Respiratory Assessment Skills And Self Efficacy Of Respiratory Assessment Among Nurses At Tertiary Hospital Lahore: A Descriptive Cross Sectional Study

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ABSTRACT

Background: Physical assessment is a systematic, organized procedure that gathers objective and subjective information from a patient's medical history and physical examination of the entire body using techniques including palpation, auscultation, percussion, and inspection. A person's confidence in their capacity to overcome obstacles and finish these tasks successfully is known as self-efficacy. A high degree of self-efficacy enables people to overcome obstacles and achieve desired outcomes by making the necessary efforts to acquire the necessary abilities

Objective:

1. To determine the Respiratory assessment skills among nurses at tertiary care hospital Lahore
2. To determine the self-efficacy of respiratory assessment among nurses at tertiary care hospital Lahore

Methodology: A cross-sectional descriptive study design was carried out at the medical and surgical intensive care units of Jinnah Hospital Lahore in July and August of 2024. All registered nurses in medical and surgical intensive care units were included in the study population. A sample of n=78 nurses were recruited through convenient nonprobability sample. Data were gathered for respiratory assessment skills using the Respiratory Assessment Skill Checklist. The test of 36 questions, graded from 0 (not done), 1 (done with help), and 2 (done correctly). Similar to this, the New General Self-Efficacy Scale, which consists of eight statements ranging from 1 (strongly disagree) to 5 (strongly agree), was used to collect data on self-efficacy. Every participant gave their written, informed consent, and the data gathering process was kept private. Following data collection, the gathered information was entered and subjected to analysis using SPSS version 21.

Results: Finding revealed that majority 61.54% of nurses having 'Satisfactory' skills, (21.79%) were found 'Incompetent', 8.97% are evaluated as needing 'Improvement' and only 7.69% of nurses exhibit 'Good Skills' Similarly The largest portion, representing 46.15%, indicates individuals with 'low self-efficacy', 42.31% 'Medium self-efficacy', and 11.54%, consists of those with 'high self-efficacy'.

Conclusion: A significant portion of the nurses demonstrated moderate to low self-efficacy in their respiratory assessment abilities while some nurses exhibited adequate competence. The overall results suggest that further training and education are essential to ensure that all nurses feel adequately prepared to perform respiratory assessments with accuracy and confidence.

INTRODUCTION:

Nursing practice is acknowledged to require assessment as a fundamental component, with it being the initial stage in the process. Better results for patients can be obtained by nurses with more accurate evaluation skills. In order to provide patients with high-quality treatment, nurses must be taught physical assessment techniques (Mitoma & Yamauchi, 2018).

The basis for responsible and high-quality healthcare is laid by the advanced abilities of nurses. Clinical nurses provide everyday care to patients by utilizing their technical, interpersonal, and cognitive skills. The acquisition of these skills is a lifelong process for nurses, since they are continually upgrading their knowledge and embracing new ones in response to societal shifts, technological advancements, and other challenges like unexpected infectious disease outbreaks (Liyew, Tilahun, & Kassew, 2021).

Physical assessment is a systematic, organized procedure that gathers objective and subjective information from a patient's medical history and physical examination of the entire body using techniques including palpation, auscultation, percussion, and inspection. Physical evaluation is a regular procedure that guarantees the nurses' participation in patient care and increases the patient's chances of recovery (Rosli et al., 2023).

The anatomy and physiology-related information and abilities related to respiratory assessment that are required in the auscultating field, such as the respiratory system that provides an early diagnosis, the ability to evaluate the client's needs and health issues in order to apply the nursing process. Critically sick patients in hospital settings are treated centrally in intensive care units, or ICUs. Owing to the patient's serious condition, skilled nurses with assessment competency in respiratory assessment are urgently needed (Latif et al., 2022).

A person's confidence in their capacity to overcome obstacles and finish a task successfully is known as self-efficacy. A high degree of self-efficacy enables people to overcome obstacles and achieve desired outcomes by making the necessary efforts to acquire the necessary abilities (Shorey & Lopez, 2021).

Self-efficacy is a reflection of one's confidence and belief in one's ability to use one's potential to accomplish goals. Self-efficacy is correlated with motivation, behavior, and mental health. In certain situations, it might serve as a reflection of a person's conduct and psychological state. There was a correlation between the self-efficacy of nurses and resilience, mental health, and occupational burnout (Xiong, Yi, & Lin, 2020).

