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Exploring the Perceptions of Nursing Students' Self-Confidence in the Acute Care Setting

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EXPLORING THE PERCEPTIONS OF NURSING

STUDENTS' SELF-CONFIDENCE IN THE ACUTE CARE

SETTING

BY

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OF

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Abstract

The challenge of translating knowledge learned in the classroom into real life situations for students has been an issue in nursing education for many years. Very few research studies have been conducted that address what factors positively and negatively affect nursing students' self-confidence in the clinical setting. The purpose of this study was to explore the perceptions of nursing students' self-confidence in the acute care setting and the factors that enhanced or inhibited their self-confidence. The specific research questions that guided this study were: What are the perceptions of nursing students' self-confidence in the acute care clinical setting? What factors improve students' self-confidence in the acute care clinical setting? and What factors negatively impact nursing students' self-confidence in the acute care clinical setting? An exploratory descriptive qualitative design utilizing the Critical Incident Technique (CIT) was used to collect data from senior nursing students who had at least two acute care clinical practicums. In-person, open-ended, semi-structured face-to-face audio-recorded interviews were used to collect the data from 11 senior students from two different colleges of nursing. Data obtained from CIT's were analyzed through an inductive classification process. A total of 21 incidents were derived from the data. Six of the incidents were related to the delivery of patient care and learning skills, another seven were related to medication administration, and eight were related to communication. The belief by the students that they could be successful in providing effective patient care was a contributing factor in enhancing their self-confidence. Knowing how to perform procedures and administer medications, and being educated prior to the performance of a nursing skill, resulted in the students feeling more self-

confident in themselves and in their ability to be successful. Making a difference in a patient's life, open communication, feeling like a member of a team, feeling that they (the student) could be trusted to care for the patient, and having support from the staff nurses and clinical instructors were also found to positively influence the students' development of self-confidence. Factors that negatively impacted the students' self-confidence included not being educated, a lack of communication, lack of support, lack of trust, and not feeling like a member of a team. Implications for knowledge development, research, nursing education, and nursing practice are discussed. Further research is needed to explore the development of self-confidence over the course of a students' undergraduate education. Additionally, more qualitative research studies with larger samples, including male students, students with diverse backgrounds, and students with previous health care experiences will contribute to the literature on nursing students' self-confidence.

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I have had the incredible opportunity over the last six years to teach many nursing students in the clinical setting. Thank you to all of my former students for teaching me the importance of developing self-confidence. I would like to acknowledge the 12 students who took the time to share their clinical experiences with me. Your experiences have inspired me to be a better nurse and educator.

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To my mother-in-law and father in-law, Jo and Nick, thank you for always being there for my family. Words cannot express how much I appreciate all that you have done and continue to do for us. I am blessed to be part of your family.

Dedication

This dissertation is dedicated to my late grandfather, Edward J. Walsh, and my husband Peter. Gramps, thank you for always believing in me and always seeing the good in everyone. While you are no longer here physically, I know you are watching over me. Without you, I would not be where I am today. I love and miss you.

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Preface

Looking back to my experiences as a student nurse, I can say that I first became interested in the concept of self-confidence when I was in my final semester as an undergraduate nursing student. Each week I had to go to the hospital the night before my assigned clinical day to gather information on the patient I would be caring for the next day. After a couple of weeks, I asked my clinical instructor if I could just come in the morning of clinical to obtain this information. My rationale for this was that I would soon be in the "real world" of nursing and I would not have that same opportunity. Each week she told me "no". I found this very frustrating and remember thinking to myself, why? Is it because she doesn't think I can handle it? Or maybe it is because I can't handle it.

As the semester progressed, I became less confident in both myself and my ability to perform as a nurse. I felt that I needed to gather "ALL" of the information on my assigned patient the night before clinical. I became overwhelmed and thought to myself maybe nursing just wasn't for me.

At my mid-semester evaluation, my instructor asked me if there was something going on with me, because she felt that I had been distracted the past few weeks. I told her how I was feeling and expressed to her that she had made me feel as though I was not able to handle the duties of a nurse without someone "holding my hand". I also told her that this made me doubt myself and I was no longer convinced that I should become a nurse. She told me that it was not that she didn't think that I could not "do it"; but that she needed to be sure that I was ready to handle the next step. She

promised me that the last two weeks of the semester I could come in the morning of clinical to get the necessary information on my patients.

The final two weeks as a nursing student were probably the most memorable. I remember feeling like a "real nurse" each clinical day. I was able to handle the demands of the patients with minimal guidance from my instructor and as the day progressed I felt more and more confident in myself as well as my ability to perform the required nursing skills.

Eleven years later, when I became a nurse educator, I promised myself that I would always try to help develop confidence in my students no matter what the situation was. During the past six years, I have become more and more interested in exploring what the concept of self-confidence means to undergraduate nursing students and to see what factors affect their self-confidence.

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Chapter I

Introduction

The challenge of translating knowledge learned in the classroom into real life situations for students has been an issue in nursing education for many years. The theory-practice gap has been shown to delay student learning as well as cause feelings of low self-confidence (Sharif & Masoumi, 2005). According to several authors, nurses' competence in delivering effective patient care is strongly related to their self-confidence (Chesser-Smyth & Long, 2013; Kim, Lee, Eudey & Dea, 2014). In addition, a number of authors have found that low levels of self- confidence can affect clinical decision making skills (Hegarty, Walsh, Condon, & Sweeney, 2009; Janhanpour, Sharif, Salsali, Kaveh, & Williams 2010; Taylor, Irvine, Bradbury-Jones, & Kenna, 2010; White, 2009) which are essential in delivering safe patient care.

Nursing students have reported that the most influential source of self-confidence is clinical skill performance (Brown et al., 2003; Chesser-Smyth & Long, 2013; Crooks et al., 2005; Pike & O'Donnell, 2010; Porter, Morphet, Missen, & Raymond, 2013; Sinclair & Ferguson, 2009). Algoso and Peters (2012) found that negative clinical experiences have a greater influence on student self-confidence and attitudes in the clinical setting than positive ones. Several authors have noted that self-confidence in the clinical setting builds with clinical success and reinforcement (Chesser-Smyth & Long, 2013; Clark, Owen, & Tholcken, 2004). Although the literature describes the crucial nature of self-confidence, it is surprising that very few research studies have been conducted that address what factors positively and negatively affect nursing students' self-confidence in the clinical setting.

Nurse educators need to understand the concept of self-confidence in order to facilitate the success of nursing students and their learning of technical and nontechnical skills. Further investigation of the role of the nurse educator in the clinical setting or simulation, regarding the promotion of self-confidence in their students is warranted (Perry, 2011).

Impetus for This Study: Preliminary Exploration

Prior to identifying the purpose of this study and delineating the research questions, this author informally interviewed two nurses who had had their senior clinical experience with this author in the prior year. The purpose of these interviews was to begin to explore what factors affected the self-confidence of students in the clinical setting.

Interview one (each interview uses a pseudonym).

Alice recently obtained a position as a new graduate in a metropolitan hospital. After a brief conversation about her position as a new graduate, Alice was asked about her transition to her new position. She stated, "I love it. I am in the labor and delivery room. I wasn't sure if that was the place for me to be as a new nurse. Everyone always says that you need to get your feet wet first and do a year or so on a medical/surgical floor. So, I was a little bit nervous. But when they called me a few days after the interview and offered me the position, I thought what do I have to lose. It's a job. The position is mine as long as I pass my boards. I haven't taken my boards yet, but I am scheduled to take them in two weeks. I already began orientation and so far, everything is going well. It is really awesome. The staff is great and my preceptor is so patient and smart. She reminds me of you." I wasn't sure where to go with her

response, so I asked her if she could clarify what she meant. "You were always so patient and approachable. You never made me feel like I couldn't do something. I was never nervous or afraid, well maybe I was nervous at first, but you always made me feel like I could do things. Remember when I told you the first class that I didn't like med/surg, I think I said that because I didn't have the faith in myself to do certain skills and to bring everything together. I didn't feel that way at the end of the semester. You gave me the opportunity to do so much. I felt like a real nurse at the end. I knew that I could do the skills and bring everything together. My preceptor is the same way. She takes the time to explain things to me then shows me and then I actually perform the skills on the patient. We then reflect on what we did and why we were doing it that way. You always took the time to show us how to do something, let us actually perform the skill, and then we would talk about why it had to be done for that patient.

In my previous med/surg clinical, the instructor would say that a patient needed to have something done, but she didn't let us actually perform the skill on the patient. She would show us by doing the skill herself. It was so frustrating. Even in my pediatric clinical, all we did was color and play with the kids. I think I only gave Tylenol. Looking back on last semester, I can't believe I told you that I hated med/surg on the first day." After a brief discussion of why she chose nursing we talked about her experience as a nursing student. "I was definitely overwhelmed. I took all of the classes that I had to in order to get accepted into the nursing program my first year. They were really hard for me because I don't memorize well. I remember thinking to myself that if I could get through these classes, and then I could

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get through nursing. I think that the first nursing class I took, nursing 203, was the one class that totally stressed me out. I hadn't heard a lot of the terminology and I felt that it was all memorizing. I didn't have any past knowledge to help me learn. That class was everything all at once. It was the first time that I had to study like a nursing student. The questions on the tests were different than what I had been used to. I would over analyze the questions and say to myself, this word might mean this etc. It was the way the questions were worded. I need to bring the pieces together in order to see the big picture. I think that class (nursing 203) was a transition class for me. It really got me focused on what I needed to do in order to graduate." "I think that certain teachers know how to read each one of their students and not just generalize the students all together. All students learn differently, have had different experiences and different comfort levels. That clinical was the first time that I felt I could take care of a patient confidently. It all started to make sense for me then. By the last day of clinical I was taking care of three patients. I had never expected to be taking care three patients in nursing school.

My first med/surg clinical was the semester before and it was not a good experience. The teacher was okay, but the unit we were on was not good for students. My teacher did not let me really do anything. The nurses on the unit had been there a really long time and I felt that we (the clinical group) were more of an annoyance. That was really hard for me. I felt that the teacher did not have a lot of patience and felt that she really didn't want to be there. I think that a reason I didn't feel confident, especially in the medical/surgical setting, was because of this teacher. She dropped my clinical grade an entire letter because she said that I didn't have enough confidence.

She told me in my final evaluation that I know what I am doing, but that I just need to be more confident in myself. That was the first time, in my final evaluation, that she had ever said that to me. I don't think that she was trying to be mean, but after that, not being confident was always a constant thought in my mind."

Alice continued "I think that most of the skills that I learned that semester were on my weakness list. I can honestly say that by the end of the semester I felt I had come so far. I finally felt that I had some idea of what was expected of me as a new nurse. At the end of that clinical I felt I could actually move on. I didn't feel that way at the end of any other clinical except maternity. Maybe it was because that was my final semester, but I really felt that all of the days I spent with you in clinical got me to the point of being confident in my abilities. You always dealt with every situation with patience and calmness. You made me understand why I was doing certain things before having me do them. I remember that you would always tell me before we went in the patient's room to not forget that there was a patient there and to talk to the patient. It is so hard as a student to actually perform the skill and talk to the patient at the same time. But you always pointed out how important it was to make the patient feel comfortable. You were a different kind of teacher. You were more laid back and you helped me to figure things out on my own. You made me understand how to do things, and also helped me understand the process behind it."

Explaining procedures to Alice proved to be beneficial for her. She told me that just going over what she needed to do ahead of time helped her feel more comfortable doing the procedure. I think that by going over skills with students before they do them as well as while they are doing the skill helps improve their confidence

in the skill itself. I knew that Alice would do fine with this procedure, because as I was explaining it to her the first time, I could tell by the look on her face that she was listening to every word I said and knew that she could trust me to teach her the right way of changing the dressing.

I also found it interesting that I had to "remind" her to communicate with the patient as she was doing the procedure. Communication with the patient is essential in providing good nursing care and part of my personal practice. Students tend to get fixated on the task at hand and focus so much of their energy on that task that they "forget" about the patient. I believe that it is crucial that as educators, we simultaneously teach communication and skills training.

Interview two.

Sam was another one of my former students and been working at Mass General Hospital in Boston for the last 6 months. Our conversation started off very casual. He told me about his new job and how much he loved nursing. I asked him if he could recall anything specific about what helped or hindered his success as a student and or as a novice nurse. He told me that the instructors who were passionate about teaching and nursing were the best, however he said some of the instructors who were part-time or were "teaching to supplement their income" were the ones who were disorganized and didn't give the students the best opportunities. These instructors didn't go above and beyond to find teachable moments and they relied on the staff nurses to teach the students. The only problem was that when the staff nurses weren't receptive to the students, we had a really tough time. "I remember feeling so intimidated. I guess it depended on the teacher you had. Some of my other friends didn't think that way, but

I always put more pressure on myself to do the best." He told me about his junior medical surgical nursing clinical and said that his instructor was not passionate at all about teaching. He said that weekly, the group would arrive on the floor at 7am and the instructor would show up around 7:30am. She would then assign us to a nurse and all we would do was follow the nurse around for the day. If we were lucky, we would maybe be able to give an oral medication. It was very intimidating. Then all of a sudden, she would come up to us and ask us a question about a med or something and if we didn't know the correct answer, then she would tell us that our grade was going to be affected. He told me that he was frustrated in that clinical and that felt that he was not given the opportunity to grow as a student.

He told me how different it was when he got to his senior med/surg clinical. "I felt so nervous because this was my last semester. I remember thinking that if I didn't get what I needed from that clinical; I was not going to be a good nurse. I was so fortunate to have you as an instructor, because you didn't make us nervous and you always kept it real. You found us the most difficult patients and you always told us that we could do it. You didn't make us feel that if we didn't know how to do something that we would end up with a bad grade. No matter what, I was concerned about my final grade, but you treated me with respect and never made me feel like I was going to fail. I knew that you were always there to support me. I needed to know that you were there, but at the same time, you gave me independence. I think that students need that (independence) in general. I remember when you said to me that in a few weeks you wouldn't be there anymore and that I had to start being more independent. That was one of the most important things that you said to me. I will

always remember that. You knew that I had the ability and was competent to perform the skills and care for the patient." He couldn't remember exactly what the patient was in the hospital for that day, but he remembered that he hung an IV with me outside the door and he told me that he had such a feeling of accomplishment and that was the day that was the turning point for him.

He told me that he remembered the first day of clinical and that he was very nervous. He was not sure how the semester would go, as he knew at the time that I was a per course instructor. He told me that his final clinical was the best of his entire time in the nursing program. He told me that he learned more in that clinical than he did in any other. He said that he could not remember specific patients; but that he remembered that the skills he learned in that clinical have been invaluable to him in his professional nursing career. He told me that as a student, he was looking for opportunities to perform the skills that he had learned in the lab setting. "We had our clinical time cut back. We only had one day of jr. med/surg and like I said before, I did not have a very good experience. I needed the confidence in doing the things that nurses need to know how to do. I think that that comes first. Once you learn how to do things like giving an injection or calculating and hanging an IV, you can concentrate on the other things like the assessment and all of the paperwork. You always found me the patients that were not only challenging but that had a lot of things to do. I remember that every week I was on the floor, I hung an IV med and gave an injection. You always challenged us, in a good way. I looked forward to clinical each week. I only wish that I had more time on the floor. The off-unit experiences were valuable, but I think that most students are looking for more time on the floor with the patients

and learning more. When I was off the floor, all I did was observe. The nurses' I was with did not let me do anything. They just told me what they were doing and I had to watch. It was not the best learning opportunity."

In the first interview, I was looking for development of her ability, as evident in the first interaction that I had with her. Confidence in her skills undoubtedly took place over the course of the semester. The importance of being able to communicate, at the same time as performing the skill(s), was also found to be significant. Initially, it appeared that she had no problem communicating with the patients as long as she was not performing a specific task. This changed over the course of time as she became more confident in her ability.

The second interviewee clearly underscores the importance of learning how to do specific nursing skills. Being able to perform the skills that he had learned in the laboratory setting, in the clinical with patients, played a key role in developing his self-confidence. This student believed that being confident in performing nursing skills was essential for him to be capable to be a novice nurse. From the interviews with these two new graduates, this author discovered that they felt a lack of self-confidence in their ability to perform nursing skills at the start of their senior medical/surgical clinical, and that their self-confidence in their ability had significantly improved at the end of semester. Being able to communicate with the patient at the same time they were performing certain skills was also found to be significant. This supports that it is imperative for nurse educators to concurrently teach students both technical and communication skills.

Purpose of this Study

Since self-confidence has such a critical role in the development of nursing students' clinical ability, it is important to identify how students perceive self-confidence and what factors promote or diminish their self-confidence in the clinical setting. The identification of such factors could help nurse educators develop educational approaches and teaching strategies to guide student nurses through the clinical practicum process.

Research Questions

- What are the perceptions of nursing students' self-confidence in the acute care clinical setting?

- What factors improve students' self-confidence in the acute care clinical setting?

- What factors negatively impact nursing students' self-confidence in the acute care clinical setting?

