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Design and validation of sources scales of self-efficacy in cardiopulmonary resuscitation for professionals: Mastery Experiences scale; Emotional and Physiological States scale

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Keywords	Self-efficacy, Cardiopulmonary resuscitation, questionnaires, validation studies, survey research, psychometrics
Abstract	<p>Aim: to design and validate two technically appropriate measures of the two main sources of self-efficacy in CPR: Mastery Experience (ME); and Emotional and Physiological States (EPS).</p> <p>Design: cross-sectional descriptive observational study. Two self-efficacy antecedent scales were designed, after a qualitative study with expert consensus and a pilot study in 29 professionals, composed of 14 items on the Mastery Experience scale (ME) and 17 items on the Emotional and Physiological States scale (EPS). An online response (Gandía BarbiWin program) was obtained in a sample of 1,400 professionals with experience in CPR (441 doctors, 769 nurses, and 190 Health Emergency Technicians) from 17 Spanish communities. Different psychometric analyzes were carried out.</p> <p>Results: the reliability of the ME scale in CPR, measured by Cronbach's Alpha coefficient (α), has adequate internal consistency ($\alpha > 0.80$) being higher in physicians ($\alpha = 0.93$), followed by nurses ($\alpha > 0.90$) and paramedics ($\alpha = 0.81$). The internal structure and factorial validity in physicians is univariate (Variance explained 67.52%), being bifactorial for the total sample (73.02%) and subsamples (nurses 71.59%, paramedics 62.90%). The reliability for the EPS scale in CPR is more modest ($\alpha = 0.71-0.81$) and contemplates a bifactorial internal structure for all cases (51.99%).</p> <p>Conclusion: the psychometric results allow us to affirm the availability of two antecedent measures of self-efficacy in CPR: the ME scale and the EPS scale, with sufficient guarantees of reliability and validity to be used in assessment, training and / or clinical practice.</p>
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