When something goes wrong, people with high self-efficacy see it as a result of their own poor performance. Therefore, compared to people with poor self-efficacy, these people experience less stress (Pitre, Hanson, & Kumardhas, 2022).

It is imperative that nurses acquire proficiency in physical evaluation techniques to effectively handle clinical problems in patients who are critically ill upon admission. In order to manage a patient's physical health difficulties, especially in a critical care situation, it is imperative that one has rigorous physical assessment skills. When making a clinical judgment, critical care nurses value this integration of information and abilities (Rosli et al., 2023).

Critical care nurses (CCNs), who provide care for the sickest patients in a field that is undergoing fast development, highlight the significance of ongoing skill growth. Consequently, nursing research continues to place a strong priority on the development of skills. Nurses must assess their abilities to identify areas that may require development in order to build new ones (Choi et al., 2021).

Nurses' desire to care for patients with developing infectious diseases is also predicted by self-efficacy, which is a significant component. Determining the respiratory assessment abilities and self-efficacy of nurses employed in public tertiary care hospitals is the purpose of this study.

Respiratory assessment is a fundamental component of nursing practice, particularly in tertiary healthcare settings where patients often present with complex respiratory conditions. Proficiency in respiratory assessment and the self-efficacy of nurses in performing these critical tasks are directly linked to timely diagnosis, effective interventions, and improved patient outcomes. Despite its significance, limited evidence exists on the skill level and confidence of nurses in respiratory assessment, particularly in low- and middle-income countries like Pakistan. This study addresses this gap by evaluating the respiratory

assessment skills and self-efficacy of nurses in a tertiary hospital in Lahore. Understanding these aspects is essential for identifying gaps in knowledge and practice, informing targeted training programs, and enhancing nursing education. Ultimately, this research aims to contribute to improving the quality of patient care and strengthening the healthcare system through better-equipped and more confident nursing professionals.

The intention is to prevent unfavorable events in the intensive care unit (ICU) that could endanger the patient's chances of making a full recovery or possibly surviving at all. The ability to conduct a physical examination is a fundamental nursing skill. This fundamental skill, is an essential component of the nursing process. Completing a full and accurate physical assessment is critical in providing patients with safe, effective, and comprehensive treatment in today's demanding healthcare environment. Respiratory assessment skills are very important that allow nurses to assess and diagnose respiratory disorders quickly and manage the patients concerns timely. It is crucial to address the respiratory assessment knowledge, practice and self-efficacy of nurses, taking into account their limited resources and feasibility.

Objective of the Study

To determine the Respiratory assessment skills among nurses at tertiary care hospital Lahore
To determine the self-efficacy of respiratory assessment among nurses at tertiary care hospital Lahore

MATERIAL AND METHODS

A cross sectional descriptive study was conducted. The study was conducted at the medical and surgical intensive care units of Jinnah Hospital Lahore. The Study population consisted of Nurses from the Medical and surgical ICUs Jinnah hospital Lahore. A nonprobability convenient sample of n=78 participants was recruited based on the inclusion criteria.

Inclusion Criteria

- Registered nurses
- Both male and female registered nurses

Exclusion criteria

- Head nurse and administrative nursing officers
- Nurses availing the leaves due to any reason.

Ethical considerations

The rules and regulations set by the research ethical committee (REC) of the University of Lahore were followed while conducting the research and the rights of the research participants were respected. Permission was taken from participants. Written informed consent was taken from all the participants. All information and data collection was kept confidential. Participants were kept anonymous throughout the study.

Data were gathered for respiratory assessment skills using the Respiratory Assessment Skill Checklist. The test of 36 questions, each with three possible responses. The answers to the questions were graded from 0 (not done), 1 (done with help), and 2 (done correctly). Similar to this, the New General Self-Efficacy Scale, which consists of eight statements ranging from 1 (strongly disagree) to 5 (strongly agree), was used to collect data on self-efficacy.

According to original authors the scale contains internal consistency and reliability with 316 participants a Cronbach's alpha coefficient of 0.97. This scale was used within Pakistan by (Mir, Nazir, & Shafi, 2021) calculated the Cronbach alpha 0.864. Cronbach's alpha is globally used to identify the reliability or internal consistency of the study tools. A high Cronbach's alpha score reflects a high reliability of the scale and a score of 0.80 or above is acceptable (Polit & Beck, 2017. P, 308).