Significance of this Study for the Discipline of Nursing

Several authors argue that competence and self-confidence are the most important factors that enable students to make decisions about patient care (Bland, Topping, & Wood, 2011; Blum, Borglund & Parcells, 2010; Hagbaghery, Salsi, & Ahmandi, 2004; Hansen & Bratt, 2015; Luctar-Flude, Wilson-Keates, & Larocque, 2012; Mould, White, & Gallagher, 2011). Nurse educators are faced with the difficult challenge of helping nursing students apply the knowledge they learn in the classroom into real life situations. The transition from the classroom to the practicum setting can be intimidating and lead to feelings of incompetence resulting in low clinical self-

confidence for the student (Morgan, 2006; National Advisory Council on Nurse Education and Practice, 2010). Facilitating self-confidence in nursing students provides a foundation for them to acquire knowledge and successful in the implementation of clinical skills (Al-Sagarat, AlSaraireh, Masa'deh, & Moxham, 2015).

Townsend, Wilkinson, Bamber, and Allan (2011) assert that confident students will engage in different opportunities in the clinical setting whereas less confident students often may be more hesitant to engage in more challenging situations. It is through the application of knowledge and skills in the clinical setting that a student's self-confidence is enhanced. Therefore, educators must be able to identify self-confidence in their students and utilize teaching strategies that will enhance their self-confidence.

This chapter discussed the concept of students' self-confidence through the author's professional lens and has identified the importance of exploring the self-confidence of nursing students in the acute care clinical setting. Chapter 2 contains a literature review, with a discussion of scholarly work that has been done previously. Chapter 3 includes the methodology of the study, the approach to data collection and data analysis. The study findings are discussed in Chapter 4. A summary, conclusions, and implications are found in the final chapter. Appendices and tables include institutional review board approval, recruitment scripts, approved informed consent, demographics form, interview questions, an outline of the critical incident technique, description of categories found, demographics table, and finally references.

Chapter II

Literature Review

Introduction

The National League for Nursing (NLN) has had a longstanding commitment to advancing the science of nursing education. In the early 1980s, the Council for Research in Nursing Education was created and provided financial support for small research projects in nursing education. In 2002, the NLN was the first national nursing organization to assert that nurse educators require specialized educational preparation and that nurse educators must be involved in "the conduct of pedagogical research and contribute to the ongoing development of the science of nursing education" (p.1). They emphasize the need for excellence in nursing education with the goal of building a strong and diverse nursing workforce that is needed to transform our health care system. In 2016, the NLN published their Vision Statement for Advancing the Science of Nursing Education. Nursing Education Research Priorities for 2009-2016 are included in this document. The NLN strongly urges nurse educators to conduct research to close the gap between nursing education and nursing practice.

New graduate nurses are confronted with many challenges as they transition from the student role to the novice professional nursing role. These include an increasing number of patients with complex conditions, lack of reliable and experienced mentors, diversity in the workplace, and horizontal violence (Halter, Stoffers, Kelly, Redding, & Carr, 2011; Hofler, 2016).

Many students feel that their clinical experience does not effectively prepare them for their role as a professional nurse (Cowen, Hubbard, & Hancock, 2016;

Elliott, 2002; Flott & Linden, 2016). Failure to provide appropriate clinical experience has consequences not only for the student but for the profession as well. A poor clinical experience can result in disillusionment towards the nursing profession leading to students voluntarily withdrawing from nursing school (Del Prato, Bankert, Grust, & Joseph, 2011; Pierce, 1991; Wells, 2007).

With an ever-changing health care system, new nursing graduates, as they transition to their new roles as professional nurses, require the ability to think critically, often in short periods of time, and deliver safe quality care to a patient population that have complex health care needs.

A number of authors have noted that nursing students' self-confidence can affect whether they make the right decisions in the clinical setting, which are essential in delivering safe patient care (Chesser-Smyth & Long, 2013; Hegarty, Walsh, Condon, & Sweeney, 2009; Jahanpour, Sharif, Salsali, Kaveh, & Williams 2010; Taylor, Irvine, Bradbury-Jones, & Kenna, 2010). According to some authors, self-confidence directly affects students' perceived level of competence (Kim et al., 2014).

Nurse educators need to promote self-confidence in their students in the clinical setting (Lundberg, 2008; Perry, 2011). In order for students to develop self-confidence in the clinical setting, they need to believe in their ability to provide safe and effective nursing care to their patients (Chlan, Halcon, Kreitzer, & Leonard, 2005). When students feel competent in their clinical skills, they feel more self-confident (Brown et al., 2003; Chlan et al., 2005; Crooks et al., 2005; Porter, Morphet, Missen, & Raymond, 2013). Empowering students to feel self-confident in the practice setting is critical for their success as a professional nurse. Examining factors

that positively and negatively impact a nursing student's self-confidence in the clinical setting is of great importance and is the impetus for this literature review.

Methodology

The initial approach to this literature review included an in-depth search of the following databases: Google Scholar, CINAHL, PubMed, Ovid, Web of Science, Science Direct and ERIC. Keywords utilized in the search included nursing students, medical students, clinical students, confidence, self-confidence, clinical confidence and clinical education. To ensure that a complete and thorough search was performed, reference lists of articles that were relevant were also reviewed.

Initial results revealed over 1000 articles. To narrow the search, the following criteria were implemented: (1) source types were limited to peer reviewed academic journals and periodicals; (2) publication date limits were set to January 1998-December 2013; and (3) articles had to be written in English. With these criteria in place, the search revealed a total of 142 articles. A detailed examination was performed for the significance of these studies as they relate to students' self-confidence in the clinical setting, resulting in a total of 21 studies (19 from nursing education and 2 from medical education). A second literature review was conducted to broaden the search to include research that was published from January 2014 -May 2017. The same data bases were used with the addition of Dissertation Abstracts from 2000-2017. Given the results of the initial search, terms used for this second search included self-confidence, confidence, and clinical confidence of nursing students. This search revealed an additional 10 studies. The literature review continued by hand reviewing selected articles that were cited as references.

Definitions

When we look at the literature, there is a great deal of confusion regarding the concepts of self-efficacy, self-confidence and their relationship to competence. It is important to delineate and clearly understand the differences between these three concepts in order to clarify any discrepancies that have been found in the literature.

Self-confidence.

Although confidence or self-confidence and self-efficacy are often used interchangeably in the literature, they are different concepts. The word confidence originates from the Latin word *confidere*, which means "to be sure," "to believe in," or "to have full trust." Self-confidence, then, means to have "to have full trust in yourself" or "to believe in yourself." The American Heritage Dictionary (2017) defines self-confidence as the confidence in one's self or one's abilities. Oxford Dictionary (2017) defines self-confidence as trust in one's abilities, qualities, and judgment. The Collins Dictionary (2017) also defines self-confidence as confidence in one's own powers, judgments, etc. All of these dictionary definitions are comparable.

A number of authors in both nursing and psychology use definitions of self-confidence that agree with the dictionary definitions above (Hayes, 2003; Laird, 2005; Moreno, Castillo, & Masere, 2007; Perry, 2011; Polivy & Herman, 2002; Renner & Renner, 2001; White, 2009). Merriam Webster's Online Dictionary (2017) defines self-confidence as the belief in one's self and in his/her powers and abilities. Shrauger and Schohn (1995) define self-confidence as, "a person's sense of their competence and skill, their perceived belief that they are capable to deal effectively with various situations" (p. 256). It is important to note that Merriam Webster's Online Dictionary

(2017) and Shrauger and Schohn's (1995) definitions of self-confidence include the belief that a person has in his/her ability to be successful. For the purpose of this study, the above definition of self-confidence will be used.

Self-efficacy.

American Heritage Dictionary (2017), Merrim-Webster's Online Dictionary (2017), and Collins Online Dictionary (2017) do not define the term self-efficacy. They define efficacy as the quality of being successful in producing an intended result; the power to produce an effect; the ability to produce a desired result. Self is defined as the qualities that make one individual or unique; an individual's typical behavior; the distinct individuality or identify of a person or thing. Therefore, one could say that self-efficacy is an individual's quality of being successful and producing a desired result.

Bandura (1977), a well known psychologist, first labeled the term self-efficacy in his Social Cognitive Theory. He defines it as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (p. 391). Self-efficacy is an individual's perception of her/his capability to produce results and attain designated types of performances in a specific task or situation. Self-efficacy is situationally specific and is related to an action or performance of a specific skill. A number of authors also concur with Bandura's definition of self-efficacy (Alavi, Bahrami, Zargham-Boroujeni, & Yousefy, 2015; Akbarbegloo, Valizadeh, Zamanzadeh, & Jabarsadeh, 2015; Boroumand & Moeini, 2016; Dunn, Osborne, & Link, 2014; Hall, Chai, Koszewski, & Albrecht, 2015; Lin, 2016; Long, 2014; Miskin, Matthews, Wallace, & Fox, 2015; Noesgaard & Orngreen,

2015). Based on the definitions provided of self-efficacy, it is clear that it is a different concept of self-confidence.

Competence.

Unlike the concepts of self-confidence and self-efficacy, which are related to an individual's beliefs, competence is related to action. The American Heritage Dictionary (2017) defines competence as a skill or ability in a specific field or subject, or being able to do something well. Merriam Webster's Online Dictionary (2017) defines competence as the ability to do something well; the quality or state of being competent. Collins Online Dictionary (2017) defines competence as the ability to do something well or effectively. All the dictionary definitions provided above are consistent in that they all state that competence is being able to do something well.

The NLN (2004) defines competency as "a principle of professional practice that identifies the expectations required for the safe and effective performance of a task or implementation of a role" (p. 9). According to Schub (2014), several regulatory boards have tried to define the concept of clinical competence, however there has been no agreement on a universal definition. The United Kingdom Nursing and Midwifery Council (2010) defines competence as the "overarching set of knowledge, skills, attitudes, required to practice safely and effectively without direct supervision" (p.11). The Nursing and Midwifery Board of Australia (2006) defines clinical competence as "a combination of skills, knowledge, attitudes, values, and abilities that underpin effective and/or superior performance in a professional/occupational area" (p.10).

Epstein and Hundert (2002) define professional competence as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning,

emotions, values, and reflection in daily practice for the benefit of the individuals and community being served" (p.226). The American Nurses Association (ANA) (2013) provides the following definition for competency: "an expected level of performance that integrates knowledge, skills, abilities, and judgment" (p.3). They also state that integration, knowledge, skills, ability, judgement, inter-professional, interdisciplinary, transformational leadership, formal learning, and reflective learning are essential components of competence.

Self-confidence, self-efficacy, and competence are three distinct concepts, yet they can influence one another. An individual's self-confidence influences virtually all areas of his/her life. It provides motivation that assists individuals to accomplish difficult tasks (Lundberg, 2008). For an individual to have self-efficacy, he/she needs to accurately assess the task and ensure that he/she has the skills required for successful completion. Self-efficacy is task specific (Bandura, 1997). If one has self-efficacy when performing a specific task, then their self-confidence is enhanced. Competence, as discussed above, is an expected level of performance and the ability to do something well. In order to develop self-confidence, individuals need to feel competent in their ability (Brown et al., 2003; Chlan et al., 2005; Crooks et al., 2005; Porter, Morphet, Missen, & Raymond, 2013). Therefore, a consequence of competence is increased self-confidence (Brown et al., 2003; Hansen & Bratt, 2015).

Measurement of Self-Confidence

An extensive search in the nursing literature revealed a number of instruments that were used to measure self-confidence in the clinical setting or simulation learning environment. The following discussion of instruments has been

categorized under two sections: measuring self-confidence in simulation learning and measuring self-confidence in the clinical setting.

Measuring self-confidence in simulation learning.

One instrument has been used in a number of studies examining self-confidence in the simulation setting (high, medium and low fidelity simulation) (Basak, Unver, Moss, Watts, & Gaioso, 2016; Goh, Selvarajan, Chng, Tan, & Yobas, 2016; Lewis & Ciak, 2011; Lubbers & Rossman, 2017; Olah, Kruger, Brown, Lawton, & Mazzarino, 2016; Sharpnack & Madigan, 2012; Smith & Barry, 2013). The instrument is the Students' Satisfaction and Self Confidence in Learning (SCLS) Scale developed by the NLN (2006). The SCLS is a 13-item instrument designed to measure student satisfaction (five items) with the simulation activity and self-confidence in learning (eight items) using a five-point scale. On the questionnaire, it provides a series of statements about personal attitudes regarding the instruction students receive during their simulation activity. Each item represents a statement about the students' attitudes toward their satisfaction with learning and self-confidence in obtaining the instruction they need.

The eight items specific to student self-confidence are: 1) I am confident that I am mastering the content of the simulation activity; 2) I am confident that this simulation covered critical content necessary for the mastery of medical surgical curriculum; 3) I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform in a clinical setting; 4) my instructors used helpful resources to teach the simulation; 5) it is my responsibility as the student to learn what I need to know from this simulation activity; 6) I know how to get help when I don't understand the concepts covered; 7) I know how to use

simulation activities to learn critical aspects of these skills; and 8) it is the instructor's responsibility to tell me what I need to learn of the simulation activity content during class time.

The instrument's validity and reliability were tested during a six-year NLN (2006) research project entitled "Designing and Implementing Models for the Innovative Use of Simulation to Teach Nursing Care of Ill Adults and Children: A National, Multi-Site, Multi-Method Study." Nine clinical experts in nursing established content validity for both student satisfaction and self-confidence in learning. Reliability using Cronbach's alpha, was found to be 0.94 for satisfaction and 0.87 for self-confidence in learning. Franklin, Burns and Lee (2014) established psychometric properties of the SCLS using item analysis, confirmatory and explanatory factor analysis, concordant and discordant validity and internal consistency. The authors reported that the SCLS had sufficient reliability and validity to be used in research but there was room for improvement in content validity.

It is important to note that the word attitude was used in the instructions on the SCLS. The term attitude, as defined by Merriam-Webster's Online Dictionary (2017), is a feeling or emotion toward a fact or state. There is a lack of congruency with the definitions of attitude and self-confidence. Therefore, one should question the results reported in the studies using the SCLS.

Although the SCLS has sufficient reliability and validity, close examination of the eight items measuring self-confidence raises a number of questions. It can be argued that the last five items do not measure self-confidence; rather they are related to the instructor's use of resources and the students' responsibility to learn or obtain

assistance. Given the definition of self-confidence, it is questionable that this tool actually measures self confidence in simulation.

Yuan, Williams, and Fang (2011) conducted a systematic review of high fidelity simulation (HFS) and its impact on nursing students' confidence and competence. They included articles published between 2000 and 2011 related to the topic of interest. Eighteen English and six Chinese articles were retrieved. A major problem noted by the authors was the lack of formal measurement tools. Researchers utilized different existing instruments or developed evaluation forms to measure confidence and competence. In addition, there was a lack of high quality randomized controlled trials and adequate sample sizes. The qualitative studies reviewed by the authors noted positive results but lacked sufficient evidence to support that student's self-confidence and competence was enhanced with HFS. The authors state that more research is needed to determine if simulation experiences are transferred to the clinical setting. They also suggest that increase in confidence and competence may not be realized until the student experiences a real-life situation similar to their simulation. Perry (2011) also notes that more research needs to be done that focuses on what the impact HFS has on student's confidence in the clinical setting and if it effects patient outcomes. In summary, clinical simulation is a valuable teaching strategy that is utilized in nursing education. To date, a number of instruments have been developed to measure the impact of clinical simulation on students' self confidence. However, more robust instruments are needed.

Measuring self-confidence in clinical settings.

Studies that used measurement tools in the clinical setting to explore self-confidence of nursing students or nurses primarily used self-report instruments. Some of these studies lack a definition of self-confidence. The tools found in this literature review were predominantly developed by the researchers for a specific clinical situation or clinical setting. The scales used to measure self-confidence included: Family Presence Self Confidence Scale (FPS-CS), Mental Health Nursing Confidence Scale (MHNCS). The following scales were developed by the authors: Self-Confidence Scales, Health Professional Education in Patient Safety Survey (H-PEPSS), the Personal Evaluation Inventory (PEI) and the Confidence Scale (C-Scale).

Two studies used the FPS-CS to measure nurses' self-confidence related to managing resuscitation with the families present (McLean, Gill & Shields, 2016; Twibell et al., 2008). This self-report instrument was based on a literature review and clinical experts. The scale has 17 items and 5-point response options with answers that range from lack of confidence to high confidence in facilitating family presence during resuscitation. The reported reliability of items was .43-.81. In both studies the authors report that when nurses had high confidence, they were more likely to view family presence as beneficial. In addition to concerns about reliability, the FPS-CS scale was specific to registered nurses and their experience with family presence during a particular situation. Therefore, its use in other situations is extremely limited.

Several studies have used the MHNCS that was developed to measure self-confidence of students based on their clinical practicum in the mental health setting

(Al-Sagarat, Al-Saraireh, Masa'deh, & Moxham, 2015; Cowley et al., 2016; Patterson et al., 2017; Townsend et al., 2011). This is a 20 item 4-point self-report questionnaire consisting of the following six domains: assessment, communication, education, medication knowledge, self-management, and teamwork. High reliability and consistency of the scale has been noted (.89) (Bell, Horsfall, & Goodin, 1998). Typically, this scale is administered before and after the students' clinical practicum. In all of the above studies, students reported that their confidence in their ability to perform mental health nursing care increased as a result of their experience in this practicum. The above studies provide useful information for students caring for individuals with mental illness. The MHNCS is specific to the mental health setting and is not able to be generalized to other populations including adults in the acute care setting. Only one study (Patterson et al., 2017) provided information related to a specific teaching strategy that was used during the practicum.

