

Strategies to Improve Final Year Nursing Students' Confidence

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Abstract

Final year nursing students have reported a lack of confidence in fulfilling the expectations and responsibilities of professional nursing. This article looks at final year nursing students' experiences and feelings of confidence and explores interventions, strategies, and programs that help maximize their confidence in relation to social learning theory. Confidence building approaches include use of clinical demonstrators, mentors, peer instructors and models, human patient simulators, feedback, praise, humor, and mindfulness training. Sharing stories and experiences, as well as allowing students to practice on their own are also discussed.

Strategies to Improve Final Year Nursing Students' Confidence

As nursing students enter their final year of study, it should be expected that they are preparing to take on the responsibilities of their profession with confidence. However, final year nursing students experience apprehension and lack of confidence in fulfilling the expectations and responsibilities of professional nursing (Carson, Kotzé & van Rooyen, 2005; Heslop, McIntyre & Ives, 2001). This article describes graduating nursing students' experiences and feelings of confidence and provides an overview of interventions and strategies that help to maximize their confidence.

Learning new information and skills and dealing with challenging situations can all be negatively impacted by lack of confidence, and students with low confidence often visualize defeat before it occurs (Lundberg, 2008). Disempowering experiences can lead to fragile levels of self-confidence which can result in students disengaging from placements or leaving the program (Bradbury-Jones, Samsbrook & Irvine, 2007). These experiences can make the difference between newly graduated nurses staying in or leaving the profession (Cowin, Craven, Johnson & Marsh, 2006).

Increased self-confidence and empowerment is related to improved motivation for learning and better outlook on a situation (Bradbury-Jones et al., 2007). When students have a higher sense of self-confidence about their skills, they are more likely to think of these skills as important in nursing care and have an increased commitment to using them (Clark, Owen & Tholcken, 2004).

Lofmark, Smide and Wikblad (2006) report that final year nursing students rate their strongest areas as being holistically focused, being aware of ethical issues, communicating with patients, cooperation, and self-knowledge. Heslop et al. (2001) found that students report high levels of organizational commitment and professionalism. The areas students report lowest confidence in are the amount of practical experience (Lofmark et al.) and the development of management skills in planning work and distributing tasks (Heslop et al.).

It is essential that students are provided with constructive learning environments; ones that recognize under-confidence as well as foster the early development of confidence.

Theoretical Framework

Albert Bandura (1982) postulates that self-efficacy, also commonly referred to as self-confidence is connected to "judgments of how well one can execute courses of action required to deal with prospective situations" (p. 122). People will take on and perform activities which they perceive themselves as capable of accomplishing. They will also have a tendency to avoid activities which they judge to be beyond their coping capabilities.

In *Bandura's social learning theory* (1982), people learn from one another. Four sources of information that judgments about self-efficacy are derived from are: enactive attainment, vicarious experiences, verbal persuasion, and physiological state. Enactive attainment has the

most impact on confidence judgments. It is based on mastery experiences. Students should be given opportunities to practice and perform skills and procedures to experience success first hand. Repeated failures adversely affect self-confidence, especially those that occur early on and that are not based on lack of effort. Vicarious experiences or modeling allows one to witness others successfully perform activities. Adept models can also show students how to effectively handle difficult situations. Verbal persuasion or praise can be employed to convince students that they have the capabilities to achieve what they seek. Social persuasion is especially effective in enhancing successful performance when it is within realistic bounds of what the student can do. Physiological states such as anxiety or stress can lead people to judge their capabilities as less effective and therefore adversely affect performance.

Confidence-building strategies and teaching approaches that take into account these four sources of self-efficacy information will be most effective in helping nursing students.

Strategies to Build Confidence

Enactive Attainment

The role of clinical demonstrator was outlined by Hilton and Pollard (2005). Clinical demonstrators are experienced clinicians who work at hospitals or agencies and are hired by nursing schools. They work with lecturers in introducing nursing care skills to students in classrooms and skills labs. Clinical demonstrators also support nursing students in transferring these skills to real life practice in their clinical placements. They are able to provide extra hands-on teaching sessions to struggling students and those who feel they have had limited clinical experience. It was found that senior nursing students brought up concerns regarding areas of practice they had low confidence in, such as more advanced clinical skills. The clinical demonstrators were able to organize specific teaching sessions to address their needs, while also working with students in the hospital setting performing skills and delivering care to patients. Students described feeling less nervous and having greater confidence after working with clinical demonstrators. The clinical demonstrators helped close the theory gap (defined as the discrepancy between what is practiced in a clinical setting versus what students are taught in the classroom) that students expressed as frustrating (Moscaritolo, 2009).