Participants were recruited based on their willingness with the help of a written informed consent. The filled questionnaires were collected and processed for the data analysis. Analysis was done using SPSS version 21.

RESULTS

Tables 1: Demographic Characteristics of Participants (n=78).

Age in (Years)	**f**	**Percentage**
Gender		
Females	74	94.87
Males	04	5.13
Age in (Years)		
21-25 years	13	16.7
26-30 years	49	62.8
31 years and above	16	20.5
Ethnicity		
Punjabi	78	100
Marital Status		
Unmarried	34	43.6
Married	44	56.4
Education		
General Nursing Diploma	04	5.1
BSN Generic	39	50
Post RN BSN	35	44.9
Residence		
Rural	18	23.1
Urban	60	76.9
Experience		
1-2 years	0	0.0
3-4 years	24	30.8
5-6 years	44	56.4
More than 6 years	10	12.8

Finding provides an overview of the demographic and occupational characteristics of a group of 78 individuals, primarily nurses (Table. 1). The group consists of 5.13% males and 94.87% females. Most participants (62.8%) are aged between 26 and 30 years, while smaller proportions fall in the 21–25 age group (16.7%) or are 31 years or older (20.5%). All participants belong to the Punjabi ethnic group. Regarding marital status, 43.6% are single, and 56.4% are married. In terms of educational qualifications, half (50%) hold a BSN Generic degree, 44.9% have a Post RN BSN, and smaller proportions have either an MSN (5.1%) or a General Nursing Diploma (5.1%). The majority of participants (76.9%) reside in metropolitan areas, while 23.1% come from rural regions. Professional experience varies, with the largest group (56.4%) having 5–6 years of experience, followed by 30.8% with 3–4 years of experience, and 12.8% with over 6 years. Notably, none of the participants reported having 1–2 years of professional experience.

Table 2 Respiratory Assessment Skills among Nurses (N=78)

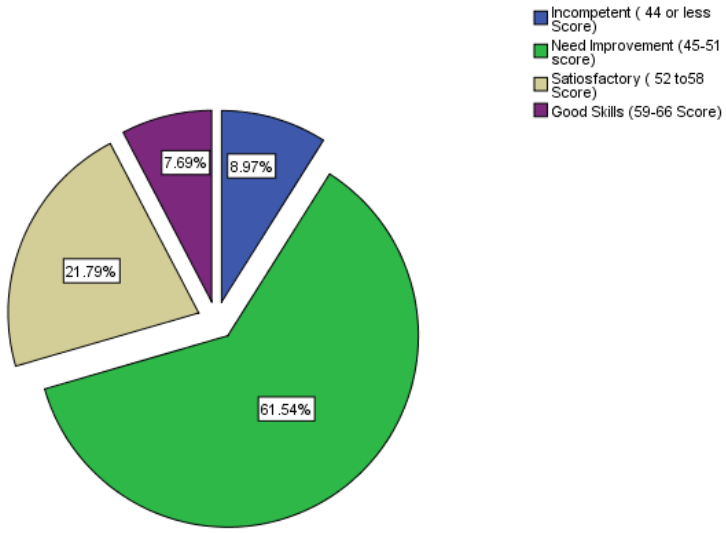
	Statement	Not Done	Done with Assistance	Done correctly