Geoffrion, Lee, and Singer (2013) sought to validate a self-confidence scale for surgical residents. This scale was developed by the authors. Self-confidence was defined according to Oxford's Online Dictionary as "a feeling of trust in one's abilities and judgment." The authors hypothesized that "residents enrolled in a randomized trial of a surgical educational intervention (mental imagery), would have improved self-confidence compared with those in the control group" (Geoffrion et al., 2013, p. 357). The residents rated their performance of performing a vaginal hysterectomy (on a global rating scale of surgical skills) as well as their level of self-confidence in their ability on the Self-Confidence Scale. The scale consisted of six questions that pertained to the attitudes of gynecology residents while performing the various

procedures. Prior to the administration of the instrument, the scale was evaluated by medical experts from the American Urogynecologic Society research forum (2007). Internal consistency was 0.85. Validation was achieved through a randomized controlled trial of residents in Canada and the United States. The authors report that they were not able to assess test-retest reliability.

It was found that self-confidence scores (post intervention) were notably higher (p= 0.04). While the results of this study suggest that the Self-Confidence Scale did measure residents' self-confidence during surgical learning, very little information about the instrument is provided. There is no reference to the specific questions that were used on the scale, nor was there any description of the educational intervention that was employed. In order to determine if the definition of self-confidence identified in this study supports the questions on the scale, an in-depth examination of the Self-Confidence Scale should be performed. An extensive search into the literature resulted with no other studies utilizing this instrument.

Jenkins, Shaivone, Budd, Waltz, and Griffith (2006) studied the effects of using genitourinary teaching associates (GUTAs) in a convenience sample of 107 nurse practitioner students. The authors explored student self-confidence in the following activities: performing female breast examinations, female pelvic bimanual and speculum examinations, male genital and digital-rectal prostate examinations. No definition of self-confidence was provided. There was no information on the validity or reliability of the scale.

A pre/post test design was used to evaluate student responses to the activities utilizing an author created self-confidence scale. The students' self-confidence and

comfort level in performig various procedures were evaluated prior to and immediately following the GUTA activity. Self-confidence for performing each of the above examinations was measured using an 11-point confidence scale, with 0= not at all confident and 10= very confident. No further information about the confidence scale was provided in the article.

The authors found significant increases in self-confidence of the participants after all of the examination of activities with the GUTAs ($p < 0.001$). The outcomes also indicate that students' self-confidence was improved when they were given the opportunity to perform skills in a safe and controlled environment. In order to determine if these results were representative, an examination of the questions and the reliability and validity of the scale would be useful.

Another self-confidence scale was developed by Akin (2007), a Turkish researcher. To date, only one study was found that utilized this scale and there is no definition of self-confidence. This 5-point Likert scale consists of 33 items with two subscales: internal (17 items) and external (16 items) self-confidence. Internal consistency has been reported as 0.83 and the test-retest reliability as 0.94. The item correlations range from 0.3-0.72, which indicates a moderate relationship. It is important to note that is not the same scale as discussed in Geoffrion et al.'s (2013) or Jenkins et al. (2006) research studies.

Kukulu, Korukcu, Ozdemir, Bezci, and Calik (2012), a group of Turkish researchers, used Akin's (2007) Self-Confidence Scale in their descriptive study that examined the self-confidence of nursing students and the factors that are related to self-confidence. They were particularly interested in any differences in self-confidence

between male and female students and if self-confidence changed during the student's course of their education. The authors defined self- confidence as an "individual's recognition of his or her own abilities, love of him or herself, and being aware of his or her own emotions" (Kukulu et al., 2012, p. 330)**.** This definition is very broad and not consistent with the definitions that were previously discussed in the literature. This raises questions about what the authors were actually measuring.

In this study, 231 nursing students (192 females and 39 males) in their second, third, and fourth year of nursing school agreed to participate. Although 78.6 % of female students and 92.3% of male students reported that they had a high level of self-confidence, the difference between the two groups was not statistically significant. The authors reported no difference in the levels of self-confidence for nursing students at different levels of their education. This is different than some previous studies. The authors discuss that the impact of self-confidence on patient care has been well documented (Randle, 2001; 2003), however after reviewing the studies by Randle, it was found that the concept these studies examined was self-esteem and not self-confidence. The above study does not make any reference to self-esteem. Therefore, one must consider the strength of this study. The authors noted that some factors in the Turkish culture may have a negative impact on students' level of self-confidence. These factors included parents' restrictive attitudes, a paternalistic approach to child rearing, and disciplined and authoritative approach of the lecturers towards the students. There was no discussion as to possible factors in the clinical setting that could impact self-confidence of nursing students. The authors did state that nurse educators need to identify strategies that foster reflective self-examination and the

development of self-confidence.

Another tool that has been used to measure confidence is the H-PEPSS. This instrument was developed to measure health professionals' perceptions of patient safety competence at entry into practice. It captures how the six dimensions of the Canadian Patient Safety Institute Safety Competencies Framework and broader patient safety issues are addressed in health professional education, as well as respondents' self-reported comfort in speaking up about patient safety issues.

A modified version of this tool was used in a research study conducted by Lukewich et al. (2015). It was specifically related to measuring undergraduate baccalaureate nursing students' self-reported confidence in learning about patient safety in the classroom and clinical settings. No definition of confidence was given. The H-PEPSS contains 38 items that are divided into three sections: 1) learning about specific patient safety content areas, 2) how broader patient safety issues are addressed in health professional education, and 3) comfort speaking up about patient safety. Items are scored on a 5-point Likert scale with 1 strongly disagree and 5 strongly agree. The Cronbach's alpha for the classroom ranged from 0.72-0.83 and for the clinical setting 0.78-0.85, indicating acceptable reliability.

In general, nursing students were relatively confident in what they were learning about the clinical dimensions of patient safety, but they were less confident about the sociocultural aspects of patient safety. Confidence in acquiring basic skills, working in teams, managing adverse events, and responding to adverse events declined in upper classmen. The majority of students did not feel comfortable speaking up about patient safety issues. In particular, confidence in acquiring basic

clinical skills, learning about adverse events, and managing safety risks improved between Year 1 and Year 2, and confidence in managing safety risks declined as the students progressed through the program.

These findings suggest nursing students in this study were confident in what they are learning about the clinical aspects of patient safety, however, their confidence in learning about sociocultural aspects declines as they are increasingly exposed to the clinical environment. This suggests a need to address the impact of the practice environment on nursing students' confidence in what they are learning about patient safety. This instrument is very specific and therefore limited in its use.

One research article was found in the literature that utilized the PEI. This tool was developed and validated by Shrauger and Schohn (1995) to assess college students' self-confidence in six domains. Self-confidence was defined as the "belief in one's ability to accomplish a goal or task and is crucial to effective performance and that it underpins nurses' competence to carry out care effectively" (p. 146).

The PEI consists of 54 items, using a 4- point Likert scale, with the following 8 domain specific subscales: academic performance, physical appearance, athletics, romantic relationships, social interactions, speaking before others, general confidence, and mood state. Each subscale contains seven items, with the exception of the athletics scale, which contains five. Face and content validity was established by three experts and construct validity was determined by correlating the PEI scores with other independent measures of anxiety, hopelessness, depression, and optimism. The Cronbach's alpha of the scale ranged from 0.77-0.90 suggesting the PEI is a reliable measure.

Chesser-Smyth and Long (2013) utilized the PEI in their sequential mixed-methods three-phase study to examine the effects of classroom and clinical practice on the development of self-confidence of first-year undergraduate nursing students in Ireland. These authors also distinguished between global self-confidence and situation-specific self-confidence, noting that situation specific self-confidence is more associated with actual performance, compared with an individual's overall confidence which is associated with a person's sense of capability overall. The authors found that students' self-confidence varied during the first clinical placement. Self-confidence increased when the students reported a decrease in stress and anxiety. Observing experienced nurses perform in the clinical setting and being supported by positive feedback and encouragement were also found to be significant factors in increasing self-confidence. Self-confidence also increased when students felt as though they were important and valued members of the healthcare team. On the contrary, the authors found that the student's self-confidence decreased when they were placed with preceptors who had unpleasant attitudes, when there was a lack of communication between the student and preceptor, and when they perceived that were not valued as members of the healthcare team. All findings provide important information related to factors that affect a student's self-confidence.

While this PEI measures an individual's overall confidence, the instrument is too broad to measure the self-confidence of nursing student's abilities in the clinical setting. One can be 'self-confident' in his or her appearance, athletic ability, and romantic relationships, however this does not imply that he or she will have self-confidence in his or her ability in the clinical setting. Therefore, this scale would not

be appropriate to measure an individual's self-confidence in the acute care clinical setting.

The C-Scale was developed by O'Neill in 1985. The C-Scale measures psychomotor nursing skills. After an in-depth search, no published literature was found on the C-Scale. However, in Grundy's (1993) article, an overview of the C-Scale was provided. The C-Scale is a 5-item, 5-point Likert scale with a reported Cronbach's alpha ranging from 0.93- 0.94 and internal consistency at 0.91. Items on the C-Scale are as follows: 1) I am certain that my performance is correct; 2) I feel that I perform the task without hesitation; 3) My performance would convince the observer that I am competent; 4) I feel sure of myself as I perform the task; and 5) I feel satisfied with my performance.

Grundy (1993) conducted a study with a convenience sample of 39 first semester baccalaureate nursing students to further investigate the internal consistency, test-retest reliability, and validity of the C-Scale in measuring the confidence levels associated with performing a physical assessment. No definition of confidence was provided. All five of the items on the C-scale were provided in the article.

Students completed the scale at four different points throughout a 16-week semester. The rationale for collecting data at these points in time was to allow the students to have ample opportunity to perform physical assessments on patients in the clinical setting. They were asked to rate their ability to perform a physical assessment on a 5-point scale with 1= not certain at all and 5= absolutely certain.

The mean score of the C-scale increased from 13.6 (measured at week 6) to 18.5 (measured at the end of the semester). The results showed that internal

consistency ranged from .84 to .93. Construct validity was established by having experienced nurses complete the instrument in addition to the students.

The results of this study support the validity and reliability of the C-Scale. The questions on the scale are very broad and not specific to performing a physical assessment. After an extensive search in the literature, no other studies were found that used this instrument.

This review demonstrates that there are inconsistencies in the literature that exist about the concept of self-confidence in nursing students in the clinical setting. Although eight instruments were found in the literature that measure the self-confidence of students, three Self-Confidence Scales were developed by the authors. One scale did not discuss the reliability or validity of the tool, and one did not test reliability. The third scale's definition of self-confidence was not congruent with those found in the literature, questioning what the scale was actually measuring. The FPS-SC had questionable reliability and was specific to registered nurses (not students) and their experience in a particular situation. The MHNCS and H-PEPSS had a high reliability and internal consistency, however, both tools were specific to particular settings and could not be generalized to other populations. The PEI was very broad and measured general self-confidence, therefore making it difficult to use in the clinical setting. There is limited information found in the literature on the C-Scale. While it appears to be a valid and reliable tool, it is also very specific to the performance of skills, questioning what it is actually measuring.

Only the MHNCS, H-PEPSS, and PEI contribute meaningful knowledge to the literature on self-confidence based on their high reliability and internal consistency.

However, these tools are either specific to certain situations or too broad and do not

fully capture the perceptions of nursing students' self-confidence or provide enough

detailed information about the factors that improve or hinder their self-confidence in

the acute care setting. In summary, none of these measurement tools would be useful

for exploring the perceptions of nursing students' self-confidence in the clinical setting

because they are with either too broad or too specific.

Factors Influencing Self-Confidence

Factors that influence self-confidence, precursors to self-confidence, and

consequences of self-confidence were identified in two concept analyses. The purpose

of a concept analysis is to provide a clear understanding of the meaning of a concept

and to gain a more in-depth understanding of its attributes, antecedents, and

consequences (Perry, 2011; White, 2009). Concept analysis typically involves

synthesizing existing views of a concept and differentiating it from others (Knafl &

Deatrick, 1993). According to Rodgers (2000) when concepts are defined and when

attributes of the concept are identified, the concept can be used more effectively.

The first concept analysis explored how self-confidence is built within the

context of the clinical environment (White, 2009). Several dictionary and scholarly

literature definitions were reviewed and there was congruency amongst the definitions.

Self-confidence was defined as an "explicit personal belief that one can

achieve an affirmative outcome in a certain situation" (White, 2009, p. 107). Self-

confidence is an "abstract concept and it may be fostered or mired and can be

influenced by many factors" (White, 2009, p. 103). Three attributes of self-confidence

were identified based on White's (2009) review of the literature. The first attribute,

belief in positive achievements, was found to be a primary characteristic of self-confidence. White (2009) describes it as the "explicit personal belief that one can achieve an affirmative outcome in a certain situation" (p.107). Included in this attribute are the concepts of optimism and self-affirmation. The second attribute, persistence, is described as having determination in the face of obstacles and is critical to achieve positive outcomes. Persistence needs to be present, even when one is faced with an obstacle to succeed. Resilience, vision, forethought, and goal setting are concepts included in persistence. Self-awareness, the final attribute, is multifactorial and is essential to self-confidence. Being self-aware can help lessen anxiety, diminish arousal and allows for an internal control of situations. White (2009) adds that intuition, self-regulation, internal locus of control, and arousal are part of self-awareness. As with all concept analyses, antecedents and consequences were also identified.

White (2009) identified five antecedents to self-confidence. Acquisition of knowledge is essential prior to one being self-confident. She states that an individual has to have some basic knowledge and skills or they will not be able to be successful. Support is imperative for one to gain self-confidence in themselves. This support can be external (from other individuals) or internal (through self-encouragement/ positive self-talk). Experience, exposure, and practice of clinical skills is directly related to the amount of self-confidence an individual has. Students who are exposed to more situations and have the opportunity to repeatedly practice skills are more likely to experience an increase in self-confidence. Gearing up for the situation is time related. Typically, self-confidence decreases as an anticipated situation gets closer. Adequate

gearing-up techniques, such as assessment of evidence in the situation and using various strategies that help an individual prepare for the situation, are necessary for an individual to be self-confident. Achieving successes is the final attribute White (2009) identifies. She states that success is the most important antecedent to the concept of self-confidence. Having background knowledge, a support system, experience performing skills, and being "geared-up" for the situation is critical. If successes do not occur, self-confidence will not be acquired. After performing concept clustering of twelve related concepts (better performance, taking on challenges, developing full potential, collaboration, successful practice, action, change, risk taking, power, motivating/reassuring others, positive outcomes and autonomy), White (2009) identified two consequences of self-confidence: intrinsic return (establishment of autonomy) and extrinsic return (positive outcomes for others). By combining the 12 related concepts stated above, establishment of autonomy was formed, which according to White (2009), "leads to a fuller, more autonomous practice" (p.111). Positive outcomes for others is obtained when an individual acquires self-confidence. In other words, when one is self-confident, outcomes for others are improved. The results of this analysis provide a more detailed understanding of the concept of self-confidence.

The second concept analysis of self-confidence was conducted by Perry (2011). Perry identified similarities and some differences in her concept analysis of confidence/self-confidence. The terms confidence and self-confidence were used interchangeably. Self-confidence was defined as a "self-perceived measure of one's belief in one's own abilities, dependent upon contextual background and setting"

(Perry, 2011, p. 219). It is related to the belief that a person has about him or herself and her/his abilities, but also relies on the person's past experiences and the environment.

In Perry's (2011) concept analysis, positive and negative attributes were identified and found to affect an individual's self-confidence/ confidence. Positive attributes identified include: emotional intelligence, emotional competence, resilience, confidence, attitude, cognitive ability, trust, and intuition. Negative attributes include narcissism, depression, doubt, uncertainty, and negativity. Perry (2011) suggests that confidence/self-confidence is individualized and based on many antecedents. The following antecedents were identified for confidence/self-confidence: knowledge, perceived readiness, attitude towards previous/past experiences, personal goals, success, role, instructor influence, environmental factors, personal emotions/factors, adaptation, self-esteem, and trust. Some of these antecedents, knowledge, attitude, success, emotions, adaptation and trust, could also serve as consequences. The development of nursing students' self-confidence in the clinical setting is a complex process. The results of this analysis provide a better understanding about attributes, antecedents, and consequences related to self-confidence.

Both concept analysis identified that knowledge, success, and experience are needed before one can be self-confident because it provides a foundation for an individual to draw from. Perry (2011) goes further and suggests that other factors can also affect an individual's confidence/self-confidence. Factors such as readiness to learning new skills gives students the confidence/ self-confidence to make progress in their practice and this varies with each individual. Personal factors are directly related

to an individual's feelings. These factors include the individual's feelings and come from various life experiences. Perry (2011) states that these experiences are related to skills, practice (in the lab and clinical setting), and didactic learning situations. Self-esteem needs to be present before one can be self-confident and in turn plays a role in the development of trust. When there is trust in the "nurse-patient relationship, the reward is increased job satisfaction and subsequent increased confidence in the ability to be a nurse" (Perry, 2011, p. 226). When one feels part of a team, they are better able to adapt to the various environmental factors that they are faced with. All of these aspects influence one another.

