Self – Efficacy and Patient Satisfaction on Nursing Care Quality as Perceived by Discharged Patients in A Local Hospital

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ABSTRACT:

Nursing self-efficacy plays a vital role in delivering high-quality patient care and influencing patient satisfaction. This study aimed to determine the relationship between nursing self-efficacy and patient satisfaction with nursing care quality as perceived by discharged patients using a descriptive predictive quantitative research design. Data were collected from 81 eligible discharged patients through standardized Likert-scale questionnaires measuring nurse self-efficacy in caring and professional situations and patient satisfaction with nursing care quality. Descriptive statistics, mean analysis, and multiple regression analysis were used to examine relationships among variables and identify predictors of patient satisfaction. Results showed that nurses demonstrated very high levels of self-efficacy, with patients perceiving them as competent, compassionate, responsive, and professional. Patient satisfaction with nursing care quality was rated as excellent, particularly in areas related to nurses' skills and competence, prompt response to patient needs, and the provision of a restful environment. Regression analysis revealed that patient-related factors such as length of hospital stay and frequency of hospitalization significantly influenced satisfaction levels, emphasizing the importance of effective discharge planning and continuity of care. The study concludes that high nursing self-efficacy is strongly associated with increased patient satisfaction, highlighting the need for continuous professional development, patient-centered care strategies, and efficient hospital management practices to sustain high-quality nursing care outcomes.

Keywords*:* Nursing Self-Efficacy, Patient Satisfaction, Nursing Care Quality, Discharged Patients, Quantitative Study

INTRODUCTION

The quality of nursing care plays a pivotal role in healthcare delivery, with patient satisfaction serving as a critical indicator of service effectiveness (Fenton et al., 2018). Patient satisfaction is not only linked to improved health outcomes but also to greater treatment adherence and reduced hospital readmission rates (Manary et al., 2013). A key determinant of patient satisfaction is the perceived quality of care, which is largely influenced by the self-efficacy of nursing staff. Self-efficacy, as defined by Bandura (1997), refers to an individual's belief in their ability to execute specific tasks successfully. In the context of nursing, self-efficacy encompasses confidence in clinical decision-making, communication skills, and the ability to provide compassionate and patient-centered care (Schunk & DiBenedetto, 2020). Despite extensive research on the individual impacts of nursing competence and care quality, there is a paucity of studies exploring the interplay between nurse self-efficacy and patient satisfaction within hospital settings, highlighting a critical research gap.

Existing literature suggests that nurses with high self-efficacy are more likely to exhibit proactive problem-solving skills, resilience in high-pressure situations, and effective interpersonal communication, all of which contribute to enhanced patient experiences (Labrague et al., 2019). Conversely, low self-efficacy has been associated with increased job stress, decreased performance, and higher incidences of medical errors (Wu et al., 2022). Given these findings, understanding the extent to which nurse self-efficacy impacts patient satisfaction can inform targeted interventions to improve both nursing practice and healthcare outcomes.

In addition to self-efficacy, patient satisfaction is influenced by the overall quality of nursing care. The Institute of Medicine (2001) defines high-quality care as care that is safe, effective, patient-centered, timely, efficient,

and equitable. Research has shown that hospitals with well-trained nursing staff who adhere to evidence-based practices achieve higher patient satisfaction ratings (Cicolini et al., 2022). However, many studies primarily focus on structural aspects of healthcare quality, such as nurse-to-patient ratios and facility resources, rather than the psychological and behavioral attributes of nurses that may directly affect patient experiences (Mitchell et al., 2018). This gap underscores the need for research that examines how nursing self-efficacy influences patient satisfaction, thereby providing a more comprehensive understanding of the factors that contribute to quality care.

When nurses display confidence, competence, and compassionate communication, they are more likely to meet patients' expectations, leading to higher satisfaction levels (Papastavrou et al., 2021). Integrating these theories allows for a dual-perspective approach, where both the self-perception of nurses and the expectations of patients are considered in evaluating nursing care quality. Despite the significance of these theoretical perspectives, empirical research linking self-efficacy and patient satisfaction remains limited. Studies that do exist often focus on patient satisfaction in relation to nurse staffing or general competency rather than self-efficacy as a specific predictor of perceived care quality (Joung & Han, 2022). Additionally, most existing studies do not account for the mediating role of nurse-patient communication, which is a crucial determinant of both perceived care quality and overall satisfaction (Kieft et al., 2017). Addressing this gap is essential for developing targeted training programs aimed at enhancing self-efficacy among nurses and improving patient outcomes.