		F (%)	F (%)	F (%)
1.	Collect appropriate objective data	6 (8.33)	43 (59.72)	29 (40.27)
2.	Collect appropriate subjective data	6 (8.33)	37 (51.38)	35 (48.61)
3.	Chest pain, shortness of breath (dyspnea), wheezing, cough, sputum or hemoptysis.	3 (4.16)	49 (68.05)	26 (36.11)
4.	Assess Sputum or hemoptysis characteristics	7 (9.72)	42 (58.33)	29 (40.27)
5.	Inspect for nasal flaring and pursed lip breathing.	5 (6.94)	44 (61.11)	29 (40.27)
6.	Observe color of face, lips, and chest.	8 (11.11)	37 (51.38)	33 (45.83)
7.	Inspect color and shape of nails.	3 (4.16)	47 (65.27)	28 (38.88)
8.	Inspect configuration.	7 (9.72)	40 (55.55)	31 (43.05)
9.	Observe use of accessory muscles	5 (6.94)	44 (61.11)	29 (40.27)
10.	Inspect the client's positioning	7 (9.72)	35 (48.61)	36 (50)
11.	Palpate for tenderness and sensation.	3 (4.16)	48 (66.66)	27 (37.50)
12.	Palpate for crepitus.	3 (4.16)	38 (52.77)	37 (51.38)
13.	Palpate for fremitus.	2 (2.77)	50 (69.44)	26 (36.11)
14.	Assess chest expansion	1 (1.39)	31 (43.05)	46 (63.88)
15.	Percuss for tone.	3 (4.16)	48 (66.66)	27 (37.50)
16.	Percuss for diaphragmatic excursion	4 (5.55)	39 (54.16)	35 (48.61)
17.	Auscultate for breath sounds.	3 (4.16)	53 (73.61)	22 (30.55)
18.	Auscultate for adventitious sounds.	3 (4.16)	37 (51.38)	38 (52.77)
19.	Auscultate voice sounds.	4 (5.55)	46 (63.88)	28 (38.88)
20.	Inspect for shape and configuration.	5 (6.94)	36 (50)	37 (51.38)
21.	Inspect position of the sternum.	4 (5.55)	53 (73.61)	21 (29.16)
22.	Watch for sternal retractions.	3 (4.16)	39 (54.16)	36 (50)
23.	Observe quality and pattern of respiration.	5 (6.94)	47 (65.27)	26 (36.11)
24.	Inspect intercostal spaces.	5 (6.94)	36 (50)	37 (51.38)
25.	Observe for use of accessory muscles	4 (5.55)	51 (70.83)	23 (31.94)
26.	Palpate for tenderness, sensation, and masses.	2 (2.77)	38 (52.77)	38 (52.77)
27.	Palpate for crepitus.	6 (8.33)	50 (69.44)	22 (30.55)
28.	Palpate for fremitus.	3 (4.16)	38 (52.77)	37 (51.38)
29.	Palpate anterior chest expansion.	9 (12.50)	43 (59.72)	26 (36.11)
30.	Percuss for tone.	1 (1.39)	39 (54.16)	38 (52.77)
31.	Auscultate for anterior breath and adventitious sounds	1 (1.39)	54 (75)	23 (31.94)
32.	Percuss for tone.	2 (2.77)	37 (51.38)	39 (54.16)
33.	Percuss for diaphragmatic excursion	3 (4.16)	32 (44.44)	43 (59.72)
34.	Auscultate for breath sounds.	3 (4.16)	53 (73.61)	22 (30.55)
35.	Auscultate for adventitious sounds.	5 (6.94)	50 (69.44)	23 (31.94)
36.	Auscultate voice sounds	6 (8.33)	33 (45.83)	39 (54.16)

Table 2 provides an examination of nurses' respiratory evaluation skills, broken down into three performance levels: "Not Done," "Done with Assistance," and "Done Correctly." The information demonstrates how well nurses perform a range of respiratory evaluation duties. A large percentage of nurses need help when it comes to gathering objective and subjective data. For instance, 59.72% of nurses required support in gathering relevant objective data, whereas 51.38% required aid in gathering subjective data. Still, almost half of the nurses (40.27% for objective and 48.61% for subjective) were able to complete these tasks accurately on their own without assistance. Comparable

patterns can be seen in more difficult tasks, such as evaluating symptoms such as chest pain, shortness of breath, and other relevant respiratory symptoms, where 68.05% of participants require assistance and just 36.11% successfully complete the assignment. Specific inspection activities, such examining the client's setup and placement, proved to be challenging for nurses as well. For instance, just 43.05% of respondents were able to accurately evaluate the client's settings, whilst 55.55% of respondents needed assistance. When it came to verifying the client's location, 48.61% of the nurses needed assistance, whereas 50% of them completed the task accurately. More variability was shown in palpation skills. For example, when palpating for fremitus, 69.44% of nurses required assistance, and only 36.11% did it correctly. Assessing chest expansion, on the other hand, yielded more accurate results, with 63.88% of nurses being able to complete the task. Tasks involving auscultation and percussion, especially the evaluation of breath sounds, were more difficult. To auscultate for breath sounds, for instance, 73.61% of nurses required assistance, and only 30.55% of them completed the task correctly. Likewise, 51.38% of nurses needed help while auscultating for accidental noises, but 52.77% did it correctly. In conclusion, despite the fact that many nurses are competent in some areas of respiratory evaluation, a sizable fraction of them need assistance to carry out these tasks. Auscultation, palpation, and data collecting seem to be tasks where further training could be helpful to improve proficiency and lower the requirement for support.