The concept analyses discussed above provide a better understanding of the concept of self-confidence in nursing students. Both White (2009) and Perry's (2011) definitions state that self-confidence is a personal belief in oneself. White (2009) also states that in order to be self-confident, a person must believe in themselves that he/she will have a positive experience in a certain situation. Perry (2011) goes further to say that self-confidence is also influenced by one's background as well as the environment. An environment that is not conducive to learning can have a negative impact on a students' self-confidence.

In summary, the above literature review reveals that there is a gap that exists about nursing students' perceptions of their self-confidence. Two concept analyses were found that identified factors that the authors found to be attributes, antecedents and consequences of self-confidence. Several tools were found that measure self-confidence, however only three (MHNCS, H-PEPSS and PEI) reported high reliability and internal consistency. The MHNCS was specific to the mental health setting and

the H-PEPSS measured students' self-reported confidence in learning about patient safety in the classroom and clinical settings. While the PEI was also found to be a reliable instrument, it was very broad and measured general self-confidence. These tools do not fully capture the perceptions of nursing students' self-confidence or provide enough detailed information about the factors that improve or hinder their self-confidence in the acute care setting.

While self-confidence has been studied several times, there is little research that was found that looks directly at the factors that promote and develop self-confidence in nursing students. This study was conducted to explore the perceptions of nursing students' self-confidence, and investigated various aspects that positively and negatively impacted their self-confidence in the acute care clinical setting.

Chapter III

Methodology

This research study explored the perceptions of nursing students' self-confidence in the clinical setting. The information the students shared can be used to inform nurse educators on factors that facilitate the development of self-confidence of nursing students in the clinical setting. The findings from this study may contribute, in a positive way, to the development of self-confidence in nursing students in the clinical setting.

The specific research questions were:

- What are the perceptions of nursing students' self-confidence in the acute care clinical setting?

- What factors improve students' self-confidence in the acute care clinical setting?

- What factors negatively impact nursing students' self-confidence in the acute care clinical setting?

Research Design

An exploratory descriptive qualitative design was utilized for this research study. Qualitative descriptive studies are often used in health care and nursing studies to gain more knowledge on a poorly understood phenomenon (Neergaard, Olesen, Anderson, & Sondergaard, 2009; Sullivan-Bolyai, Bova, & Harper, 2005). This type of research provides a summary of event(s) as seen from the participant's point of view and allows the researcher to gain a deeper understanding of the phenomena under investigation. By using qualitative methods, the researcher can explore the

participant's attitudes, beliefs, and perceptions. The researcher remains close to the data that has been collected and adds rich information by providing descriptions from the participants (Sandelowski, 2000).

Recruitment

Prior to the recruitment of potential participants, approval for the study was obtained by the Institutional Review Board (IRB) from The University of Rhode Island (Appendix A). Undergraduate nursing students were then recruited from Rhode Island College (RIC) School of Nursing and The University of Rhode Island (URI) College of Nursing. Approval to recruit students at RIC was obtained from the RIC Dean.

This author visited four clinical practicums at Rhode Island Hospital (n= 24 students), a senior seminar at RIC (n= 20 students) as well as the senior leadership class (n= 85 students) at URI to recruit potential participants. A recruitment script for both RIC (Appendix B) and URI (Appendix C) was used to describe the study to the students. To avoid potential influence from their classroom instructor, the instructor was asked to step out of the classroom when the researcher described the study. This researcher asked for the email addresses and phone numbers of individuals that were interested in participating in the study. A copy of the recruitment script was given to all students which contained the researcher's contact information.

All students who provided their email addresses were sent a follow-up email to schedule a meeting to describe the study and answer any questions prior to obtaining consent. Of the 129 students who were invited to participate in the study, 15 replied to the researcher that they were interested in participating in the study. Another email

was sent to the students to schedule a time and location that was convenient for them. Of the 15 follow-up emails that were sent, 12 students replied. Once a time and location was agreed upon, the researcher and the student met individually in a convenient location and the study was described in detail. When asked if they had any questions relating to the study, all 12 participants replied "no." Informed consent was then obtained (Appendix D) and students were also asked to complete a demographic form (Appendix F). The interviews took place in this researcher's office at URI College of Nursing and Adams Library on the campus of RIC.

Participants

Participants in qualitative research studies are selected based on their experience with the phenomena being explored, thus qualitative research studies typically have small samples. The aim of the study was to explore the perceptions of nursing students' self-confidence in the acute care setting. A purposive sample of 12 participants were enrolled in the study. The objective of purposeful sampling is to allow the researcher to acquire information from the study participants that will generate important data for the study (Sandelowski, 2000). This number of participants allowed for the collection of rich in-depth data.

All the participants were female, between the ages of 21 and 49 with an average age of 24.3 years old. Eleven of the participants were single and one participant was married. Eleven were Caucasian and one Asian. Six students were Catholic, four Christian, one Jewish, and one did not disclose. For eleven participants, a bachelor's degree in nursing was the first degree, while one reported that this was her second degree. Seven participants reported that they currently worked in the health

care field (certified nursing assistant n=3, medical assistant n=1, clinical assistant n=1, patient care technician n=1, and pharmacy technician n=1). The average number of hours worked by those who currently held a position in the health care field was 16.7 hours per week. Three students worked in an acute care setting, one in a long-term care/ rehabilitation facility, one in an outpatient cancer center, and one in a retail facility.

The inclusion criteria was that participants had at least two student clinical experiences with a different clinical instructor in an acute care (hospital) setting, had to be able to speak and read English, and had to be in their senior year of their nursing education program. All the participants in the study were enrolled in a generic baccalaureate degree nursing program and were either in their first semester of their senior year (n=2) or second semester of their senior year (n=10). All students had at least two acute care (hospital) clinical rotations with different clinical instructors.

Nine participants reported that they had an adjunct (per-course) clinical instructor for their first semester, while three reported having a full-time faculty member. During their second clinical rotation, seven participants reported having an adjunct (per-course) clinical instructor and five had a full-time faculty member.

Data Collection: The Critical Incident Technique

Data collection occurred between March 2017 and April 2017. The data was collected using a method known as Critical Incident Technique (CIT) (Appendix G). The CIT is a technique that was introduced by Flanagan in 1954 to assess the expectations of consumers. It was primarily used by service industries to explore "incidents" and how they were related to consumer expectations. Flanagan (1954)

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originally defined an incident as "any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act" (p. 327). Norman, Redfern, Tomalin, and Oliver (1992) expanded Flanagan's definition and stated that a critical incident "refers to a defined event where upon the person involved is able to make a judgment of the positive or negative impact the incident has in the outcome of the situation" (p. 108). The CIT has also been described as a (Bradbury-Jones, Sambrook, Irvine, 2007; Butterfield, Borgen, Amundson, & Maglio, 2005).

The CIT is a very popular approach that has been used globally by nurse researchers to explore a range of nursing issues in nursing practice and patient care. Some examples include: examining the impact of nurse-patient interaction on patient compliance and satisfaction (Tejero, 2016); patients' perspectives of advantages and disadvantages of kidney transplant (dos Santos, da Costa-Viegas, Feijo, Fernanda, & Schwartz, 2016); healthcare professionals' descriptions of care experiences and actions when assessing postoperative pain (Wikstrom, Eriksson, Fridlund, Arestedt, & Brostom, 2016); dignity in prehospital emergency care (Abelsson & Lindwall, 2017); nurse's perspectives of spiritual needs of neuro-oncology patients (Nixon, Narayanasamy & Penny, 2013); patient dignity in a psychiatric nursing practice (Lindwall, Boussaid, Kulzer, & Wigerblad, 2012); nursing priorities, actions and regrets for ethical situations in clinical practice (Pavlish, Brown-Saltzman, Hersh, Shirk & Nudelman, 2011); and awareness and knowledge of child and adolescent risky behaviors (Ahern, Kemppainen, & Paige, 2016). Researchers in nursing education have also used CIT. For example, Robb (2013) examined millennial nursing

students' perspectives of effective classroom teaching methods. Bradbury-Jones, Sambrook, and Irvine (2007) explored the meaning of empowerment for nursing students. Webb and Shakespeare (2008) explored judgments about mentoring relationships in nursing education. Reeve, Shumaker, Yearwood, Crowell, and Riley (2013) also utilized CIT in a mixed methods study to explore the perceived stress and social support in undergraduate nursing students' educational experiences.

The above is a small inventory of nursing research articles that have utilized CIT as the approach to data collection and analysis. CIT is a valuable qualitative approach that permits researchers to obtain and understand contextual information. It produces information and reveals unspoken knowledge by allowing individuals to describe their thoughts and actions during a critical incident (Schluter, Seaton, & Chaboyer, 2008). The data that is collected is from the participants' point of view and is in his or her own words. This allows the participants to determine what situations they believe best signifies a critical incident. There is "no preconception of what will be important to the respondent; the context is developed entirely from the respondent's perspective" (Gremler, 2004, p.66). This allows the individual to give an accurate description of his or her own personal experience(s).

The CIT method is inductive in nature and does not adhere to a specific set of principles. It is flexible and can be modified to meet the requirements of the topic under investigation (Burns, Williams, & Maxham 2000; Gremler, 2004; Neuhaus, 1996). CIT is most useful when little is known about a concept or when the concept has been minimally investigated and when a more in-depth explanation and/or

understanding of the phenomena are needed (Bitner et al., 1994; Grove & Fiske, 1997).

The data acquired from using the CIT can produce a detailed description of events. It can also be a starting point for generating empirical research, about the concept of interest and can be modified to research that is looking to explore and understand the personal experiences of the participants.

The knowledge acquired from using the CIT can provide valuable information. It is appropriate for use in assessing experiences from different cultures because it asks that participants "share their perceptions rather than indicate their perceptions to researcher-related questions. There is no inferred determination of what will be important" (Gremler, 2004, p.67).

Approach to data collection.

In-person, open-ended, semi-structured, face-to-face, audio-recorded interviews were used to collect the data. This approach was chosen because it "allows the interviewer to read non-verbal communication signs from the participants and use these signs to probe for further in-depth responses" (Schluter et al., 2008, p. 109). Using open-ended interviews allowed the participants to describe in her own words what they believed was most important. Semi-structured interviews allowed the researcher to use prompt questions, which assisted in the recall of the events that occurred during the incident. These prompts also allowed the researcher to read non-verbal communication signs from the participants and use these signs to obtain more in-depth responses (Schluter et al., 2008). The researcher developed a set of criteria as to what constituted a critical incident and what did not. Specific criteria for inclusion

of a critical incident were: antecedents or what led up to the incident, an in-depth description of the incident itself and the outcome of the incident.

The interview guide (Appendix E) was developed based on a literature review of the CIT. A definition of an incident and self-confidence were given to each participant prior to the start of the interview. Participants were asked to read the definitions and think of a specific positive and/or negative incident they experienced during their clinical practicum that had a major impact on them. They were then asked to discuss the issues (either positive or negative or both) that they encountered. Prompt questions (Appendix E) were used as needed to obtain the necessary information for the inclusion of each incident. Participants were informed that they could end the interview at any time if they experienced any discomfort while talking about an incident and that a referral would be made to the Counseling Services at the participant's college/university. The interviews lasted between 30 minutes to an hour. A $10 gift card was offered to each participant in appreciation of their time.

The data from the participants were assigned a code number and no identifiable information was collected. This was done to protect the privacy of each participant. The interview questions were reviewed by the committee chair and a practice interview was done prior to the researcher completing her first in-person interview. After the first interview was completed, the committee chair listened to the interview and feedback was provided to the researcher.

Data Analysis

Data obtained from CIT's were analyzed through an inductive classification process that was developed by Flanagan (1954). The interviews were transcribed

verbatim and the data collected was read and then reread several times by this researcher and her major professor to identify categories. This allows for consistencies and inconsistencies to be discovered and emerging categories to develop (Polit & Beck, 2008). Out of the 12 interviews, 21 incidents were collected. It was determined by the researcher and her major professor that one of the incidents collected was an outlier and it was not included in the data analysis. Being able to understand the context that surrounded the event is critical, and gave the researcher an indication as to why the subject made a specific decision and whether or not they would make that same decision again if they were in a similar situation (Schluter et al., 2007).

During the second phase of data analysis, incidents that were similar were grouped together. This allowed for a comparative analysis of the transcripts and assisted in the development of underlying categories. Similar groupings were then combined to form categories. The researcher and her major professor discussed the groupings and refined them until there was 100% agreement. Particular attention was paid to any inconsistencies or contradictory statements made by participants, allowing the researcher to gain insight into their thought processes (Schluter et al. 2007). During this phase, the researcher was able to uncover hidden meanings of the incidents, leading to a deeper understanding of the significance these incidents had on the individual.

Trustworthiness

Lincoln and Guba (1985) suggest that in qualitative research, establishing trustworthiness is essential to evaluating the studies significance and confidence in the findings. To establish trustworthiness, the following four criteria must be

addressed: credibility, transferability, dependability, and confirmability. Lincoln and Guba (1985) view credibility as the main objective of qualitative research. They refer to it as confidence in the truth of the findings (Lincoln & Guba, 1985; Polit & Beck, 2008). To establish credibility in this study, the researcher followed the series of "credibility checks" originated by Flanagan (1954).

The first check, audio-recording interviews, captured the words of the participants, allowing verbatim transcription to confirm an accurate account of the incidents described by the participants (Butterfield et al., 2005). Once the audiotaped interviews were transcribed, the researcher listened to the audiotapes and compared the audio version to the written transcriptions several times to ensure that all the data was complete and accurate.

Interview fidelity is imperative when utilizing the CIT to strengthen the robustness of the data (Butterfield et al., 2005; Flanagan, 1954). The interviewer cannot ask leading questions and needs to follow an interview guide. It is also recommended that an expert researcher listen to the audio tape and provide feedback to the researcher (Butterfield et al., 2005; Flanagan, 1954). To ensure interview fidelity in this study, the researcher developed an interview guide (Appendix E) based on a literature review of CIT and no leading questions were asked of the participants. The committee chair listened to the first interview and provided feedback prior to the next interview.

This researcher and committee chair read each incident that was collected independently and then compared each other's findings (Butterfield et al., 2005; Flanagan, 1954). Critical incidents were read and reread three times until there was

100% agreement between the researcher and committee chair.

Exhaustiveness occurs when no new categories emerge from the data (Butterfield et al., 2005; Flanagan, 1954). For this study, a table for each research question (Appendix H, I, J) was created that included the code number for each participant, the CI/CI's that were collected as they related to the specific research questions, and the categories that emerged from the data. The interviews were then reread three more times and compared with the table to ensure that all the incidents were accurate and that no new categories were found. The number of participants whose data was used for each category formed were reported to establish credibility and helped determine the strength of each category (Butterfield et al., 2005; Flanagan, 1954). The final check for credibility that was employed for this study was to perform theoretical agreement. This was accomplished by comparing the categories that emerged with the scholarly literature (Butterfield et al., 2005; Flanagan, 1954). It is not imperative that one find support for all the categories that emerged, because a study using CIT is exploratory. A lack of support from the literature may mean that the study found something that has not been found by other researchers (Butterfield et al., 2005; Flanagan, 1954). For this study, a literature check was performed for each category. A discussion of the findings and correlation with the literature will be discussed in Chapter 4.

Transferability, as described by Lincoln and Guba (1985), is the extent to which the findings can be transferred to similar situations with other participants. Thick description, or describing a phenomenon in great detail, allows the reader to evaluate the conclusions of the data and determine if they are transferable to similar

situations/ people. In this study, verbatim quotes from the participants were used. However, given the small, self-selected and homogenous sample transferability cannot be considered.

Dependability is the stability of data over time. In other words, if the study was to be repeated, would the same results be found with similar participants in a similar situation (Lincoln & Guba, 1985; Polit & Beck, 2008). To ensure the dependability of this study, documentation of the entire research process including research design and proposal, IRB application and approval, participant selection, recruitment process, data collection, audiotaped interviews, data analysis, and findings is reported in detail throughout this paper. Providing this information allows the reader to determine whether or not the appropriate research practices have been followed (Shenton, 2004). An in-depth discussion of the research practices has been kept by the committee chair and the researcher and is available for further review upon request.

Confirmability refers to the congruence, between two or more individuals, regarding the accuracy of the data. For this to be accomplished, the findings need to be from the participants' point of view and not the biases or perspectives of the researcher (Polit & Beck, 2008). For this study, all the audiotaped interviews were transcribed verbatim and read separately three times by the researcher and committee chair. Categories that emerged from the data were documented separately. The researcher and committee chair met four times to ensure that the interpretations were supported by the data.

An audit trail, that includes all the activities of the research study, was developed to ensure trustworthiness (Lincoln & Guba, 1985; Polit & Beck, 2008).

Documentation of the entire research process including research design and proposal,

IRB application and approval, participant selection, recruitment process, audiotapes,

interview transcripts, data analysis and findings were audited by another researcher.

Complete and accurate documentation has been retained throughout the entire process

of the study and is available for review.