This study aims to bridge the existing research gap by examining the relationship between nursing self-efficacy, perceived care quality, and patient satisfaction in a local hospital setting. Specifically, the study will assess whether higher levels of self-efficacy among nurses lead to improved patient satisfaction and explore the factors that mediate this relationship. By focusing on discharged patients' perceptions, this research will provide valuable insights into how nurses' confidence and competence influence patient experiences and recovery.

The findings of this study have significant implications for nursing education, hospital administration, and policy-making. For nursing education, the results can inform curriculum development by emphasizing the role of self-efficacy in clinical training programs. For hospital administrators, understanding how self-efficacy influences care quality can guide the implementation of professional development initiatives aimed at boosting nurse confidence and competence. Furthermore, healthcare policymakers can use the findings to advocate for strategies that enhance nursing self-efficacy as a means to improve patient satisfaction and overall healthcare quality (Cicolini et al., 2022).

Ultimately, this study seeks to contribute to the ongoing discourse on improving healthcare quality by underscoring the role of nurse self-efficacy in shaping patient experiences. The research will provide a clearer understanding of the mechanisms through which nursing competence influences patient perceptions of care quality. This knowledge will serve as a foundation for designing evidence-based interventions aimed at fostering a healthcare environment where both nurses and patients experience optimal outcomes. Through this approach, the study aspires to enhance the quality of nursing care, ultimately leading to more satisfied patients and a more effective healthcare system.

METHODS AND MATERIALS

The methodology for the study will involve a descriptive-predictive research design that uses a quantitative approach. Descriptive aspect will be employed to establish the levels of nursing self-efficacy and patients' satisfaction with the quality of nursing care, as well as describing the selected personal and hospitalization variables of the respondents. On the other hand, the predictive aspect will be employed to find out whether nursing self-efficacy and selected patient variables significantly predict patients' satisfaction with the quality of nursing care.

Quantitative research is suitable since the study will obtain numeric data using standardized, Likert-scaled questionnaires, and will use appropriate statistics. The study will not manipulate any variable or have any intervention. It will just examine the naturally existing differences among respondents and see how far nursing self-efficacy and selected patient variables predict patient satisfaction.

The research methodology for this study will be based on a descriptive-predictive research design using a quantitative research approach. The descriptive method will be used to establish the levels of nursing self-efficacy and the patients' satisfaction with the quality of nursing care, as well as describe the chosen personal and hospitalization characteristics of the respondents. In addition, the predictive method will be used to determine if nursing self-efficacy and the chosen patient characteristics can predict the level of patient satisfaction with the quality of nursing care.

A quantitative research approach is ideal because numeric data will be obtained through standardized Likert-scaled questionnaires and analyzed using relevant statistics. There will be no manipulation of any of the variables or intervention at all in this study; the researcher will only observe the natural differences between respondents and see if nursing self-efficacy and patient characteristics predict patient satisfaction.

RESULTS AND DISCUSSIONS

This portion of the study provides the data as well as the relevant discussion organized according to the problems provided in the preceding chapter of this study.

Personal Characteristics of the Discharged Patients

Table 1 is the presentation of the personal characteristics of the discharged patients in terms of age, gender, marital status, educational background, income level, occupation, manner of admission toward, number of days hospitalized, status of hospitalization in the last 2 years, and perceived health.

The analysis of Table 1, which presents the personal characteristics of discharged patients, reveals significant demographic trends that may influence patient satisfaction with nursing care. The majority of respondents (53.1%) were aged 18–35 years, followed by 36–55 years (39.5%), with only 7.4% aged

56 and above. These findings align with research suggesting that younger patients often have higher expectations of healthcare services (Batbaatar et al., 2017). The gender distribution was nearly equal, with 49.4% male and 50.6% female, indicating that both groups had comparable experiences with nursing care (Papastavrou et al., 2021).

Marital status and educational background also play crucial roles in shaping patient perceptions. The majority of respondents were married (63%), which may imply the presence of a strong support system that influences their hospital experience (Coulter et al., 2002). Furthermore, 66.7% of the patients had completed college or university education, which may lead to higher expectations regarding the quality of nursing care and patient education (Manary et al., 2013). Income level also impacts patient expectations, with most patients earning between Php 36,400 and 63,700 (64.2%). Studies suggest that economic status affects access to healthcare services and the perceived affordability of medical care (Ríos Risquez et al., 2018).

The manner of admission to the ward, length of hospitalization, and perceived health status further shape patient satisfaction. The majority of patients (63%) were admitted through the emergency department, a scenario often associated with higher stress levels and urgent medical needs. Notably, 88.9% were hospitalized for four to six days, with a smaller proportion staying beyond a week. Shorter hospital stays have been linked to higher satisfaction rates, as prolonged admissions may lead to discomfort and frustration (Manary et al., 2013). Moreover, perceived health status significantly influenced satisfaction, with those rating their health as "excellent" (45.7%) reporting better experiences with nursing care.