Figure 1.Respiratory System Assessment Skills Among Nurses



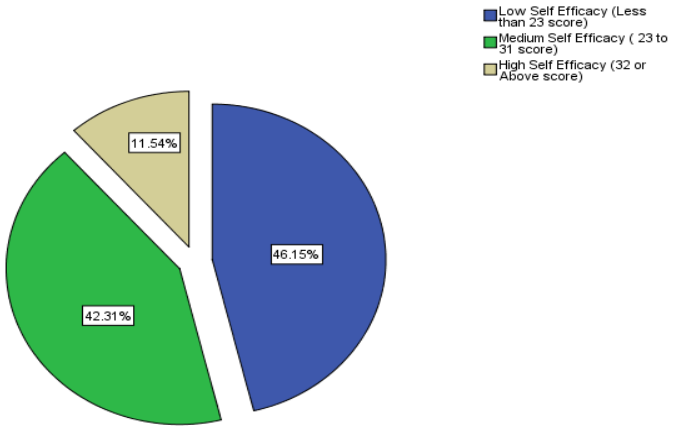
The respiratory system assessment skills of nurses are distributed among four skill levels (‘incompetent’, ‘Needs Improvement’, ‘Satisfactory’, and ‘Good Skills’) as shown in the Fig. 1. 61.54% of nurses are classified as having ‘Satisfactory’ skills, meaning that their score falls between 52 and 58 out of 72. A lesser percentage (21.79%) are classified as ‘Incompetent’ (score of 44 or less), and 8.97% are evaluated as needing ‘Improvement’ (scores between 45 and 51). In conclusion, 7.69% of nurses exhibit ‘Good Skills’, with ratings ranging from 59 to 66. According to this distribution, the majority of nurses do not have competent skills for doing respiratory assessments; and there is still room for progress and development, especially for those nurses who are less competent.

Table 3: Self-Efficacy among Nurses

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	F (%)	F (%)	F (%)	F (%)	
I will be able to achieve most of the goals that I set for performing a respiratory assessment	7 (8.97)	20 (25.64)	37 (47.43)	10 (12.82)	4 (5.12)
When facing difficulty during performing respiratory assessment, I am confident that I will accomplish them	9 (11.53)	25 (32.05)	28 (35.89)	12 (15.38)	4 (5.12)
In general, I think that I can achieve outcomes that are important to me in my respiratory assessment skills	0 (0.0)	12 (15.38)	44 (56.41)	19 (24.35)	3 (3.84)
I believe I can succeed at most any endeavor related to respiratory assessment to which I set my mind	10 (12.82)	16 (20.51))	20 (25.64	21 (26.92)	11 (14.10)
I will be able to successfully overcome many challenges in respiratory assessment.	3 (3.84)	11 (14.10)	34 (43.58)	18 (23.07)	12 (15.38)
I am confident that I can perform effectively on many different tasks related to respiratory assessment	8 (10.25)	8 (10.25)	25 (32.05)	28 (35.89)	9 (11.53)
Compared to other people, I can perform most tasks related to respiratory assessment very well	1 (0.0%)	12 (15.38)	31 (39.74)	30 (38.46)	4 (5.12)
Even when things are tough, I can perform quite well in respiratory assessment.	0 (0.0)	6 (7.69)	33 (42.30)	27 (34.61)	12 (15.38)

The table 3 presents nurses' self-efficacy regarding their ability to perform respiratory assessments, categorized by levels of agreement with various statements. When asked if they can achieve most of their goals in performing respiratory assessments, 47.43% were neutral, 25.64% disagreed, and only 5.12% strongly agreed. In facing difficulties during respiratory assessments, 35.89% felt neutral, 32.05% disagreed, and 5.12% strongly agreed. Regarding their belief in achieving important outcomes in respiratory assessments, the majority (56.41%) were neutral, while 24.35% agreed. When considering their ability to succeed in any respiratory assessment task they set their mind to, 26.92% agreed, while 25.64% were neutral and 20.51% disagreed. Regarding overcoming challenges in respiratory assessment, 43.58% were neutral, 23.07% agreed, and 15.38% strongly agreed. Confidence in performing a variety of tasks related to respiratory assessment was reflected by 35.89% who agreed, while 32.05% were neutral. Comparing their performance to others, 39.74% were neutral, 38.46% agreed, and 5.12% strongly agreed. Lastly, when asked if they can perform well in respiratory assessments under tough conditions, 42.30% were neutral, 34.61% agreed, and 15.38% strongly agreed, with only 7.69% expressing disagreement. Overall, the data shows that nurses tend to be neutral or somewhat confident in their self-efficacy related to respiratory assessments, with a smaller proportion feeling strongly positive or negative.