Chapter IV

Findings and Discussion

The purpose of the study was to explore the perceptions of nursing students' self-confidence in the acute care setting and factors that enhanced or inhibited their self-confidence. The findings of the study were based on face to face audiotaped semi-structured interviews with 11 senior nursing students from two different colleges of nursing lasting 30 minutes to one hour. All students recalled the critical incidents quite easily. A total of 21 incidents were derived from the data. Six of the incidents were related to the delivery of patient care and learning skills, another seven were related to medication administration, and eight were related to communication.

Findings from the critical incidents related to research question one are described under one category (belief to be successful in providing some aspect of patient care). For the second research question, findings are discussed under six categories (making a difference, being educated, support, communication, trust, and being a member of a team). For the third research question, findings are discussed under five categories (not being educated, a lack of communication, lack of support, lack of trust, and not feeling like a member of a team).

The students were open and very descriptive about the incidents that they experienced during their clinical rotations. Two students, who had not been recruited at the beginning of the study, approached the researcher while she was beginning an interview and asked if they could participate. One student told the researcher that it was therapeutic for her to talk about what had happened. At the conclusion of the

interviews, all eleven students expressed their gratitude to the researcher for investigating a topic that was of great importance to them as students.

Demographics

All participants were female, enrolled in a generic baccalaureate degree nursing program, and were between the ages of 21 and 49. A bachelor's degree in nursing was the first degree for eleven participants and the second baccalaureate degree for one participant. One participant was in her first semester of her senior year and ten were in their second semester of their senior year. All students had at least two acute care (hospital) clinical rotations with different clinical instructors.

Findings

Presentation of the research findings are presented in relation to the three research questions. Six participants used the word self-confidence in their interviews when discussing their belief in their ability to be successful in providing some aspect of patient care. These beliefs are discussed under research question one.

Eleven of the participants used the concept of self-confidence when discussing positive or negative factors that affected their self-confidence. These factors are discussed under research questions two and three.

Research question number one. *What are the perceptions of nursing students' self-confidence in the acute care clinical setting?*

Four students said they were confident in their skills. One participant stated, *"I have the confidence to do this (referring to foley catheter insertion)"*. Another participant stated, *"I felt pretty confident at first when I was walking in (to the patient's room) because I felt like I have done a lot of my skills in the past that I would*

be able to use during this clinical." A third participant said, *"I'm pretty comfortable with my skills at this point"* and a fourth participant stated that she *"was pretty self-confident in my skills and assessment abilities."* Two students described how they felt about their self-confidence when entering a patient's room. One participant stated:

> *I feel that is the number one thing going into a patient's room and being confident because you're taking care of them because not only do you need to look and feel confident, but you need to make sure the patient knows that you know what you're doing.*

Another participant stated:

> *I think it's hard for some caregivers and family members when they hear that there is a student taking care of their loved one. They probably question well how much do you know? Are they going to mess something up? But I made sure that I showed her (the sister) that I had confidence (in caring for her brother) so that she was confident in me too.*

A different participant talked about how self-confidence is related to the development of a professional nurse.

> *I think self-confidence is imperative in the development of professional nurse because you know if you come in there as a new nurse, a new grad who's not confident in herself and you're trying to take care of these patients then they are not going to feel safe with you. They are not going to feel like their receiving adequate care. Having self-confidence in what you're talking about and teaching patients really*

helps with the patient experience and having them feel that they are

being cared for by the best possible team.

Research question number two. *What factors improve students' self-confidence in the acute care clinical setting?*

Findings related to this research question are discussed under six categories.

Making a difference. While only one student talked about how she felt after she "made a difference" for her patient, it was important to include her experience as it was a significant turning point for her.

> *I had a patient who was nonverbal and had a significant psych history*
> *and had been combative recently with the staff. I was a little*
> *intimidated and then at one point in the day I was in her room and out*
> *of the corner of my eye I saw her wiggle her feet and I went and brush*
> *the bottom of them and it wound up tickling her and she started*
> *laughing and smiling and it was like oh my gosh. It's not medically*
> *related but it was a huge moment that I realized that I can make a huge*
> *difference and I can help someone and ease their pain a little and make*
> *their day a little bit better. I had found something that was between me*
> *and this patient and I had discovered this thing and we connected. I felt*
> *confident. I felt like I made a difference even though you know it's like*
> *one of the cliché things with nursing or health care that you want to*
> *make a difference and it's true and you do and that's why you study so*
> *hard and work 12 hours and whenever you're doing that, your trying to*
> *make a difference for someone.*

Being educated. Three students emphasized that their self-confidence was facilitated when the clinical instructor or nurse reviewed a particular skill prior to the student performing the skill. Two students spoke about an incident with a staff nurse and one about an incident with her instructor. Examples are given below.

> *He (the nurse) was educating me telling me this is how you are supposed to do things like telling me make sure you clean the vile with alcohol before you put the needle in. He was just calm and relaxed and it really made a difference in my clinical day and I learned a lot. He made me feel more confident. He was there watching me the whole time even though he was busy he was still like telling me what I'm supposed to be doing and telling me I'm doing the right thing.*

> *The nurse was willing to help. She was willing to teach. She (the nurse) explained it before we went in the room. It was giving injections. I'm always nervous about giving injections. She stepped outside of the room and said okay this is what you do step by step and directed me. She asked me if I didn't understand something then to just stop her and she would help me out. So once I left the room I asked her did I do that right? Was that the right process? and she said yes and no and told me what I did wrong. She told me so I could correct it for the next time and what I did right she told me so I knew that I was doing that right. Then she gave me more opportunities to work on the things that I did wrong so I could do them right. So for example, I forgot to flush one person's IV and she told me that I forgot, but she gave me more*

chances to go in and flush other patients IVs. She really helped me improve my self-confidence. Because the more opportunities I had the more confident I became. I felt great after that. I went home and I really felt like a nurse. And by the end of the day I had given about five or six injections and I knew that I could do that by myself. It was definitely a confidence booster. She really had faith in me. It was great. I loved the fact that she told me what I did wrong, but also what I did right. And she was nice about it. It didn't make me feel like I didn't know what I was doing.

That was the first time I gave feedings through G-tube so I had never done that before. We went into the room and she explained everything that was going to happen. She went over how to do it and then we went in there and I did it. And she was standing right next to me making sure that I was good. It was one of my best clinical days. She explained everything in a really simple way in a way that I could understand to make sure that I was confident in what I was doing before I actually did it. I think that by knowing what I need to do before I did it really helped my self-confidence.

This next quote refers to repetition of a skill*: Because the more opportunities I had the more confident I became. I felt great after that.*

Communication. Three students spoke about incidents in which their self-confidence was improved through effective communication with a patient, a physician and their instructor.

> *They (the nursing assistants) were having a really hard time and they*
> *couldn't get her (the patient) to go along with being turned and I told*
> *them to brush the bottom of her foot because it tickles and she likes it. I*
> *did that while they turned her and she let them do whatever they needed*
> *to do. It was a way of communicating with someone that was*
> *nonverbal. It made me have a lot of confidence.*

Another participant spoke about a time when her instructor helped improve her self-confidence.

> *She (my instructor) communicated with me on a level that never made me feel*
> *incompetent. Being able to communicate with the professor without being afraid of*
> *her also really helped my self-confidence.*

A third participant talked about an incident that occurred with her patient's physician.

> *She (the physician) was really receptive (to my recommendations)*
> *which made me feel better. So, it was great having that open*
> *communication all day for that whole shift and balancing*
> *recommendations off each other. It really improved my self-confidence.*
> *I felt I was respected.*

Being a member of a team. Four students described specific times when they felt they were part of the (healthcare) team.

I always feel in the way as a student nurse. We are one of multiple

students, so it's kind of hard to find your place. This was an experience

that I had that I wasn't in the way and I did help and I was able to

share that with other people. I really felt like I belonged and that I was

part of the team.

Another participant stated:

All the nurses were great and I think that that makes a huge difference

because the worst thing is feeling like the staff doesn't want you there

or not being a member of the team or that they prefer you not to be

there. When we feel like part of the team we have great experiences. I

felt like I was a member of the team, like a real nurse".

A third participant shared a similar experience: *I felt like a real nurse and a valuable*

member of the health care team. Everyone just came together for the patient.

A fourth participant shared these thoughts:

All the nurses were great and I think that that makes a huge difference

because the worst thing is feeling like the staff doesn't want you there

or not being a member of the team or that they prefer you not to be

there.

   Support. Support from the nurses and the clinical instructors was found to be

beneficial in increasing six students' self-confidence. Two students talked about their

experiences with the staff nurses.

We have learned about Foley's in the lab and books and all that, but

until then I had never done anything with a catheter and she (the nurse)

let me straight cath someone twice in one day. I was like I have the confidence to do this because she (the nurse) was saying that you can do it.

The nurse was with me every step of the way. She really has helped me gained a lot of my confidence throughout this day because you know that I tend to have a shy demeanor going into things. I was upfront with her about that and she said we're really going to work on this.

Four students discussed how their nursing instructor was instrumental in supporting them.

My instructor, she's very helpful and that's a positive and she is supportive of us and our inexperience".

It's just the attitude of the professor that affects the clinical so much. If you go in and you feel like you're being supported and they are there to help you learn and that they are on your side you feel more confident and you're not as nervous.

My instructor handled it really really well in terms that she went up to the nurse and said I heard there was a problem with the room. If there's a problem with one of my students or me then you need to let me know because we don't want the patient to have a poor outcome because of us. It was good to see that my instructor was able to go up to this nurse and stand up for me and stand up for herself. I felt better after my instructor approached the nurse because I felt like she had my side.

It was a really good experience and the best part about it was my

instructor was super supportive. She was great. For me anyway I think

that instructors who walk you through things and tell you what to

expect and will tell you that they will answer all your questions and

stuff like that, they are the type of professors I can learn from and that

that's exactly what she did on this day.

Trust. Three students talked about how when they felt trusted by the nurse or their instructor, their self-confidence improved. Examples follow:

The nurse left to go get something and left me with the patient alone so

she was like trusting. I feel trust is huge part of self-confidence. I've

never connected that until like this moment. But I feel like if someone

trusts you to do something then you can do it.

The nurse trusted me to take care of the patient and to do the injection

without making me feel incompetent. It's really about whether the nurse

trusts us or not. So, if they trust me it makes me more self-confident

And she (the instructor) knew that I knew what I was doing as far as

hanging IV meds. She just let me do my thing and if I had a question

she was right there to help me which made me feel good because it

shows that I was learning and I knew what I was doing and she trusted

me.

Seven of the eleven students interviewed discussed positive factors that improved their self-confidence in the clinical setting. Being a member of a team and having support from the nurses and their clinical instructors was instrumental in improving the students' self-confidence. When the nurse or the clinical instructor reviewed the steps of a procedure, they felt more self-confident in their ability to perform that procedure on the patient. Having open and positive communication was also found to be beneficial as well as feeling that they (the student) could be trusted to care for the patient.

Research question number three. *What factors negatively impact nursing students' self-confidence in the acute care clinical setting?*

Nine students described a number of factors in the critical incidents that had a negative impact on their self confidence in the clinical setting. The students' descriptions of the incidents were very graphic, filled with emotion, and were very lengthy with a great deal of detail. Actually, it seemed as if these incidents had happened yesterday. The students showed a great deal of passion when describing these incidents. It was clear that these negative incidents had a profound impact on the students' self-confidence. Findings related to the third research question are discussed under five categories.

Not being educated. Three students talked about specific times when the nurse did not review a skill or procedure before the student utilized it with a patient which had a negative impact on their self-confidence.

> *There was medication that was ordered but the doctor put the order in late. I didn't see the order. I told her (the nurse) I didn't know it was*

supposed to be given and I did not go back to look at the MAR because

I was in with another patient. I found that was like really hard to be

told by the nurse that I forgot something which I thought I was all set

with. It was like upsetting for me, to give something a lot later than it

was due. It made me feel very anxious and not really knowing what to

do or how it got there. She (the nurse) kind of made me feel

incompetent. Kind of like I don't know anything as a student and that I

should have known to do this without being asked or checked up upon.

We were mixing some sort of antibiotic and putting it in an IV bag. We

were going to hang the IV bag and we were going to program the

pump. It is kind of a complicated process and I've never done it before.

as I was trying to draw it (the medication) out and she (the nurse)

actually said give it to me you should know this by now. After she took

that out of my hands I was like okay and I just watched her for the rest

of the day. She made my self-confidence feel very low and I didn't want

to get yelled at again so I just stepped back and let her do what she had

to do. She (the nurse) didn't do a lot of explaining she just kind of

reprimanded me.

A specific example was this IV medication that I've only done once in

the lab. And the nurse and I went into the room and she just expected

me to know how to mix all the medication in the IV bag and just hang it

and clamp it and do all the correct steps by myself without directing

me. That gave me anxiety and not a lot of confidence in front of a

patient. I want to do things the right way and even learn for the future.

One student spoke about an incident that happened with her clinical instructor

where she described losing all her self-confidence.

> *It was mid-morning and I had already done some patient care and*
>
> *vitals and I was waiting for the professor to come so I could give meds.*
>
> *And then when she came, she started asking me questions about the*
>
> *meds for the patient. I knew most of the answers and then she asked me*
>
> *the administration rate of the Lasix that I was going to give IV push*
>
> *and I was like oh I'm not sure and she responded you had all this time*
>
> *to look up the meds. 'What were you doing? You didn't have time to*
>
> *look up the administration rate. I can't believe that you did not have*
>
> *time for that'. That made me feel not very self-confident. She made me*
>
> *feel stupid and incompetent and not good about myself. It was not good*
>
> *and it made me stressed out and I lost all of the self-confidence I had at*
>
> *that time.*

A lack of communication. Five students described incidents with the nurse

and two with their clinical instructor where there was a lack of communication. These

are the most compelling quotes from the participants.

> *She (the nurse) was so demeaning and just mean. I was like she was a*
>
> *student once to. I just feel that some of these nurses don't remember*
>
> *what it is like to be a student. I mean really, how are we supposed to*
>
> *learn if no one talks to us and tells us things. It is really frustrating.*

63

Overall I really feel that the nurse could have communicated more with

me. More communication would have been good.

I had her (the nurse's) patient and I did not give meds on that patient. I

had no contact with her (the nurse) at all. I did my own thing that week.

She didn't even give me report. She (the nurse) actually didn't even

speak to me that day. I tried to give her report at the end of the day and

she just looked at me and didn't say anything. I was like wow, I felt like

I wasn't even there to her. She could have at least spoken to me.

Another participant described this experience that she had with the staff nurse.

I think the nurse was very ineffective at improving my self-confidence. She (the

nurse) barely talked to me, never mind her patients. She could have used a refresher

on therapeutic communication.

A fourth participant described how she felt about her self-confidence when the staff
did not communicate with her.

There's been a real problem with my clinicals with communicating with

the staff. I feel that I haven't gained confidence in my skills or my

ability to become a good nurse. Nobody talks to you or tells you what

to do and I'm like, I've never done this before so, how do I know if I'm

doing it right. I felt that I was in the way and as long as I was in the

patient's room, then I wouldn't bother anyone on the floor. Most of the

time the staff didn't even know my name.

Another participant talked about a situation where she was giving medications to a
patient under the supervision of the staff nurse.

She just kind of said go do it and that made me very anxious I didn't feel as

though I could approach her with any questions.

Two participants described the following experiences with their clinical

instructor.

> *I missed a critical lab value. And embarrassingly my professor began*
>
> *to criticize me and say 'you know that's not a skill of good nurse. A*
>
> *good nurse, well she always checks the labs in the morning and*
>
> *periodically throughout the day.' I don't know it just really made me*
>
> *feel bad about myself. She criticized me in the middle of the floor. So,*
>
> *in the middle of everything people walking by it was just really*
>
> *embarrassing. My classmates saw and heard what she was saying.*
>
> *There were family members walking by and other nurses. She criticized*
>
> *me in front of other staff. I was just very frazzled. She said I need to be*
>
> *a better nurse and I need to keep better track of my patients. I thought I*
>
> *was doing really well taking care of three patients and this was the first*
>
> *time I had a patient that was really acute. Being criticized like that it*
>
> *really made me feel like I was not ready to be a nurse. For the rest of*
>
> *that semester my self-confidence was in the toilet.*
>
>
> *And he (my instructor) comes in the room while I'm checking my other*
>
> *patient and he says, 'do you know what blood looks like', in front of my*
>
> *patient, 'Because there's no blood hanging in there. Did you actually*
>
> *even go and bother to look at the patient?' And that was the first 20*

minutes of clinical, and I said no I haven't looked at the patient so I

was already very stressed that day. I could tell that the patient

probably didn't want me doing it because of how nervous I looked so I

was trying not to look nervous. But also, my instructor was just barking

orders at me. It was just not a great experience.

Not feeling like a member of the team. Three students expressed how their self-confidence was decreased when they did not feel as though they were part of the healthcare team. Examples follow:

They (the nurses) really don't include us in anything. It's almost like we are in the way and more of a nuisance than a help."

I didn't feel like I was a member of the team when I was with this nurse.

It gave me anxiety and not a lot of confidence. I think that nurses

should always help students. They don't always help and we don't

always feel like members of the team.