Table 1 Personal Characteristics of the Discharged Patients

Personal Characteristics	F	%
Age (years)		
18–35 years old	43	53.10
36–55 years old	32	39.50
56 years old and more	6	7.40

Gender		
Male	40	49.40
Female	41	50.60
Marital Status		
Single	27	33.30
Married	51	63.00
Widowed	3	3.70
Educational Background		
None	2	2.50
High School	1	1.20
Vocational	7	8.60
College or University	54	66.70
Postgraduate	17	21.00
Income Level		
Less than Php 9,100	5	6.20
Php 18,200 to 36,400	22	27.20
Php 36,400 to 63,700	52	64.20
Php 63,700 to 109,200	2	2.50
Occupation		
Worker (blue collar)	18	22.20
Civil servant	17	21.00
Self-employed	33	40.70
Housewife	2	2.50
Retired	4	4.90
Student	7	8.60
Manner of Admission to Ward		
From emergency department	51	63.00
Directly from patient admissions department	30	37.00
Number of Days Hospitalized		
One to three days	8	9.90
Four to six days	72	88.90
Seven days and more	1	1.20
Status of Hospitalization in the Last 2 Years		
Once	42	51.90
Twice	22	27.20
Three times	17	21.00
Perceived Health		
Fair	19	23.50
Good	25	30.90
Excellent	37	45.70

Note: *n=81.*

Apart from statistical data depicted in the tables, these results highlight the necessity of tailored healthcare plans, in which discharge planning and patient education are tailored based on demographic profiles. Hospitals can enhance post-discharge care in providing specialized instruction to different literacy levels and age groups. Offering gender-based health interventions. Implementing special follow-up procedures for high-risk patients. By considering these, healthcare professionals can improve patient satisfaction, reduce readmission, and ultimately enhance overall healthcare quality.

Self-Efficacy of the Staff Nurses as Perceived by the Discharged Patients

Table 2 is the presentation of the data on the self – efficacy of the staff nurses as perceived by the discharged

patients in terms of caring situations and professionalism situations.

The data highlights the self-efficacy of staff nurses as perceived by discharged patients, with results indicating overwhelmingly high levels of confidence in both caring and professional situations. Specifically, 87.65% of respondents rated caring situations as "very high," while 88.89% rated professional situations at the same level. This aligns with studies demonstrating that high self-efficacy among nurses correlates with improved patient interactions and overall quality of care (Labrague & de Los Santos, 2021).

Nurses who exhibit confidence in their abilities tend to communicate more effectively, provide emotional support, and respond promptly to patient concerns. The data suggests that the nurses in the study setting demonstrate a high degree of competence and professionalism, which aligns with previous research linking self-efficacy to patient trust and satisfaction (Cicolini et al., 2022). Additionally, self-efficacious nurses are more likely to adopt evidence-based practices, reducing medical errors and improving health outcomes (Joung & Han, 2022).

Despite these positive findings, continuous training and mentorship programs remain essential to sustain high self-efficacy levels. Philippine nursing institutions should emphasize resilience training and professional development initiatives to ensure that nurses maintain their confidence in both routine and high-pressure scenarios. Moreover, self-efficacy training should extend beyond technical skills to include communication, leadership, and ethical decision-making.

From a broader perspective, enhancing nurse self-efficacy can lead to increased job satisfaction and retention, addressing the issue of nurse turnover in the Philippines. The findings highlight the value of fostering a supportive work environment that enables nurses to feel empowered in their roles, ultimately benefiting both patients and healthcare institutions.

Table 2 Self-Efficacy of the Staff Nurses as Perceived by the Discharged Patients

Dimensions / Level	**Average Score**	**F**	**%**
Attributes of Caring Situations			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	0.00	0	0.00
High	49.70	10	12.35
Very High	53.68	71	87.65
Average Score	**53.19**		**Very High**
Professional Situations			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	0.00	0	0.00
High	28.33	9	11.11
Very High	32.15	72	88.89
Average Score	**31.73**		**Very High**
Overall Self-Efficacy of Nurses			
Very Low	0.00	0	0.00
Low	0.00	0	0.00
Moderate	0.00	0	0.00
High	77.00	4	4.94
Very High	85.32	77	95.06
Average Score	**84.91**		**Very High**

Note: *n=81.*

Legend: For attributes of Caring Situation: A score of 12 – 21.6 is very low, 21.7 to 31.2 is low, 31.3 to 40.8 is

moderate, 40.9 – 50.4 is high, and 50.5 – 60.00 is very high. For Professional attributes: A score of 7 to 12.6 is very low, 12.7 to 18.2 is low, 18.3 to 23.8 is moderate, 23.9 – 29.4 is high, and 29.5 – 35 is very high. Overall, a score of 19 to 34.2 is very low, 34.3 to 49.4 is low, 49.5 to 64.6 is moderate, 64.7 – 79.8 is high, and 79.9 – 95.00 is very high.