Fig. 2 Self Efficacy Levels among nurses



The fig. 2 illustrates the distribution of self-efficacy levels among individuals, categorized into three groups based on their scores. The largest portion, representing 46.15%, indicates individuals with 'low self-efficacy', defined by a score of less than 23. 'Medium self-efficacy', with scores ranging from 23 to 31, makes up 42.31% of the group. The smallest segment, 11.54%, consists of those with 'high self-efficacy', reflected by scores of 32 or above. This visualization suggests that nearly half of the participants have low self-efficacy, while a smaller portion has high confidence in their abilities.

DISUSSION

With over 92% of participants being female and less than 8% being male, the gender distribution of this study indicates that women outnumber men. The results are consistent with other studies that found that, respectively, 97.3%, 87.2%, and 73.2% of the participants were female (Xiong, Yi, & Lin, 2020), (Harry et al., 2020) (Kaur & Rizvi, 2024). The age distribution of the participants in the current study was also found to be consistent with that of previous studies, where the majority of participants were between the ages of 26 and 45 (71.7%) and the majority of respondents (62.8%, n = 49) were between the ages of 25 and 45 (Kaur & Rizvi, 2024) (Xiong, Yi, & Lin, 2020) (Harry et al., 2020).

The majority of individuals over 56% are married, according to the statistics on marital status in this study. Results are in line with earlier research (58.3% married) (Latif et al., 2022), the percentage of married study participants was 78.9% (Liyew, Tilahun, & Kassew, 2021). These findings imply that married individuals make up a significant share of study participants in the healthcare field, which is consistent with a demographic trend seen in many research settings.

The current study's examination of resident locations reveals that 76.9% of respondents lived in urban areas. Additionally, between 50% of respondents hold a BSN generic qualification, and 44.9% hold a Post RN BSN qualification, and a very small percentage hold a general nursing diploma. The findings align with previous studies in which participants' residence areas were classified as urban (72.2%) and rural (27.8%) (Latif et al., 2022), the subject (85.5%) lived in an urban area (Kaur & Rizvi, 2024). Similar findings about the participants' educational backgrounds have been discovered in other studies, wherein 83.3% and 72.5% of the respondents met the requirements for a Bachelor of Science degree in those studies (Liyew, Tilahun, & Kassew, 2021), (Sharour et al., 2022).

The results of this investigation also indicate that most participants in all three groups (53.8 to 57.7%) had between five and six years of experience. Harry et al., 2020, where 52.6% of participants had between two and ten years of experience, supports this finding (Harry et al., 2020). Nearly half of the nurses had major professional titles and fewer than ten years of work experience, according to another earlier

survey (Xiong, Yi, & Lin, 2020). The aforementioned suggests that a considerable number of nurses participate in additional professional development and research endeavors during their early to middle career phases, given that participants in studies pertaining to nursing often have mid-level professional experience, which is typically less than ten years.

The current study revealed that 61.54% of nurses are classified as having 'Satisfactory' skills, (21.79%) are classified as 'Incompetent' and 8.97% are evaluated as needing 'Improvement. In conclusion, 7.69% of nurses exhibit 'Good Skills'. According to this distribution, the majority of nurses do not have competent skills for doing respiratory assessments; and there is still room for progress and development, especially for those nurses who are less competent. In a prior study, consistent results were found: 10% of respondents had a complete absence of respiratory assessment abilities; 33% of nurses assessed their skill level as poor; 37% as moderate; and 20% as high (Majder et al., 2020).