The burn specialist nurse was clearly not happy and did not agree with

how the room was set up. She was saying how she wasn't the one who

set up the room and she said she doesn't know why it's like this and she

said a student set up the room and I was standing right there and so

that was like super awkward and so demeaning and I felt terrible. That

definitely took a hit to my self-confidence. I really didn't feel like I had

a place to defend myself as a student nurse because I'm low man on the

totem pole. I didn't feel as though I was part of the team. We are just

students and we don't really have a place or really fit in to the team and

the environment. That definitely took a hit to my self-confidence. I

really didn't feel like I had a place to defend myself as a student nurse

because I'm low man on the totem pole. I didn't feel as though I was

part of the team. We are just students and we don't really have a place

or really fit in to the team and the environment.

Lack of support. Four students talked about how they did not feel supported by the staff nurse or their clinical instructor.

If she was at the nurse's station and you went into the patient's room

she would go right into the room she would be like what do you need

and not in a way that was like supportive She wasn't like asking me 'oh

what do you need? what can I do for you? can I help you with that? you

want me to teach you how to do this'? It was more like I (the nurse)

will do it. Just get out.

I feel that the nurse should have checked in on me more. I kind of wish

that if she had saw the order earlier and made a point to tell me that

there was a new order put in by the doctor. It would have been easier

to be given a little bit more support. I don't think it was a good learning

experience because it made me feel so bad about myself and I like was

not sure if this was the thing for me to be a nurse you know. We are

supposed to be in a protected place in clinical and I did not feel like I

was protected, more like I was attacked because I was a student.

She didn't kind of take charge and say I'm going to take my student into

the patient's room and you don't have to worry about it and you can

work on what you're working on. She (the instructor) never did

anything for proactive about it. In fact, she was pretty non-existent. She

did not support me at all. She didn't do anything to support me or give

me confidence in myself.

Another participant talked about how the lack of support by her clinical

instructor affected her self-confidence. *When the professors are not necessarily*

supportive. I think that's the kind of things that causes me the most stress. Things like

that is what impedes self-confidence for me anyways.

   Lack of trust. Three students described different times when their nurse did

not trust them to provide patient care.

She (the nurse) was always hovering. If you are (the nurse) inhibiting

me because you're saying oh I can't trust you to take Vital Signs or give

meds or do any of this so how should I feel about myself. Not only does

it decrease (my confidence) it but how can I build it (my confidence) if

I'm not doing anything all day. How am I supposed to feel confident

about myself when you (the nurse) don't trust me?

Having the female nurse, I had made me very anxious. She was very

nervous and I felt as though she didn't trust me and my ability. I feel

that if they (the nurses) should be telling us what we should be doing

and they should trust us to know what is right and wrong.

> *At the beginning of the semester I felt comfortable and excited about it*
> *(the experience) and she (the nurse) really made me question myself*
> *and that I was even going into the right profession. That's how much of*
> *negative influence it was I really think. She didn't trust me to care for*
> *her patients or tell me what I was doing right or wrong. She was just so*
> *condescending. She barely talked to me. That situation was devastating*
> *to me.*

Another participant described how she felt when she didn't feel trusted by her instructor.

> *I feel like I'm always doing something wrong and it doesn't help build my*
> *confidence. I guess it is because my professor didn't trust me.*

Nine of the eleven students interviewed discussed negative factors that decreased their self-confidence in the clinical setting. Lack of communication between the nurses, clinical instructors and students was found to have a profound impact on their self-confidence. Another factor reported by the students that impeded their self-confidence was when they did not feel as though they could be trusted to care for the patient based on their prior knowledge and experience. Several students expressed that they experienced distress when the nurses or their instructor expected them to know how to do something that they had not done before. They expressed feeling incompetent and not "self-confident." Not feeling like a member of the team and not feeling supported by the nurses and their clinical instructors was also found to contribute to a diminished level of self-confidence.

Discussion

The findings of this research study have supported the literature as well as contributed to the literature. As discussed in the findings, participants described how their perception of self-confidence was related to adequately caring for their patients. Having prior knowledge, success in performing basic nursing skills, and feeling self-assured in front of the patient and their family members increased their self-confidence. These findings are consistent with Anderson and Kiger (2008), Clark et al. (2004), Lofmark, Smide and Wikblad (2006), Scott (2003), and White (2003) who assert that nursing students' confidence builds with knowledge and past clinical experiences. As students accumulate more knowledge and become competent in basic skills, the better prepared they are to provide quality patient care. Several authors have reported that when students gained an increase in their understanding of how to perform nursing care (vital signs, assessments, medication administration, treatments, daily care, activities of daily living) and took responsibility for their patients, their self-confidence increased and their stress and anxiety decreased (Chesser-Smyth, 2005; Farrand, McMullan, Jowett, & Humphreys, 2006; Jimenez, Navia-Osorio, & Diaz, 2010; Kuiper, Murdock, & Grant, 2010; Lejonqvist, Eriksson, & Meretoja, 2012; Lofmark & Wikblad, 2001; Zieber & Williams, 2015). Perry (2011) and White (2009) stated that knowledge and acquisition of skills are antecedents to the development of self-confidence. Six participants in this study expressed that their self-confidence improved and was based on previous experience they had performing skills (vital signs, foley insertion) and assessments, as well as prior knowledge and prior exposure to patient care.

In this study, seven students described positive incidents and nine students

described negative incidents. The negative incidents were much more graphic and exhaustive than the positive incidents. When describing the negative incidents, the student's affect was appropriate for the situation and they described the incidents intensely and passionately.

Data collected from the positive incidents were organized under six categories. One student spoke about how her self-confidence increased when she believed she made a difference in her patient's quality of life. This student was able to communicate with and get a nonverbal patient to cooperate through the use of touch, which was something that no other staff member was able to do. Much of the research focuses on the patient's perspective not the students (Anderson & McDermott, 1992; Can, Akin, Aydiner, Ozdilli, & Durna, 2008; Bromage, Hu, Ladds, Robinson, & Pearce, 2007; Marks, Koren, & Yao, 2011; Suikkala & Leino-Kilpi, 2001, 2005).

There is a limited number of research studies that have investigated the effect making a difference in caring for a patient has on a nursing students' self-confidence. Beck (1993) and Suikkala and Leino-Kilpi, (2001; 2005) found that students reported an increase in self-confidence because of their experiences with their patients. This increase in self-confidence resulted from an increase in the students' level of comfort in providing nursing care and developing a relationship with them. Having someone to guide them through the relationship building process was an important step in improving their self-confidence (Franks, Watts, & Frabricius, 1994; Parkes, 1985). While only one student discussed the impact making a difference for the patient had on her self-confidence, this finding adds valuable information to a scarce amount of literature.

Being educated was found to have a substantial impact on three students' self-confidence. These students felt self-confident when the staff nurses and instructors reviewed the proper procedure(s) for performing some type of skill prior to the student doing the skill on a patient. These findings are consistent with the antecedent of knowledge that Perry (2011) and White (2009) identified in their concept analyses. For an individual to feel self-confident in performing skills, they need to have the basic knowledge prior to their performance (Bosworth, Moxham, & Brighton, 2016; Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Lejonqvist, Eriksson, & Meretoja, 2012; Webster, Brown, Matthew-Maich, & Patterson, 2016). Being competent in performing skills, was also found to have a significant impact on the students' self-confidence. The more competent the students felt about their ability to perform various skills, the more confident they were in themselves. Hansen and Bratt (2015) identified in their concept analysis of competence, that a consequence of being competent is an increase in self-confidence. The literature also supports this finding. When students feel competent in performing a skill, their self-confidence increases (Bell, Horsfall, & Goodin, 1998; Brown et al, 2003; Chesser-Smyth, 2005; Clark et al., 2004; Porter et al., 2013; Raines & Lynn, 2010; Wagner, Bear, & Sander, 2009; Webster, Brown, Matthew-Maich, & Patterson, 2016). In this study, being educated included having knowledge of giving enteral feedings and the correct way to administer medications. These findings are consistent with the literature and confirm that knowledge and skill repetition must occur before one can be self-confident.

Self-confidence was improved for three students in this study through the

effective use of communication with their instructor, a patient, and members of the healthcare team. Surprisingly, only three studies were found that looked at the effect of positive communication on nursing students' self-confidence. Meffe, Moravac, and Espin, (2012), Suen, Lim, Wang, and Kowitlawakul (2016), and Stone, Cooper, and Cant (2013) found that effective communication with instructors, nurses, and members of the healthcare team had a significant influence on students' self-confidence. When students felt at ease communicating with their patients, their instructors, and the physicians, they experienced an increase in self-confidence. Although there is not much literature that addresses the impact communication had on students' self-confidence, the findings of this study add to the literature that effective communication enhances nursing students' self-confidence in the clinical setting.

Four students spoke about experiences they had when they felt they were members of the healthcare team. This finding is consistent with the work of Gilbert and Brown (2015), Levett-Jones and Lathlean (2008), and Levett-Jones, Lathlean, Higgins, and McMillan (2009). When students felt part of the healthcare team, they felt confident seeking out new opportunities. According to Chesser-Smyth and Long, (2013), Gilbert and Brown, (2015), Perry (2011), and Webster et al., (2016) students who felt as though they were members of the team, were more comfortable and confident in the clinical environment. The findings of this study are consistent with the literature. Four students in this study stated that when they felt as though they were a member of the team, they felt like 'a real nurse,' which made them more self-confident.

As discussed, having support in the clinical setting from the nurses and clinical

instructors was an important factor in improving self-confidence. White (2009) identified support as an antecedent to self-confidence. She suggests that without support, a student is not able to gain self-confidence. When students feel supported by their clinical instructors and the staff nurses, they felt more secure, comfortable, and learn more in the clinical environment (Atack, Comacu, Kenny, LaBelle, & Miller, 2000; Austria, Baraki, & Doig, 2013; Brammer, 2008; Carlisle, Calman, & Ibbotson, 2009; Chesser-Smyth & Long, 2013; Koontz, Mallory, Burns, & Chapman, 2010; McKenna, Wray, & McCall, 2008). Li, Wang, Lin and Lee (2011), Whitehead et al. (2013), and Whitehead, Owen, Henshaw, Beddingham, and Simmons (2016) found that when students were supported by the nurses in various situations, when confronted with similar situations, they felt more confident in themselves and could handle a new situation independently. Six of the seven students who spoke about positive incidents discussed being able to learn more when they felt supported.

Trust was the final category that emerged from the data collected from the positive incidents. The students said that when the nurses and instructors trusted them to care for their patients independently, they experienced an increase in their self-confidence. Perry (2011) identifies that trust is an antecedent, an attribute, as well as a consequence to self-confidence. Two students spoke about how their self-confidence was improved when the staff nurses trusted them to take care of their patients. Gillespie (2005), Hodges (2009), and McGregor (2007) found that when students felt trusted, they experienced a connection with the nurses, which created a learning environment that enhanced the students' growth and confidence. Austria et al. (2013) and Dinc and Gastmans (2012) and affirmed that to feel trusted, one must rely on

others. Students in this study knew that the nurse and their instructor were available when they were caring for the patient, yet they were given autonomy. Since they felt trusted, their self-confidence improved. One student talked about an experience she had with her nursing instructor when she was able to medicate her patient independently. She used her experience as a guide. While her instructor was present, the student felt that the instructor trusted her to medicate the patient, resulting in an increase in her self-confidence. This is consistent with the findings of Belcher and Jones (2009), who found that when graduate nurses used previous experiences when caring for their patients, they gained more confidence in their nursing abilities. Three students in this study talked about experiences they had when the staff nurse(s) and their instructor trusted them to care for their patient independently. These incidents had a positive impact on their self-confidence. In summary, six students spoke about incidents where their self-confidence was impacted in a positive way. The description of their experiences were detailed, but not as striking as the descriptions the students provided about the negative incidents and how they influenced their self-confidence.

Nine participants talked about instances they experienced in the clinical setting that had a negative effect on their self-confidence. Students described these experiences with great detail. It was clear from the interview data that these incidents had a significant adverse effect on their self-confidence. Four students talked about incidents when they felt that they were not being educated by the staff nurse or their instructor. All four of these incidents dealt with situations in which the student was giving medications to a patient. Perry (2011) and White (2009) both identify that having prior knowledge and experience with skills is essential for one to be successful

and gain self-confidence. All of these students were expected (by the nurse or their instructor) to know how to administer medication, yet the correct procedure was not reviewed prior to the administration of the medication. This finding is consistent with the literature in that students' self-confidence is impacted negatively when nursing staff and instructors do not have the willingness to teach (Panduragan, Abdullah, Hassan, & Mat, 2011; Ralph, Walker, & Wimmer, 2009; Webster et al., 2016).

Students who believed they lacked the knowledge needed to perform skills and administer medication in the clinical setting felt stressed, incompetent, and not confident in themselves or their abilities. These findings are consistent with a number of authors (Beck, 1993; Cowen et al., 2016; Pagana, 1988; Porter et al., 2013; Sharif & Masoumi, 2005; Wilson, 1994). All four of the students in this study who described incidents where they believed they lacked adequate knowledge and/or skills expressed that being expected to administer medication without knowing the correct procedure, lowered their self-confidence and made them feel that they were not competent.

A lack of communication between the nurses, the students, and their clinical instructors was also found to have a considerable impact on the students' self-confidence. Five students described situations when there was a lack of communication with the nurse on the clinical unit. They felt as though they were "not even there" because the nurse did not even speak to them about the patient they were caring for. There is evidence in the literature that this is not an uncommon practice in the clinical setting. Several studies have reported that students who have been ignored by the staff nurses are less confident than those who have been able develop a relationship with them (Chesser-Smyth & Long, 2013; Clark, 2009; Courtney-Pratt et

al., 2012; Hinchberger, 2009; Ralph et al., 2009; Thomas & Burk, 2009). Burnard, Binti, Rahim, Hayes, and Edwards (2006), Shipton (2002), and Suen et al. (2016) discovered that nurses believed that nursing students were inferior, which created a negative environment and prevented effective communication between the students and the nurses. The lack of communication and undesirable environment caused students to feel less self-confident about their abilities in the clinical setting. Students in this study also expressed that they felt a lack of self-confidence in their ability when the staff nurses were demeaning, unkind, and did not communicate with them.

Five students talked about experiences they had in the clinical setting when they felt that the development of their self-confidence was hindered because of the absence of or ineffective communication they had with the staff nurses. Two students spoke about how their self-confidence was diminished when their clinical instructors yelled at and belittled them in front of others. This finding is consistent with a number of authors who describe that yelling and belittling has a negative impact on individuals (Cook, 2005; Elcigil & Sari, 2007; Elliott, 2002; Evans & Kelly, 2004; Magnavita & Heponiemi, 2011; Shipton, 2002; Webster et al., 2016).

Not feeling like a member of a team negatively influenced three students' self-confidence. Students described feeling like a nuisance and "in the way" on the clinical unit. A number of authors found that when students were not included or valued as a member of the team, they experienced a decrease in their self-confidence (Bradbury-Jones et al., 2007; and Chesser-Smyth & Long, 2013; Gilbert & Brown, 2015; Hamshire, Willgoss, & Wibberley, 2013; Koontz et al., 2010; Levett-Jones et al., 2009; Thomas & Burke, 2009). Participants in these studies expressed that they felt

useless, helpless, and excluded. The findings of this study are consistent with the literature in that participants didn't feel that they fit into the environment and that they were the least important members of the team, creating feelings of helplessness and exclusion.

Not feeling supported had an adverse effect on students' self-confidence. Four students expressed how they felt a lack of self-confidence in themselves when they did not have support from their clinical instructor and the nurses they were working with. White (2009) identifies that an antecedent to self-confidence is an adequate support system. When students receive encouragement, they are confident that they can be successful. If they do not have ample support, they are not able to be successful resulting in a decrease in self-confidence. Several authors have reported the negative impact on students' self-confidence that results from the lack of support from clinical instructors and the staff nurses in the clinical environment (Brown et al., 2003; Cowen et al., 2016; Elcigil & Sari, 2007; Hamshire et al., 2013; Magnavita & Heponiemi, 2011; Oermann, 1998; Smedley et al. 2010; Webster et al., 2016; Wells, 2007; Zieber & Williams, 2015). Participants in these studies reported that due to the lack of support, they considered leaving nursing school completely. Fear, feeling unprepared, and missed learning opportunities were also found to be significant factors due to a lack of support from the staff nurses and clinical instructors. These findings are consistent with the results of this study in that when students did not feel supported, that they had poor learning experiences and questioned themselves about whether they were entering the right profession.

Three students discussed incidents when they felt that there was a lack of trust

between the nurse and themselves. One student spoke about an incident when she did not feel trusted by her clinical instructor. In all the incidents, they were not given the responsibility to care for their patients independently, causing them to have a decrease in their self-confidence. In her concept analysis of self-confidence, Perry (2011) states that trust is an attribute, an antecedent, and a consequence of self-confidence. She further explains that when the development of trust is hindered, individuals feel uncertain about their abilities, which negatively impacts their self-confidence.