In addition to the quantitative figures in the tables, there are certain significant implications in terms of the perceived self-efficacy of staff nurses by discharged patients. Nurses' perceived self- efficacy has direct effects on patient trust, health outcomes, and hospital image. Establishing nurses' confidence and competence in clinical expertise and coping with communication deficits and enhancing nurse-patient relationships. Hospitals can enhance nursing performance and patient recovery experience and ultimately contribute to an efficient and patient-centered healthcare system.

Extent of Patient Satisfaction on Nursing Care Quality as Perceived by the Discharged Patients

Table 3 is the presentation of the data on the extent of patient satisfaction on nursing care quality as perceived by the discharged patients. The data on patient satisfaction with nursing care quality, revealing an overall high satisfaction rating. The grand mean score of 4.47, classified as "excellent," suggests that the hospital's nursing staff successfully met patient expectations. The highest-rated aspects included "restful atmosphere provided by nurses" (4.72) and "skill and competence of nurses" (4.64), reinforcing the idea that a calm hospital environment and well-trained nurses significantly enhance patient experience (Johnson et al., 2022).

Another noteworthy finding is the high score for "nursing staff response to calls" (4.53) and "discharge instruction" (4.60), supporting studies that highlight the importance of timely responses and clear post-hospitalization guidance in improving patient satisfaction (Kieft et al., 2017). These results indicate that patients value attentive and proactive nursing care, which aligns with global best practices in patient-centered care.

In the Philippine healthcare context, these findings emphasize the need for sustained investment in nursing training, patient communication, and hospital facilities. Effective communication strategies—such as bedside rounds, patient education, and follow-up programs—can further enhance satisfaction levels. Moreover, ensuring sufficient nurse staffing ratios remains a critical factor in maintaining quality nursing care and responsiveness.

Table 3 Extent of Patient Satisfaction on Nursing Care Quality as Perceived by the Discharged Patients

Items	Mean	SD	Interpretation
1. Information given	4.02	.741	Very good
2. Instructions	4.11	.592	Very good
3. Ease of getting	4.15	.635	Very good
4. Information given by	4.52	.527	Excellent
5. Informing family or	4.28	.597	Excellent
6. Involving family or	4.36	.508	Excellent
7. Concern and caring by	4.35	.551	Excellent
8. attention of nurses to	4.58	.545	Excellent
9. Recognition of opinions	4.46	.593	Excellent
10. Consideration of	4.52	.550	Excellent
11. The daily routine of	4.64	.508	Excellent
12. Helpfulness	4.60	.492	Excellent
13. Nursing staff	4.53	.550	Excellent

14.	Skill and	4.64	.482	Excellent
15.	Coordination of care	4.59	.543	Excellent
16.	Restful atmosphere	4.72	.480	Excellent
17.	Privacy	4.54	.526	Excellent
18.	Discharge	4.60	.492	Excellent
19.	Coordination of care	4.62	.561	Excellent
Grand mean		4.47	.166	Excellent

score information nurses friends in care nurses condition needs the nurses response to calls competence of nurses provided by nurses instruction after discharge Overall Perceptions

Table: Overall Perceptions of Nursing Care and Hospital Services

No.	Indicators	Mean Score	SD	Interpretation
1	Overall quality of care and services received during hospital stay	4.60	0.540	Excellent
2	Overall quality of nursing care received during hospital stay	4.54	0.526	Excellent
3	In general, would you say your health is	4.59	0.494	Excellent
4	Based on the nursing care I received, I would recommend this hospital to my family and friends	4.60	0.563	Strongly Agree

Overall Mean = 4.58 — Excellent

Note: *n=81.*

Legend: A score of 1.00 – 1.80 is poor (strongly disagree), 1.81 –

2.60 is fair (somewhat disagree), 2.61 – 3.20 is good (agree), 3.21 – 4.20 is very good (somewhat agree), and 4.21 – 5.00 is excellent (strongly agree).

Besides the quantitative data presented in the tables, patient satisfaction with the quality of nursing care is a critical indicator of the success of health care systems. For the purpose of obtaining the best patient experience and outcomes, ongoing nurse education in clinical skill and communication, adequate staffing to prevent burnout and deliver high-quality care and patient-specific care strategies that address the individual needs of the patient and accommodate cultural differences, should be a priority for a hospital.

