (2021). *The experiences of internationally educated nurses while preparing for the NCLEX-RN*. The University of North Carolina at Greensboro.

Moreira, L. I. (2024). Exploring the Connection Between Student Self-Efficacy and Student Success in a Prelicensure Nursing Programs: A Predictive Correlational Study.

O'Connor, A., McCarthy, G., & O'Shea, D. (2022). Impact of role conflicts and self-efficacy on academic performance of graduate-entry healthcare students: A lagged study. *Nursing & Health Sciences*, *24*(2), 387-394.

Ozsaker, E., Aykut, Z., Doruker, N. C., Koze, B. S., & Gecit, S. (2025). The relationship between the academic self-efficacy and perceived stressors among nursing students in clinical settings: a cross-sectional study. *BMC nursing*, *24*(1), 216.

Penalo, L. M. (2023). Effects of the virtual simulation prebriefing-debriefing educational strategy on nursing students' self-efficacy and virtual simulation performance: a quasi-experimental study. *Clinical Simulation in Nursing*, *82*, 101431.

Rad, H. F., Bordbar, S., Bahmaei, J., Vejdani, M., & Yusefi, A. R. (2025). Predicting academic procrastination of students based on academic self-efficacy and emotional regulation difficulties. *Scientific Reports*, *15*(1), 3003.

Rahmani, V., Arjmand, A., Arabsorkhi, M., Nikbakht, D., Hamzepour, F., & Aghazadeh, N. (2023). Investigating the relationship between patient safety culture and self-efficacy of operating room: A cross-sectional study on 228 perioperative nurses in Iran. *Perioperative Care and Operating Room Management*, *33*, 100343.

Ruiz-Fernández, M. D., Alcaraz-Córdoba, A., López-Rodríguez, M. M., Fernández-Sola, C., Granero-Molina, J., & Hernández-Padilla, J. M. (2022). The effect of home visit simulation on emotional intelligence, self-efficacy, empowerment, and stress in nursing students. A single group pre-post intervention study. *Nurse Education Today*, *117*, 105487.

Salah, J. M. (2024). *Self-efficacy, Stress, and Coping Mechanisms of Undergraduate Nursing Students: Assessing the Impact of Clinical Training During the COVID-19 Pandemic on Their Perceptions* رسالة ماجستير (Doctoral dissertation, AAUP).

Tabrizi, Z. M., Jesmi, A., Borzoee, F., Heshmatifar, N., Navipour, E., & Quchan, A. D. M. (2022). The Effect of Virtual Benson Relaxation Training

Technique on Self-Efficacy and Mental Health of Students of Sabzevar University of Medical Sciences: During the COVID 19 Pandemic.

Theobald, K. A., Tutticci, N., Ramsbotham, J., & Johnston, S. (2021). Effectiveness of using simulation in the development of clinical reasoning in undergraduate nursing students: A systematic review. *Nurse Education in Practice*, *57*, 103220.

Tran, T. M., Le, T. T. H., Nguyen, N. V. L., Vo, T. T. T., Lai, T. H., & Hoang, T. H. (2025). Factors related to self efficacy in the clinical skills practice among undergraduate nursing students in Da Nang city. *Tạp chí Khoa học Điều dưỡng*, *8*(01), 6-16.

Vasli, P., Shahsavari, A., Estebsari, F., & AsadiParvar-Masouleh, H. (2021). The predictors of nursing students' clinical competency in pre-internship objective structured clinical examination: the roles of exam anxiety and academic success. *Nurse Education Today*, *107*, 105148.

Xu, F., Han, L., Zhao, S., Wang, Y., Zhang, Q., Xiong, E., ... & Chen, X. (2022). The role of anesthesiologists' perceived self-efficacy in anesthesia-related adverse events. *BMC anesthesiology*, *22*(1), 190.

Yang, J., Mao, T., Yuan, P., Zhou, J., Li, M., & Chen, B. (2024). The influence of the personality traits of newly graduated nurses on the knowledge, skills and professional self-efficacy in standardized training: a cross-sectional study. *BMC nursing*, *23*(1), 731.

Yu, M., Yang, M., Ku, B., & Mann, J. S. (2021). Effects of virtual reality simulation program regarding high-risk neonatal infection control on nursing students. *Asian Nursing Research*, *15*(3), 189-196.

Zahran, H. Z. (2024). *The Effect of Immersive Virtual Reality Airway Management as A Learning Strategy on Performance, Self Efficacy, and Emotional Intelligence among Nursing Students in the West Bank/Palestine* رسالة دكتوراة (Doctoral dissertation, AAUP).

Zhang, X., Guo, L. L., Wang, Y., Li, Y., Gui, J., Yang, X., ... & Zhang, L. (2024). Effect of stress on study skills self-efficacy in Nursing students: the chain mediating role of general self-efficacy and self-directed learning. *BMC nursing*, *23*(1), 839.

Zhang, X., Liu, L., & Ning, J. (2023). The mediating effect of general self-efficacy between occupational stress and negative emotion among psychiatric nurses. *Journal of Psychosocial Nursing and Mental Health Services*, *61*(3), 33-39.

Zhu, P., Xu, T., Xu, H., Ji, Q., Wang, W., Qian, M., & Shi, G. (2023). Relationship between anxiety, depression and learning burnout of nursing undergraduates after the COVID-19 epidemic: The mediating role of academic self-efficacy. *International Journal of Environmental Research and Public Health*, *20*(5), 4194.