Four studies were found that addressed the negative impact on students' self-confidence that results when nurses do not trust them with patient care. Hodges (2009), Lofmark and Wikblad (2001), Rortveit, Hansen, Leiknes, Joa, Testad, & Severinsson, (2015), and Webster et al. (2016) discovered that trust was dependent on the nurse's behavior. When students experienced a lack of trust from the staff nurses, they were not given opportunities to expand their learning. This created feelings of incompetence and impeded the development of self-confidence.

McGregor (2007) describes that there is a negative impact on students' self-confidence when clinical instructors treat students as though they are incapable of providing adequate care to their patients. As a result, the students experienced a lack of trust and a decrease in their self-confidence. This creates an ineffective learning environment resulting in the student being unsuccessful in the clinical setting. The students in this study felt that when they were not trusted to perform nursing care and skills on their patients independently, their self-confidence deteriorated.

In conclusion, the participants in this study enthusiastically provided detailed descriptions of positive and negative critical incidents. Six students discussed how

their ability to adequately care for their patients improved their perception of self-confidence. This increase in their self-confidence was based on the students' previous experience and prior knowledge. Seven students discussed positive incidents that were experienced in the clinical setting. Making a difference, being educated, having open and positive communication with clinical faculty and nursing staff, being supported and trusted by the nursing staff and/or clinical instructors, and being a valued member of the healthcare team enhanced their self-confidence. Nine students described incidents that negatively impacted their self confidence. The descriptions of these incidents were more vivid and punctuated with greater affect than the descriptions of the positive incidents. Students described experiences when there was a lack of or ineffective communication between the students and the staff nurses and/or their clinical instructors, when they were not supported or trusted to care for their patients, and when they felt as though they were 'just a student' and not a valuable member of the healthcare team. The findings of this study, specifically making a difference, communicating effectively with the staff nurses and/or clinical instructors, feeling trusted to care for patients independently and being treated like a respected member of the healthcare team add meaningful information to a small amount of scholarly literature.

Chapter V

Summary, Conclusions, and Implications

In this chapter, a summary of this research study related to the self-confidence of senior undergraduate nursing students in the clinical setting is presented. Conclusions from the analysis of the data are reviewed and limitations are discussed. Implications for knowledge development, future research, nursing education, and clinical practice are presented.

Summary

Self-confidence has been identified as a critical component in the development of nursing student's clinical ability. Facilitating nursing students in the development of self-confidence in the clinical setting provides a foundation for them to acquire knowledge and successfully perform clinical skills (Al-Sagarat et al., 2015). The importance of acquiring self-confidence by gaining knowledge through clinical experiences, receiving support, being trusted by clinical faculty and nurses, feeling like a member of the healthcare team, and making a difference has been found to strengthen nursing student's self-confidence in the clinical setting.

There is a limited amount of literature that explores the perceptions of nursing students' self-confidence and the factors that positively and negatively impact their self-confidence in the clinical setting. The purpose of this study was to address this gap in the literature by exploring the perceptions of nursing students' self-confidence in the acute care clinical setting. The specific research questions that guided this study were:

1. What are the perceptions of nursing students' self-confidence in the acute

care clinical setting?

2. What factors improve students' self-confidence in the acute care clinical setting?

3. What factors negatively impact nursing students' self-confidence in the acute care clinical setting?

An exploratory descriptive qualitative design was utilized for this research study. Data was collected from eleven first or second semester senior students enrolled in a generic baccalaureate degree nursing program. All participants had completed two acute care clinical rotations. The Critical Incident Technique was used to collect and analyze the data. This method encouraged participants to describe memorable events that had occurred in their clinical practicums and allowed for reflection and detailed descriptions in a comfortable conversational manner. The findings of this study contributed to expanding the literature on nursing students' self-confidence in the clinical setting. The positive and negative critical incidents described by the students add valuable knowledge.

Conclusions

The findings of this study describe nursing students' perceptions of self-confidence as well positive and negative factors that impact their self-confidence in the acute care clinical setting. From the data collected, one can conclude that the development of nursing student's self-confidence in the clinical setting is a complex process.

The belief by the students that they could be successful in providing effective patient care was a contributing factor in enhancing their self-confidence. Knowing

how to perform procedures and administer medications, and being educated prior to the performance of a nursing skill, resulted in the students feeling more self-confident in themselves and in their ability to be successful. Making a difference in a patient's life, open communication, feeling like a member of a team, feeling that they (the student) could be trusted to care for the patient, and having support from the staff nurses and clinical instructors was also found to positively influence the students development of self-confidence.

Lastly, the participants identified a number of negative factors that had an effect on their self-confidence. Lack of communication between the student, staff nurses and clinical instructor, lack of support and trust from the instructors and nurses, not feeling like a member of a team, and lack of instruction on performing procedures/ medication administration had an undesirable effect on the students' self-confidence. Exposing students to these types of negative circumstances is not conducive to learning and impacts the student's self-confdence, and their clinical ability. When there is a lack of communication between nursing students, clinical instructors, and the staff nurses and a lack of support and trust from clinical instructors and nurses, students experience distress resulting in a decrease in self-confidence. This ultimately leads to the inability to provide the best possible care for their patients.

Limitations

There are a number of limitations in this research study. Transferability describes the extent to which research findings can be transferred to other settings or groups. In this research study, there were eleven participants from two different undergraduate nursing educational programs. This sample size is relatively small;

therefore it cannot be assumed to be a representative sample of other undergraduate senior nursing students from other programs across the country. All the participants were female. Ten were between the ages of 21-24 and one was 49 years old. Seven participants reported that they currently worked in the health care field. This homogeneous sample was chosen in order to gain a more in-depth understanding of baccalaureate degree nursing students' perceptions of self-confidence. However, there are also limitations in having a homogenous sample such as researcher bias and the inability to generalize the findings to other undergraduate nursing programs. Expanding the sample size through recruitment at other baccalaureate degree nursing programs, would enhance the transferability of these research findings.

The CIT is a retrospective research method. Although this approach can yield in-depth information, it can be "flawed by recall bias and could lead to a reinterpretation of the incident by the participant" (Gremler, 2004, p.67). The CIT relies entirely on the memory of the respondents and requires the participant to spend some time recalling the critical incident. Students in this study had no difficulty recalling the incidents. In fact, all of the students were able to remember the incidents quite easily and provided detailed information with little prodding from the researcher. To avert the possibility of students' experiences being misinterpreted during the interviews, the researcher asked for further explanation of anything that lacked clarity. At the end of the interviews, the researcher validated with the participants what they had discussed to ensure that all the information collected was accurate.

Implications

Knowledge development and research.

This qualitative study on the perceptions of nursing students' self-confidence in the acute care setting has contributed to the limited research base on nursing students' perceptions of their self-confidence. Understanding how nursing students perceive their self-confidence in the acute care setting and the factors that positively and negatively impact their self-confidence offers opportunities for future nursing research. More qualitative research studies with larger samples and including male students, students with diverse backgrounds, and students with previous health care experiences will contribute to the literature on nursing students' self-confidence.

The development of self-confidence over the course of a students' undergraduate education needs further investigation. In-depth semi-structured interviews with students at different points in their nursing education can generate knowledge as to how their self-confidence levels differ at varying points in time. Comparing students who are assigned to dedicated education units with students in traditional clinical practicums would generate additional knowledge as to how their self-confidence levels differ and what factors promote an increase in self-confidence.

The findings of this study suggests that that there are differences in the expectations of students compared with clinical instructors and staff nurses regarding the students clinical ability. This difference in expectations could account for the differences in how clinical instructors' approach their students prior to their performing a skill and/or giving medications. Some clinical instructors and staff nurses reviewed the procedure with the students prior to their performing the skill or

giving a medication. Other clinical instructors and nurses did not take this approach. This is a major area of concern that needs further exploration.

Nursing education.

The nurse educator plays a critical role in developing a student's clinical ability. Nursing students need to believe in themselves and in their ability to care for patients to become a successful, competent, and confident professional nurse. When an individual feels competent, his/her self-confidence is strengthened (Greenberger, Reches, & Riba, 2005). Students need to believe in their ability to function as a nurse as well as provide effective nursing care to their patients (Chlan et al., 2005). To improve nursing students' self-confidence, clinical educators need to provide students with opportunities where they can make a difference for their patients, expand their knowledge, and develop skills. In order for students to have these opportunities, instructors and staff nurses need to communicate effectively with the students, be supportive, trust the student's ability, and include them as part of the healthcare team. Faculty need to challenge, guide, protect, encourage, and be approachable to foster self-confidence in their students (Brown et al., 2003). The importance of the development of self-confidence in the clinical setting needs to be incorporated into all aspects of nursing education. The development of clinical faculty workshops that focus on the positive and negative factors that influence nursing students' self-confidence in the clinical setting would be advantageous. These workshops could include content that focus on the following factors: knowledge and skill development, effective communication, trust, making a difference, support, and being a member of the team, as these have been found to improve nursing students' self-confidence.

Factors that hinder students' self-confidence in the clinical setting and teaching

strategies that can be used to promote self-confidence should also be incorporated into

the workshop. A discussion of expectations of students' ability in each clinical course

also needs to be addressed.

Nursing practice.

There are some implications for nursing practice that should be considered

based on the findings of this research study. The knowledge gained from this study

can be used to help prepare preceptors of new graduates. Based on the analysis of the

critical incidents, the information acquired can guide educational approaches and

teaching strategies that will help preceptors mentor new nurses through the transition

process. The results of this study show that when senior student nurses are educated,

trusted, supported, communicate successfully and feel like a member of the team, they

become more competent and their self-confidence increases.

An outcome of the education of preceptors could be an improvement in the

novice nurse's clinical practice. Preceptors can use the findings of this study as well as

the findings from previous research studies to educate preceptors.

Reducing the staff nurse's workload when they are precepting students and

new graduate nurses would create a positive work environment, provide support, and

increase the self-confidence for both the nurses and the students. A formalized training

program for nurses who are interested in precepting students and new graduates would

be useful in order to introduce preceptors to the clinical teaching process (Chen, Duh,

Feng, & Huang, 2011). Topics to enhance self-confidence could include effective

communication, providing support, educating students/new nurses on the correct way

to perform skills and administering medication, and teaching strategies that encourage a trusting relationship. It is essential that preceptors promote the development of self-confidence in students/new nurses and guide them through the learning process. Empowering students and novice nurses to feel confident in the practice setting is critical for their success.

Appendix A

Institutional Review Board Approval

THE UNIVERSITY OF RHODE ISLAND
DIVISION OF RESEARCH AND ECONOMIC DEVELOPMENT

THINK BIG WE DO™

OFFICE OF RESEARCH INTEGRITY
70 Lower College Road, Suite 002, Kingston, RI 02881 USA
p: 401.874.4328   f: 401.874.4814   web.uri.edu/researchecondev/office-of-research-integrity

FWA:	00003132
IRB:	00000599
DATE:	February 22, 2017
TO:	Ginette Ferszt, PhD, RN
FROM:	University of Rhode Island IRB
STUDY TITLE:	Exploring the Perceptions of Nursing Students' Self-Confidence in the Acute Care setting
IRB REFERENCE #:	1000388-2
LOCAL REFERENCE #:	HU1617-135
SUBMISSION TYPE:	Revision
ACTION:	APPROVED
EFFECTIVE DATE:	February 22, 2017
EXPIRATION DATE:	February 21, 2018
REVIEW TYPE:	Expedited Review
REVIEW CATEGORY:	Expedited review category # 6 & 7

The above referenced human subjects research project has been APPROVED by the University of Rhode Island Institutional Review Board (URI IRB). This submission has received Expedited Review Review based on the applicable federal regulation 45 CFR 46 and 21 CFR 50 & 56. All research must be conducted in accordance with this approved submission .

INFORMED CONSENT
The URI IRB requires the use of IRB STAMPED consent/assent documents only. Stamped documents are located on IRBNet under Board Documents. Federal regulations require each participant receive a copy of the signed consent document.

MODIFICATIONS AND AMENDMENTS
Changes to the protocol or its related stamped consent/assent documents must be approved by the URI IRB before implementation.

RECORDKEEPING
Federal regulations require all research records must be retained for a minimum of five years after the project ends.

PROTOCOL EXPIRATION
Based on the risks, this project requires Continuing Review by this office by February 21, 2018. Please use the CONTINUING REVIEW FORM for this procedure.

REPORTING

- 1 -

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Unanticipated problems involving risk to subjects or others, adverse events, and other problems must be reported to the IRB using the **Appendix S - Event Reporting** form. Additionally, all FDA and sponsor reporting requirements must be followed.

URI IRB RESEARCH POLICIES
All individuals engaged in human subjects research are responsible for the compliance with all applicable URI IRB policies (http://web.uri.edu/researchecondev/office-of-research-integrity/human-subjects-protections/general-guidance/). The Principal Investigator of the study is ultimately responsible for assuring all study team members review and adhere to applicable policies for the conduct of human subjects research.
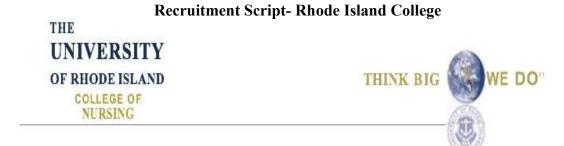
If you have any general questions, please contact us by email at researchintegrity@etal.uri.edu. For study related questions, please contact us via **project mail through IRBNet**. Please include your study title and reference number in all correspondence with this office.

Matthew J. Delmonico, PhD, MPH
IRB Chair

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Appendix B

Recruitment Script- Rhode Island College

THE UNIVERSITY OF RHODE ISLAND COLLEGE OF NURSING

THINK BIG WE DO™

Recruitment Script- Rhode Island College

My name is Jennifer Fuvich and I am a doctoral student from the College of Nursing at the University of Rhode Island. I would like to invite you to participate in my research study on exploring the perceptions of nursing students' self-confidence in the acute care setting.

You may participate if you have had at least two clinical experiences with a different clinical instructor in an acute care (hospital) setting; are able to speak and read English and are in your senior year of your nursing education.

Please do not participate if you have not had a least two clinical practicum experiences in an acute care (hospital) setting, have participated in a dedicated education unit practicum or have had a precepted clinical experience.

As a participant, you will be asked to be interviewed for approximately 45 minutes at a location and time that is convenient for you.

There are no anticipated risks associated with this study. The information obtained from this study may subsequently contribute, in a positive way, to the self-confidence of nursing students in the clinical setting.

If you would like to participate in this research study, please contact me at 401-965-7061 or Jennifer_fuvich @uri.edu for more information.

Do you have any questions now? If you have questions later, please contact me at 401-965-7061 or you may contact my advisor, Dr. Ginette Ferszt, at 874-5345.

Appendix C

Recruitment Script- University of Rhode Island

Recruitment Script- University of Rhode Island

My name is Jennifer Fuvich and I am a doctoral student from the College of Nursing at the University of Rhode Island. I would like to invite you to participate in my research study on exploring the perceptions of nursing students' self-confidence in the acute care setting.

You may participate if you have had at least two clinical experiences with a different clinical instructor in an acute care (hospital) setting; are able to speak and read English and are in your senior year of your nursing education.

Please do not participate if you have not had a least two clinical practicum experiences in an acute care (hospital) setting, have participated in a dedicated education unit practicum or have had a precepted clinical experience or have had me as your clinical instructor.

As a participant, you will be asked to be interviewed for approximately 45 minutes at a location and time that is convenient for you.

There are no anticipated risks associated with this study. The information obtained from this study may subsequently contribute, in a positive way, to the self-confidence of nursing students in the clinical setting.

If you would like to participate in this research study, please contact me at 401-965-7061 or Jennifer..fuvich @uri.edu for more information.

Do you have any questions now? If you have questions later, please contact me at 401-965-7061 or you may contact my advisor, Dr. Ginette Eerszt, at 874-5345.

Appendix D

Informed Consent

The University of Rhode Island
Department of: Nursing
Address: 39 Butterfield Rd Kingston, RI 02881

Title of Project: Exploring the Perceptions of Nursing Students' Self-Confidence in the Acute Care Setting

CONSENT FORM FOR RESEARCH

You have been invited to take part in a research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have more questions later, Jennifer Fuvich (401-965-7061) or Ginette Ferszt (401-874-5345) the people mainly responsible for this study, will discuss them with you. You must be at least 18 years old to be in this research project.

Description of the project:

The purpose of this study is to obtain a better understanding of nursing student's perception of their clinical experiences in an acute care setting. The total time required for your participation will be approximately 45 minutes.

What will be done:

If you decide to take part in this study here is what will happen: you will meet with Jennifer Fuvich for approximately 45 minutes at a location and time that is convenient for you. Mrs. Fuvich will interview you and ask you to recall a significant event that occurred during one of your acute care clinical rotations. The interview will be audio-taped for analysis.

Risks or discomfort:

There are minimal risks associated with this study. It is possible that you will feel uncomfortable when describing a clinical situation.

Benefits of this study:

Although there will be no direct benefit to you for taking part in this study, the researcher may learn more about how nursing students gain self-confidence in the acute care setting.

Confidentiality:

Your part in this study is confidential. None of the information will identify you by name. All audio-tapes will be stored in Dr. Ginette Ferszt's office in White Hall (313). (39 Butterfield RI Kingston, RI Rm 137) in a locked file cabinet.