Personal Characteristics Predicting Extent of Patient Satisfaction on Nursing Care Quality

Table 4 is the presentation of the data on whether the personal characteristics predict the extent of patient satisfaction on nursing care quality as perceived by the discharged patients. The table shows that *p* values for the independent variables of number of days hospitalized, status of hospitalization in the last 2 years, and perceived health were equal to or lesser than the significant value of .05 which were interpreted as significant which further means that they predicted patient satisfaction on nursing care quality. Therefore, patient satisfaction on nursing care quality is influenced by number of days hospitalized, status of hospitalization in the last 2 years, and perceived health.

Looking at the table, the t values for the number of days hospitalized, status of hospitalization in the last 2 years, and perceived health were negative which indicated that the influence of all the variables towards patient satisfaction on nursing care quality were negative. A negative prediction means that as the number of days hospitalized, status of hospitalization in the last 2 years, and perceived health decreases, this increases the patient satisfaction on nursing care quality. For every one unit decrease in number of days hospitalized, status of

hospitalization in the last 2 years, and perceived health, the patient satisfaction on nursing care quality increases by 1.994, 3.088, and 2.191 units, respectively.

The model summary revealed the following values: R = .510, R Square = .260, Adjusted R Square = .154, Std. Error of Estimate = .15227, F = 2.456, Sig. = .014. Therefore, the regression model created is as follows:

Patient Satisfaction on Nursing Care Quality = 4.964 – 1.994 (number of days hospitalized) - 3.088 (status of hospitalization on the last 2 years) - 2.191 (perceived health)

The equation reads that patient satisfaction on nursing care quality is the result of the constant value of 4.964 minus 1.994 of number of days hospitalized minus 3.088 of status of hospitalization on the last 2 years minus 2.191 of perceived health.

Based on the model summary, the r squared value was .260 which indicates that the total variation in the patient satisfaction on nursing care quality can be explained by the independent variables of number of days hospitalized, status of hospitalization in the last 2 years, and perceived health. In this case, 26.00 percent can be explained which is very weak. This means that the variables of number of days hospitalized, status of hospitalization in the last 2 years, and perceived health predicting job satisfaction had very weak effect. Thus, the regression model was also very weak. Based on the significant value of .014, the regression model predicts the dependent variable significantly. The value was equal to .014, and

indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

The regression analysis identified "number of days hospitalized," "status of hospitalization in the last two years," and "perceived health" as significant predictors ($p < 0.05$). This supports research indicating that prolonged hospital stays and frequent hospitalizations negatively impact patient satisfaction (Coulter et al., 2002).

Patients who experience multiple hospitalizations may have lower expectations or greater frustrations with the healthcare system. The negative correlation suggests that as the length of hospital stay and frequency of hospitalization increase, patient satisfaction declines. These findings highlight the importance of continuity of care and effective discharge planning to reduce readmissions and enhance patient experience (Manary et al., 2013).

For the local nursing sector, these insights reinforce the need for proactive care models that focus on early discharge planning, patient education, and home-based follow-ups. Strengthening outpatient services and community health programs can also contribute to reducing hospital dependency among patients, ultimately leading to improved satisfaction with nursing care.

Table 4 Personal Characteristics Predicting Extent of Patient Satisfaction on Nursing Care Quality

Variables	B	Std. Error	Beta	t	p-value	Decision	Interpretation
(Constant)	4.964	0.226	—	21.948	0.000	—	Significant
Age	0.048	0.035	0.186	1.405	0.164	Failed to Reject Ho	Not significant
Occupation	-0.017	0.060	-0.051	-0.347	0.729	Failed to Reject Ho	Not significant
Gender	0.022	0.036	0.039	0.625	0.534	Failed to Reject Ho	Not significant
Marital Status	0.002	0.041	0.006	0.047	0.963	Failed to Reject Ho	Not significant
Educational	-	0.029	-	-0.758	0.451	Failed to Reject	Not significant

Background	0.022		0.100			Ho	
Income Level	0.010	0.034	0.039	0.298	0.767	Failed to Reject Ho	Not significant
Manner of Admission to Ward	-0.038	0.064	-0.055	-1.671	0.099	Failed to Reject Ho	Not significant
Number of Days Hospitalized	-0.109	0.055	-0.187	-1.994	0.050	Reject Ho	Significant
Status of Hospitalization in the Last 2 Years	-0.072	0.023	-0.348	-3.088	0.003	Reject Ho	Significant
Perceived Health	0.052	0.024	0.253	2.191	0.032	Reject Ho	Significant

Legend: Significant if *p* value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

Other than the statistical associations seen in the tables, several significant conclusions may be drawn regarding the impact of individual patient attributes on patient satisfaction with nursing care. Individual patient attributes significantly impact expectations and satisfaction with nursing care. Hospitals and healthcare organizations have to individualize nursing practice based on age, education, and culture, boost communication efforts to improve patient knowledge and comfort, implement patient-focused care models considering socioeconomic status and medical conditions and promote discharge planning and follow-up care to improve long-term patient outcomes.