Inconsistent results from a previous study suggested that nurses in intensive care units were doing a decent job of physically assessing critically ill patients. 153 (51.2) with a 95% confidence interval (45.8, 56.9) of nurses scored above the mean, and 146 (48.8) with a 95% confidence interval (43.1, 54.2) of nurses scored below the mean. The nurses' practice scores for physical evaluation ranged from 25 to 147, with 25 being the least and 147 being the maximum (Liyew, Tilahun, & Kassew, 2021). Similarly in another study the mean score of the CCNs' self-assessed information gaining skills was 81.9 (SD 11.5), which is considered to be excellent (Alastalo et al., 2023).

The largest portion in this current study, representing 46.15%, indicates individuals with 'low self-efficacy', 42.31% of the group 'Medium self-efficacy', and the smallest segment, 11.54%, consists of those with 'high self-efficacy'. This visualization suggests that nearly half of the participants have low self-efficacy, while a smaller portion has high confidence in their abilities.

Findings from a prior study that assessed nurses' self-efficacy revealed somewhat consistent results: 6% of participants had very poor self-efficacy, 14% had poor self-efficacy, 16.66% had moderate self-efficacy, 28% had good self-efficacy, and 35.33% had very good self-efficacy on their clinical practice (Kumar & Sahu). previous cross-sectional study had conflicting results, showing that 56% of students had high levels of self-efficacy, followed by moderate levels in 35.51% and low levels in 8.41% (Pitre, Hanson, & Kumardhas, 2022).

In a similar way, the opposing findings of a different study indicate that nurses at the University Padjadjaran Faculty of Nursing had a high degree of self-efficacy in carrying out fundamental clinical tasks, with 53.3 percent exhibiting high self-efficacy (Aprilia, Agustina, & Pratiwi, 2024). It was discovered that 43.68% of study participants had low self-efficacy and 56.32% of students had greater levels of self-efficacy (Mukherjee et al., 2024).

The current study shows a predominance of individuals with low or medium self-efficacy, which contrasts with other studies where either students or nurses reported higher levels of confidence. Variations could be due to differences in sample populations, contexts (e.g., clinical practice vs. academic settings), or cultural factors. This highlights the diverse nature of self-efficacy, which may be influenced by environment, education, or professional experience.

CONCLUSION

The study investigating respiratory assessment skills and self-efficacy among nurses at a tertiary hospital in Lahore revealed critical insights into the proficiency and confidence levels of healthcare providers in this essential aspect of patient care. The findings indicated that a significant proportion of nurses demonstrated moderate to low self-efficacy in performing respiratory assessments, reflecting underlying gaps in their confidence and skill sets. While some nurses showed adequate knowledge and competence in this area, the overall results underscore the need for structured interventions to address these deficiencies.

Targeted training programs, continuous professional development opportunities, and hands-on practice sessions can play a pivotal role in enhancing nurses' respiratory assessment skills and their confidence in performing these tasks. Bridging these gaps is particularly important, as accurate and confident respiratory assessments are vital for early detection of respiratory issues, timely interventions, and overall patient

safety. Strengthening nurses' self-efficacy in this domain will not only enhance their individual performance but also contribute to better clinical outcomes and an improved standard of care within the hospital. These findings call for hospital administration and policymakers to prioritize investments in nursing education and training focused on respiratory care to optimize healthcare delivery and patient well-being.

Recommendations

Based on the findings of this study, several recommendations can be drawn to address and manage the respiratory assessment skills and low self-efficacy.

1. **Enhanced Training Programs**
   Regular, hands-on workshops and training sessions focused on respiratory assessment skills should be provided to all nurses. This will help improve their practical knowledge and build confidence in assessing and managing respiratory conditions.
2. **Continuous Education**
   Incorporate respiratory assessment as a core part of continuous nursing education, ensuring that nurses stay updated on the latest techniques, guidelines, and best practices in respiratory care.
3. **Simulation-Based Learning**
   Introduce simulation-based learning in the hospital's training programs. Simulated clinical scenarios can help nurses practice respiratory assessments in a safe, controlled environment, allowing them to refine their skills without the risk of compromising patient safety.
4. **Mentorship and Peer Support**
   Establish a mentorship program where senior nurses with strong respiratory assessment skills guide and support junior or less experienced nurses. Peer support can boost self-efficacy by fostering a collaborative learning environment.
5. **Regular Assessment and Feedback**
   Implement routine assessments and provide constructive feedback on nurses' respiratory assessment skills. Performance evaluations and personalized feedback will help nurses identify areas for improvement and increase their self-confidence.

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