Decision to quit at any time:

The decision to take part in this study is up to you. You do not have to participate. If you decide to take part in the study, you may quit at any time. Whatever you decide will in no way penalize you. If you wish to quit, simply inform Jennifer Fuvich or Ginette Ferszt at 401-965-7061 or 401-874-5345 of your decision.

Rights and Complaints:

If you are not satisfied with the way this study is performed, you may discuss your complaints with Jennifer Fuvich or Ginette Ferszt at 401-965-7061 or 401-874-5354, anonymously, if you choose. In addition, if you have questions about your rights as a research participant, you may contact the office of the Vice President for Research and Economic Development, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island, telephone: (401) 874-4328.

You have read the Consent Form. Your questions have been answered. Your signature on this form means that you understand the information and you agree to participate in this study.

_____   _____

Signature of Participant   Signature of Researcher

_____   _____

Typed/printed Name   Typed/printed name

_____

Participant's Signature to be audio-taped

_____   _____

Date   Date

Please sign both forms, keeping one for yourself.

Appendix E

Interview Guide

Title of the Study:

Exploring the Perceptions of Nursing Students' Self-Confidence in the Acute Care Setting

Purpose of the study:

It is important to identify how students perceive and what factors promote or diminish their self-confidence in the clinical setting. The identification of such factors could help nurse educators develop educational approaches and teaching strategies to guide student nurses through the clinical practicum process.

Script:

I want to learn more about your clinical experiences in the acute care setting. I am specifically interested in students' self-confidence in the clinical area. Please review these two definitions. The first is a definition of what constitutes an incident. The second is the definition of self-confidence that will be used to guide this study.

Definition of an incident:

An individual occurrence or event that has had a significant impact (positive or negative) and was a turning point.

Definition of Self-confidence:

A person's sense of their competence and skill, their perceived capability to deal effectively with various situations.

Interview Questions:

1. Think about a specific positive or negative incident during your clinical practicum that had a major impact on you.

2. When you think about this event, what were some of the issues (positively or negatively) that you have encountered?

3. Please remember a specific personal time(s) in the clinical setting when you felt self-confident or when you felt like you did not have any self-confidence.

Prompts:

- When and where did it happen? (description of environment)
- How were you feeling that day?
- What was happening when this occurred?
- What happened that was positive?
- What happened that was negative?
- How were you feeling at this time?
- What if anything did you do?
- What was the outcome of the incident?
- How did you feel after the incident occurred?
- What did other people do or not do that influenced the incident and you?
- Do you believe that these actions were effective or ineffective in improving your self-confidence? Why? Why not?
- What do you think could have made the actions of others involved more effective?
- Reflecting on the situation, is there anything that you would have done differently?

Appendix F

Demographics Form

Participant #_____

1. Sex/ Gender
   a. Male
   b. Female
   c. Transgender

2. Age_____

3. Marital Status
   a. Single
   b. Married
   c. Other (please specify) _____

4. Religious preference
   a. Muslim
   b. Christian
   c. Mormon
   d. Roman Catholic
   e. Protestant
   f. Jewish
   g. Other (please specify) _____

5. Race
   a. White/ Caucasian
   b. Black/African American
   c. Hispanic/ Latino
   d. Asian or Pacific Islander
   e. American Indian/ Native American
   f. Other (please specify) _____

6. Are you a first semester or second semester senior?
   a. First semester senior
   b. Second semester senior

7. During your 2-acute care clinical rotations, did you have a per course (adjunct) faculty member or a full-time faculty member?

   Acute care clinical rotation 1
   a. Full-time faculty member
   b. Per-course(adjunct) faculty member

Acute care clinical rotation 2
- a. Full-time faculty member
- b. Per-course(adjunct) faculty member

8. Will this be your first undergraduate degree?
   - a. Yes
   - b. No

9. If you answered "no" to question # 8, what field is your first undergraduate degree in?

   _____

10. Are you currently employed in the health care field?

    - a. Yes
    - b. No

11. If you answered "yes" to question 8, please specify what your current job is?
    - a. Student Nurse Intern
    - b. CNA
    - c. Patient Care Technician
    - d. Other (Please specify) _____

12. Approximately how many hours/week do you work

    _____

13. If you are currently working in the healthcare field, what type of setting and unit are you working in?

    - a. Acute Care Facility (Unit Type_____)
    - b. Long term Facility (nursing home) (Unit Type_____)
    - c. Rehab facility (Unit Type_____)
    - d. Home care
    - e. Other _____

Appendix G

The Critical Incident Technique

Phase 1	Problem definition
	1. Determine what the research question is
Phase 2	Study Design
	1. Determine what a critical incident will be defined as 2. Determine the criteria for what is not a critical incident 3. Determine the unit of analysis 4. Develop interview questions with clear instructions and probe questions 5. Identify appropriate sample
Phase 3	Data collection
	1. Collect data 2. Identify usable critical incidents 3. Identify criteria for inclusion/ exclusion of incidents
Phase 4	Data analysis and interpretation
	1. Inductive analysis of critical incidents 2. Read/reread incidents 3. Identify reoccurring themes 4. Create descriptions of categories that include incidents and behaviors 5. Sort incidents using classification scheme
Phase 5	Results Report

	1. Research questions
	  a. Identification of study focus
	  b. Description of research questions
	  c. Definition of a critical incident
	  d. Discussion of why CIT is appropriate method for understanding phenomenon
	2. Data collection/procedures
	  a. Data collection method
	  b. Interview questions
	3. Participant characteristics
	  a. Description of sample
	  b. Sample size
	  c. Response rate
	  d. Rationale for the selection of the participants
	  e. Participant demographics
	  f. Number of incidents requested from each participant

The Critical Incident Technique

Phase 5 (continued).	4. Data characteristics
	   a. Type of incidents requested
	   b. Number of incidents collected
	5. Data quality
	   a. Number of useable incidents
	   b. Criteria for incident inclusion or exclusion
	6. Data analysis procedures and classification of incidents
	   a. Discussion of category development
	   b. Description of major categories and subcategories
	   c. Reliability and content validity of classification system
	   d. Discussion of results as applied to sample
	7. Results
	   a. Description and discussion of major categories
	   b. Description and discussion of subcategories
	   c. Connection to existing literature and or theory
	   d. Suggestions for future research

Appendix H

Research Question One

What are the perceptions of nursing students' self-confidence in the acute care setting?

Code Number	Critical Incident	Category
1	"I have the confidence to do this" (referring to foley catheter insertion)	Perception of self-confidence
2	"I felt pretty confident at first when I was walking in (to the patient's room) because I felt like I have done a lot of my skills in the past that I would be able to use during this clinical."	Perception of self-confidence
4	I'm pretty comfortable with my skills at this point	Perception of self-confidence
9	"I think self-confidence is imperative in the development of professional nurse because you know if you come in there as a new nurse, a new grad who's not confident in herself and you're trying to take care of these patients then they are not going to feel safe with you."	Perception of self-confidence
7	I feel that is the number one thing going into a patient's room and being confident because you're taking care of them because not only do you need to look and feel confident, but you need to make sure the patient knows that you know what you're doing.	Perception of self-confidence
10	But I made sure that I showed her (the sister) that I had confidence (in caring for her brother) so that she was confident in me too.	Perception of self-confidence

Appendix I

Research Question Two

What factors improve students' self-confidence in the acute care setting?

Code Number	Critical Incident	Category
1	It's not medically related but it was a huge moment that I realized that I can make a huge difference and I can help someone and ease their pain a little and make their day a little bit better.	Making a difference
3, 7, 10	He (the nurse) was educating me telling me this is how you are supposed to do things like telling me make sure you clean the vile with alcohol before you put the needle in. He made me feel more confident. (3)

The nurse was willing to help. She was willing to teach. She (the nurse) explained it before we went in the room. She really helped me improve my self-confidence. (7)

That was the first time I gave feedings through G-tube. She explained everything that was going to happen. She explained everything in a really simple way in a way that I could understand to make sure that I was confident in what I was doing before I actually did it. (10) | Being educated |

1, 10, 11	I told them to brush the bottom of her foot because it tickles and she likes it. I did that while they turned her and she let them do whatever they needed to do. It was a way of communicating with someone that was nonverbal. It made me have a lot of confidence. (1) She (my instructor) communicated with me on a level that never made us feel competent. Being able to communicate with professor without being afraid of her also really helped my self-confidence. (10) It was great having that open communication all day for that whole shift and balancing recommendations off each other. It really improved my self-confidence. (11)	Communication
1, 7, 10, 11	This was an experience that I had that I wasn't in the way and I did help and I was able to share that with other people. I really felt like I belonged and that I was part of the team. (1) When we feel like part of the team we have great experiences. I felt like I was a member of the team, like a real nurse. (7) I felt like a real nurse and a valuable member of the health care team. (10) All the nurses were great and I think that that makes a huge difference because the worst thing is feeling like the staff doesn't want you there or not being a member of the team or that they prefer you not to be there. (11)	Being a member of a team

1, 5, 7, 8, 10, 11	She (the nurse) let me straight cath someone twice in one day. I was like I have the confidence to do this because she (the nurse) was saying that you can do it. (1)	Support
	If you go in and you feel like you're being supported and they are there to help you learn and that they are on your side you feel more confident and you're not as nervous.(5)	
	My instructor, she's very helpful and that's a positive and she is supportive of us and our inexperience".(7)	
	It was good to see that my instructor was able to go up to this nurse and stand up for me and stand up for herself. I felt better after my instructor approached the nurse because I felt like she had my side. (8)	
	It was a really good experience and the best part about it was my instructor was super supportive. She was great. For me anyway I think that instructors who walk you through things and tell you what to expect and will tell you that they will answer all your questions are the type of professors I can learn from and that that's exactly what she did on this day. (10)	
	The nurse was with me every step of the way. She really has helped me gained a lot of my confidence throughout this day because you know that I tend to have a shy demeanor going into things (11).	

1, 7, 10	The nurse left to go get something and left me with the patient alone so she was like trusting. I feel trust is huge part of self-confidence. But I feel like if someone trusts you to do something then you can do it.(1) The nurse trusted me to take care of the patient and to do the injection without making me feel incompetent. It's really about whether the nurse trusts us or not. So, if they trust me it makes me more self-confident. (7) And she (the instructor) knew that I knew what I was doing as far as hanging IV meds. She just let me do my thing and if I had a question she was right there to help me which made me feel good because it shows that I was learning and I knew what I was doing and she trusted me. (10)	Trust

Research Question Three

What factors negatively impact nursing students' self-confidence in the acute

care clinical setting?

Code Number	Critical Incident	Category
2, 4, 5, 7	I didn't see the order. I told her (the nurse) I didn't know it was supposed to be given. It was like upsetting for me, to give something a lot later than it was due. She (the nurse) kind of made me feel incompetent. Kind of like I don't know anything as a student and that I should have known to do this. (2) We were going to hang the IV bag. I've never done it before. I was trying to draw it (the medication) out and she (the nurse) actually said give it to me you should know this by now. After she took that out of my hands. I just watched her for the rest of the day. She made my self-confidence feel very low and I didn't want to get yelled at again so I just stepped back and let her do what she had to do. She (the nurse) didn't do a lot of explaining she just kind of reprimanded me. (4) A specific example was this IV medication that I've only done once in the lab. And the nurse and I went into the room and she just expected me to know how to do all the correct steps by myself without directing me. That gave me anxiety and not a lot of confidence in front of a patient. (5)	Not being educated

	She (the instructor) started asking me questions about the meds for the patient. I knew most of the answers and then she asked me the administration rate of the Lasix that I was going to give IV push and I was like oh I'm not sure and she responded you had all this time to look up the meds. 'What were you doing? You didn't have time to look up the administration rate. I can't believe that you did not have time for that'. That made me feel not very self-confident. She made me feel stupid and incompetent and not good about myself. I lost all the self-confidence I had at that time. (7)	
2, 3, 4, 5, 7, 9, 12	She (the nurse) was so demeaning and just mean. I just feel that some of these nurses don't remember what it is like to be a student. I mean really, how are we supposed to learn if no one talks to us and tells us things. Overall I really feel that the nurse could have communicated more with me. More communication would have been good. (2) I think the nurse was very ineffective at improving my self-confidence. She (the nurse) barely talked to me, never mind her patients. She could have used a refresher on therapeutic communication. (4)	A lack of communication

Appendix J (Continued)

	I had her (the nurse's) patient and I did not give meds on that patient. I had no contact with her at all. She didn't even give me report. She (the nurse) actually didn't even speak to me that day. I tried to give her report at the end of the day and she just looked at me and didn't say anything. I was like wow, I felt like I wasn't even there to her. She could have at least spoken to me. (3) There's been a real problem with my clinicals with communicating with the staff. Nobody talks to you or tells you what to do and I'm like, I've never done this before so, how do I know if I'm doing it right. I felt that I was in the way and as long as I was in the patient's room, then I wouldn't bother anyone on the floor. Most of the time the staff didn't even know my name. (5) She just kind of said go do it and that made me very anxious I didn't feel as though I could approach her with any questions. (7)	

Appendix J (Continued)

	I missed a critical lab value. And embarrassingly my professor began to criticize me and say 'you know that's not a skill of good nurse. A good nurse, well she always checks the labs in the morning and periodically throughout the day'. She criticized me in the middle of the floor. My classmates saw and heard what she was saying. There were family members walking by and other nurses. She criticized me in front of other staff. She said I need to be a better nurse and I need to keep better track of my patients. I thought I was doing really well taking care of three patients and this was the first time I had a patient that was really acute. Being criticized like that it really made me feel like I was not ready to be a nurse. For the rest of that semester my self-confidence was in the toilet. (9)	

Appendix J (Continued)

	And he (my instructor) comes in the room while I'm checking my other patient and he says, 'do you know what blood looks like', in front of my patient, 'Because there's no blood hanging in there. Did you actually even go and bother to look at the patient?' And that was the first 20 minutes of clinical, and I said no I haven't looked at the patient so I was already very stressed that day. (12) I could tell that the patient probably didn't want me doing it because of how nervous I looked so I was trying not to look nervous. But also, my instructor was just barking orders at me. It was just not a great experience. (12)	
4, 7, 8	They (the nurses) really do include us in anything. It's almost like we are in the way and more of a nuisance than a help. (4) I didn't feel like I was a member of the team when I was with this nurse. It gave me anxiety and not a lot of confidence. I think that nurses should always help students. They don't always help and we don't always feel like members of the team. (7)	Not feeling like a member of the team

Appendix J (Continued)

	That definitely took a hit to my self-confidence. I really didn't feel like I had a place to defend myself as a student nurse because I'm low man on the totem pole. I didn't feel as though I was part of the team. We are just students and we don't really have a place or really fit in to the team and the environment. (8)	
1, 2, 5	If she was at the nurse's station and you went into the patient's room she would go right into the room she would be like what do you need and not in a way that was like supportive She wasn't like asking me 'oh what do you need? what can I do for you? can I help you with that? you want me to teach you how to do this'? It was more like I (the nurse) will do it. Just get out. (1) When the professors are not necessarily supportive. I think that's the kind of things that causes me the most stress. Things like that is what impedes self-confidence for me anyways. (5)	Lack of support

Appendix J (Continued)

	I feel that the nurse should have checked in on me more. I kind of wish that if she had saw the order earlier and made a point to tell me that there was a new order put in by the doctor. It would have been easier to be given a little bit more support. I don't think it was a good learning experience because it made me feel so bad about myself and I like was not sure if this was the thing for me to be a nurse you know. We are supposed to be in a protected place in clinical and I did not feel like I was protected, more like I was attacked because I was a student. (2)	
1, 3, 4, 5	She (the nurse) was always hovering. If you are (the nurse) inhibiting me because you're saying oh I can't trust you to take Vital Signs or give meds or do any of this so how should I feel about myself. Not only does it decrease (my confidence) it but how can I build it (my confidence) if I'm not doing anything all day. How am I supposed to feel confident about myself when you (the nurse) don't trust me? (1)	Lack of trust

Appendix J (Continued)

	Having the female nurse, I had made me very anxious. She was very nervous and I felt as though she didn't trust me and my ability. I feel that if they (the nurses) should be telling us what we should be doing and they should trust us to know what is right and wrong. (3) She (the nurse) really made me question myself and that I was even going into the right profession. That's how much of negative influence it was I really think. She (the nurse) didn't trust me and my ability. (4) I feel like I'm always doing something wrong and it doesn't help build my confidence. I guess it is because my professor didn't trust me. (5)	

Table 1

Demographics Table

Student Nurses' Demographic Data (n=12)

Questions	Number of Students
Gender	
Female	12
Age	
21	3
22	6
23	1
24	1
49	1
Marital Status	
Single	11
Married	1
Religious Preference	
Catholic	6
Christian	4
Jewish	1
No Response	1
Race	
White	11
Asian	1
First semester senior	2
Second Semester Senior	10
Adjunct Instructor (first semester)	9
Adjunct Instructor (second semester)	7
Full-time instructor (first semester)	3
Full-time instructor (second semester)	5
First undergraduate degree	
Yes	11
No	1
Currently employed in healthcare field	
Yes	7
No	5
Current position in healthcare field	
Certified Nursing Assistant	3
Medical Assistant	1
Clinical Assistant	1
Patient Care Technician	1
Pharmacy Technician	1

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