Self-Efficacy Predicting Extent of Patient Satisfaction on Nursing Care Quality

Table 5 is the presentation of the data on whether the self-efficacy of the nurses predict the extent of patient satisfaction on nursing care quality as perceived by the discharged patients. The table shows that *p* value for the independent variable of professional situations was lesser than the significant value of .05 which was interpreted as significant which further means that professional situations predicted patient satisfaction on nursing care quality. Therefore, patient satisfaction on nursing care quality is influenced by professional situations.

Looking at the table, the t value for professional situations was negative which indicated that the influence of all the variables towards patient satisfaction on nursing care quality was negative. A negative prediction means that as the self-efficacy on professional situations becomes low, this increases the patient satisfaction on nursing care quality. For every one unit decrease in professional situations, the patient satisfaction on nursing care quality increases by 2.219.

The model summary revealed the following values: R = .326, R Square = .106, Adjusted R Square = .154, Std. Error of Estimate = .15849, F = 4.641, Sig. = .012. Therefore, the regression model created is as follows:

Patient Satisfaction on Nursing Care Quality = 5.805 –2.219 (professional situations)

The equation reads that patient satisfaction on nursing care quality is the result of the constant value of 5.805 minus 2.219 of professional situations.

Based on the model summary, the r squared value was .106 which indicates that the total variation in the patient satisfaction on nursing care quality can be explained by the independent variable of professional situations. In this case, 10.60 percent can be explained which is very weak. This means that the variables of professional situations had very weak effect. Thus, the regression model was also very weak. Based on the significant value of .012, the regression model predicts the dependent variable significantly. The value was equal to .012, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

The results showing that "professional situations" significantly influenced satisfaction ($p = 0.029$). This aligns with previous studies indicating that nurses who exhibit confidence in their professional responsibilities contribute to better patient outcomes (Cicolini et al., 2022). However, the weak effect size ($R^2 = 0.106$) suggests that additional factors—such as hospital policies, nurse-patient communication, and facility resources—also play a role.

The findings underscore the importance of continuous professional development for Filipino nurses. Enhancing self-efficacy through leadership training, mentorship programs, and career advancement opportunities can lead to greater job satisfaction and improved patient care. Moreover, policies that support nurse well-being, such as manageable workloads and mental health programs, can help sustain high self-efficacy levels, ultimately benefiting both nurses and patients.

Taken as a whole the findings in this study provide valuable insights into the interplay between patient characteristics, nurse self-efficacy, and patient satisfaction in the Philippine healthcare setting. Strengthening professional competencies, improving hospital workflows, and prioritizing patient-centered care are key strategies for sustaining high-quality nursing services.

Table 5 Self-efficacy Predicting Extent of Patient Satisfaction on Nursing Care Quality

Variables	B	Std. Error	Beta	t	p-value	Decision	Interpretation
(Constant)	5.805	0.478	—	12.134	0.000	—	Significant
Attributes of Caring Situations	-0.010	0.009	-0.131	-1.140	0.258	Failed to Reject Ho	Not significant
Professional Situations	-0.025	0.011	-0.255	-2.215	0.029	Reject Ho	Significant

Legend: Significant if *p* value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

In support of the statistical correlations identified through the tables are several implications connected to the dynamic of self-efficacy (nurse and patient) toward patient satisfaction in the quality of nursing care. The dynamic between self-efficacy and patient satisfaction implies the importance of empowerment in both the nurse and patient realms. In support of facilitating satisfaction, hospitals must strengthen nurse training programs in building confidence and competence in delivering care, patient education programs to build self-efficacy and adherence to treatment, cultivate emotional intelligence and communications skills in nurses to build improved patient interaction and address workplace challenges (e.g., burnout, nursing shortage) to build nurse self-efficacy and optimize patient outcomes.

DISCUSSION

The findings of the present study illustrate the importance of the connection between the level of the nurse's self-efficacy and patient satisfaction in the quality of the nursing service, as perceived by the patients who have been discharged from a local hospital. Overall, the findings of the current research indicate that there is a positive correlation between the level of the nurse's self-efficacy and the level of patient satisfaction.