Nursing mentor programs can also help support the transition to practice for final year nursing students. Theobald and Mitchell (2002) described a mentor program whereby students applied for and were matched with volunteer registered nurses (RN) who were practicing in areas of nursing that the students were interested in, for the duration of one academic year. Each student worked with an RN for an average of two hours per week, with the mentor acting as “guide, professional colleague, tutor, supporter, or informal counselor” (2002, p. 28). The program did not include any element of student assessment, unlike the preceptorship component of the nursing program. Students reported gaining greater insight into the working of a hospital ward and enhanced confidence and skill acquisition. Some activities the students were able to experience through the program included having assistance with preparing for future workplace interviews, attending in-services and educational seminars, providing supervised patient care, and exchanging ideas regarding legal and ethical issues.

Anderson and Kiger (2008) describe an initiative whereby final year students nearing the final stages of their community health placements make patient visits without the direct supervision of a preceptor. This afforded the students some degree of independence in patient care. The care provided by nursing students still required the supervision of a qualified practitioner for accountability purposes, but they were not directly supervised, with the preceptor available for support and reassurance by telephone if needed. Students reported feelings of increased competence and confidence in being able to, and being trusted to, work without direct supervision.

Vicarious Experiences

Use of peer instructors and models can involve matching more clinically confident students with less confident ones so a desired behavior or skill may be observed. This is a form of learning vicariously (Lundberg, 2008). Because the model and the observer are both students, the encounter may be perceived as less intimidating. There is the implication that if a peer can successfully perform a skill, the student can as well.

Another form of vicarious learning involves sharing stories, experiences and feelings. This allows students to realize that their capabilities are comparable to their classmates and that others share similar insecurities (Haffer & Raingruber, 1998). Giving students opportunities to talk about their experiences with peers and nurses allows them to cultivate reasonable expectations of their clinical skills as well as learn from the experiences of others (Lundberg, 2008).

The use of human patient simulators (HPS) in training nursing students has helped in developing and increasing confidence in assessment, critical thinking, and clinical skills that can then be applied to real life situations (Bremner, Aduddell, Bennett & VanGeest, 2007). HPS are life-sized mannequins containing electronic and mechanical technologies that allow them to mimic human physiology and react to different treatments in real time. Teaching sessions generally include a small number of students, one facilitator, and one HPS. Students can learn and gain confidence by observing each other, working as a team, and observing outcomes of different actions without fear of harming an actual patient (2007).

Verbal Persuasion

Nursing students need feedback and praise about their developing skills. If recognition is not given, their sense of emerging confidence and skills may be impaired (Haffer & Raingruber, 1998). Giving students regular, timely, and specific feedback along with constructive comments and warranted praise are all activities which nursing instructors can employ to build confidence (Lundberg, 2008). Students need to communicate with instructors, nurses, and preceptors about their performance in order to receive encouragement and feedback. Educators can enhance this process by providing clinical learning environments which fosters students' decision making without concern of punishment or embarrassment (Baxter & Boblin, 2008; Haffer & Raingruber, 1998).

Physiological State

Using humor in teaching or having a lighthearted attitude can benefit learners by enhancing self-esteem, and decreasing stress and anxiety (Moscaritolo, 2009). Use of humor in the classroom has been found to increase students' retention of content. Its use in the clinical setting has helped reduce anxiety which in turn enriched performance and confidence.

Cultivating mind-body awareness and being attuned to the present moment through mindfulness training activities such as meditation, yoga, and relaxation techniques has helped reduce stress in nursing students (Wolfgang, Turner, Young & Bruce, 2001). In clinical placement settings, nursing students used strategies of mindfulness to quiet their bodies, thoughts, and feelings. This resulted in greater stress management, reduced anxiety, and increased feelings of being able to handle stressful situations in both classroom and clinical settings (Moscaritolo, 2009).

Implications for Nursing Education

Nursing students have reported that they are highly skilled self-doubters (Haffer & Raingruber, 1998). It would follow that any educational approach should avoid activities that reinforce these thoughts. Rather, nursing education programs should counter the development of self-doubt through opportunities to gain skilled practice in an encouraging and supportive environment.

Students can implement confidence building strategies by seeking out vicarious experiences and being mindful of their physiological states. Although it is important that students have some sense of accountability and self-motivation for their skills and education, educators retain a high degree of influence over strategies and programs that reflect all domains of self-efficacy. Because of the inherent power difference between students and teachers, it is essential that educators be leaders in providing the most constructive confidence building environment they can; one in which students feel safe in asking questions and instructors are willing to guide students in the process of discovering answers (Haffer & Raingruber, 1998).

There are many innovative strategies being used by different nursing schools. It is important to gauge student needs, consult leading research about strategies that are succeeding, and collaborate with local and regional agencies. In this way, nursing students will benefit from greater confidence and skills. In turn, the nursing profession will benefit from the greater morale and retention of new graduates.

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