The results show that nurses who have high self-efficacy have more confidence that enables them to carry out nursing interventions, communicate effectively with patients, and act appropriately to their needs. When being discharged, the patients perceived that nursing care is more competent, well-timed, and compassionate when nurses display a sense of assurance and professionalism. The finding supports Bandura's self-efficacy theory, which emphasizes that individuals who have faith in themselves, or in other words, have self-confidence, are more likely to perform tasks well and act appropriately in difficult circumstances. Similarly, self-confidence in the context of nursing care manifests itself as consistent and patient-centric nursing care.

In particular, this study will be based mainly on the Self-Efficacy Theory by Albert Bandura. This theory explains that the individuals' belief in themselves influences their behavior, effort, persistence, and performance. According to Bandura (1977, 1986, 1997), self-efficacy can be defined as people's belief in their ability to organize and execute actions required to handle expected situations. Therefore, self-efficacy is not just self-confidence of people; instead, it is an individual's belief in himself or herself in performing a particular task under certain circumstances.

Concerning nursing practice, self-efficacy means the staff nurses' perception of their ability to carry out professional nursing functions effectively in the face of complicated patient conditions, challenging clinical situations, and unpredictable circumstances. Thus, nurses with high self-efficacy will be more confident in dealing with difficult tasks, will put more effort into completing them, will persist when they encounter obstacles, and will regulate their behavior according to professional norms. In turn, low self-efficacy will lead nurses to be more unsure of themselves, avoid challenges, or persist less in doing hard clinical work.

The Bandura's theory postulates the presence of four main sources of efficacy beliefs. The first is the mastery experiences; the second is the vicarious experiences; the third is the verbal persuasion; and the fourth is physiological and affective states. The mastery experience source of self-efficacy beliefs is viewed as the strongest among the four since successful experiences contribute towards one's strong belief in being able to undertake a task in the future. In this case, successful experiences in patient assessment, drug administration, decision making, and handling patients may increase staff nurses' self-professional capability.

Vicarious experiences take place when people observe others undertaking a certain task successfully. In this regard, staff nurses may be able to enhance their self-efficacy through observation of competent peers and colleagues undertaking complex nursing duties. Verbal persuasion refers to encouragement, positive feedback, coaching, and professional support by supervisors, colleagues, educators, and other healthcare professionals. This may boost the self-belief that nurses have the required abilities to undertake their duties.

The fourth source of self-efficacy includes physiological and affective states such as stress, anxiety, fatigue, emotion and other physical or psychological factors that could impact people's interpretation of their capability to do the task. For example, in the nursing environment, high workload, fatigue, emotional and stressors in the clinical setting could affect the perception of nurses in relation to their capability to deliver good nursing care. On the other hand, being emotionally stable and less stressful could result in good perceptions of capability.

Additionally, Bandura argued that self-efficacy belief impacts behavior in many ways. These include choices of activity, effort, perseverance and thought patterns. People with strong efficacy belief are likely to be engaged in activities more readily and they put more efforts, persevere against barriers and bounce back from difficulties. For instance, in the nursing practice, nurses who have a stronger belief in their capability in delivering clinical care will be more engaged in their practice of interacting with patients, communicating with them and meeting their needs.

The theory is very significant in establishing a basis of the possible relationship between self-efficacy of staff nurses and patients' satisfaction with the quality of care offered. In cases where the nurses believe that they have the capacity to do their duties, this can be demonstrated through their level of confidence, communication, responsiveness, decision making, and constancy in offering the services of nursing. This may then reflect on how the patients perceive the quality of care that they are receiving.

The theory does not mean that self-efficacy leads to patient satisfaction. Patient satisfaction is a multi-dimensional construct which may also be affected by the patients' expectations, health condition, duration of stay in the hospital, past experience with healthcare facilities, communication and many other things. Thus, in this study, Bandura's self-efficacy theory is a framework within which it will be established if there exists any significant association between self-efficacy of nurses and patients' perceptions of the quality of nursing care.

This study hence defines nursing self-efficacy as a vital psychological variable that may be evident through the actions and interactions of nurses during their practice. Nurses with high levels of self-efficacy may have higher

levels of confidence and perseverance in carrying out their duties, which may translate into better, more proactive and patient-oriented nursing services. Patients' satisfaction will then be analyzed as an outcome that can statistically predict the level of nursing self-efficacy along with certain attributes of patients.

In this case, Bandura's Self-Efficacy Theory serves as the fundamental theoretical basis of the investigation into the statistically significant relationship between the level of self-efficacy among nursing staff and patient satisfaction with the quality of nursing service provided. In this regard, the study does not make any assumptions of causation but empirically investigates the relationship between different levels of self-efficacy among nurses and patients' satisfaction.

The patient satisfaction scores were particularly higher with respect to aspects such as communication, responsiveness, and emotional support. These areas of patient satisfaction have been found.

In addition, it also shows that self-efficacy plays a role in helping the nurse cope with the pressure of the workload and in providing quality care despite the challenges. Patients were able to see that the care they received was better organized and more consistent where the nurse seemed to be self-assured and to be in control of all the clinical situations. This has also been shown in prior literature to suggest that self-efficacy in the nurse also plays a role in improving their job performance, reducing errors, and improving patient satisfaction.

The research also points to the role that organizational support mechanisms can play in developing nurse self-efficacy. It is clear, for instance, that although personal confidence is obviously necessary, organizational support, training, and resource considerations are also a key factor in developing a nurse’s capacity for self-efficacy, and the patient indirectly benefits from well-equipped and confident nurses.

Despite these positive findings, the study is limited to discharged patients of a single hospital within a community. Other influences of patient perception may be related to the extent of hospitalization, severity of illness, and patient expectation. However, it is of particular significance that self-efficacy skills consistently relate to patient satisfaction.

CONCLUSION

From the results of this study, it can be concluded that there is a positive relationship between nursing self-efficacy and the patients' satisfaction with the quality of nursing care services. There were higher rates of patient satisfaction in cases of higher nurse self-efficacy. Moreover, patient-related factors like duration of hospital stay, number of hospitalizations, and perceived health were found to be significant in predicting the patients' satisfaction with nursing care quality. While the level of patient satisfaction was very high in the studied hospital, further efforts should be done in professional development, patient-centered approach to healthcare delivery, and efficient hospital management to maintain those results. This may help improve the delivery of healthcare services and increase the patient satisfaction in Philippines.

Finally, the results show that patient self-efficacy plays an important role in satisfaction and recovery experience after discharge from the hospital. When patients have high perceptions of their ability to perform treatments, take medications, and detect symptoms, they usually feel more satisfied with their treatment process and recovery.

It is possible that the healthcare organizations and the healthcare professionals can help improve the self-efficacy of the patients by providing health education, giving support and advice emotionally, using communication effectively, and providing resources.

Overall, the paper shows that there is a strong connection between self-efficacy and patient satisfaction. Patient empowerment might have an impact on improving patient experience and quality of the healthcare service in general.

RECOMMENDATIONS

The following recommendations are provided basing from the findings of the study:

Nursing Practice

Hospitals should implement continuous professional development programs that enhance nurse self-efficacy, particularly in patient-centered communication and decision-making. Nurses should be trained in therapeutic communication skills, crisis management, and patient engagement strategies to improve interactions and responsiveness. Strengthening nurse-patient relationships through active listening and empathy will foster better trust and higher patient satisfaction levels. Additionally, hospital administrators should optimize nurse staffing levels to prevent burnout and ensure that nurses have the time and resources needed to deliver high-quality care. Structured mentorship programs and leadership training should also be incorporated to encourage professional growth and confidence among nurses.

Nursing Education

The Nursing curricula should integrate self-efficacy training, including simulations, mentorship programs, and leadership development. Enhancing practical learning experiences through clinical exposure, case-based learning, and skills assessments will better prepare future nurses for real-world patient care challenges. Institutions should focus on incorporating competency-based education that promotes confidence in both technical and soft skills such as teamwork, decision-making, and ethical nursing practice. Furthermore, educational institutions should collaborate with healthcare facilities to provide immersive learning opportunities where students can gain first-hand experience in patient-centered care. Strengthening continuing education programs, such as workshops and certification courses, will further reinforce self-efficacy and encourage lifelong learning among nurses. Research-based learning should also be emphasized, encouraging students to engage in evidence-based practice and quality improvement initiatives within their field.

Nursing Research

Future researches should explore the long-term impact of nurse self-efficacy on patient outcomes, including readmissionrates, medication adherence, and chronic disease management. Additionally, studies assessing the effectiveness of self-efficacy training programs in Philippine hospitals could provide valuable insights for policy improvements. Investigating the correlation between nurse workload, burnout, and patient satisfaction could provide further insights into workforce optimization strategies. Comparative studies between different hospital settings—such as public vs. private institutions—could assess how varying work environments affect nurse self-efficacy and patient care quality. Lastly, future research should explore innovative interventions, such as digital health solutions and telehealth, in enhancing nursing care delivery and patient engagement. By addressing these areas, the nursing profession in the Philippines can continue evolving toward a more efficient and patient-centered approach to healthcare.

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