

Student Nurse Confidence - A Reflection

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BRIEF INTRODUCTION OF THE PATIENT AND THE WARD

As part of a six week clinical placement I was working in the children's ward of a regional hospital. I had completed 4 weeks of clinical placement at the children's ward and was confident of my clinical skills and communication with patients, families and staff. Then I met Sammy (pseudonym). Sammy is a delightful 9 year old who has a chronic illness and disability. His mother Rachel (pseudonym), who is his primary carer, is an active participant with his medical care and has routine methods for completing his daily needs. Both Rachel and Sammy had no hesitation in allowing me, as a student, to participate in Sammy's care.

During the first day of my involvement with Sammy, Rachel often commented on her method of completing a task and advised me of 'the best way' to complete nursing tasks for Sammy. This left me feeling inadequate as Rachel during the course of the day constantly commented on how I should do something or said 'I don't do it like that'. My feelings of inadequacy arose partly because of Rachael's strong assertion of her position as primary carer and I thought, partly as a result of my lack of self confidence in my skill level.

The next day I took the time to go over what needed to be done for this patient. I then approached the nurse educator of the ward and asked if she would mind watching me rehearse all of the tasks to be done for the patient. This was to confirm for myself that I was not doing anything incorrectly and to improve confidence in my skill level.

Over the period that I had spent at the children's ward I felt that my confidence had grown both on a clinically professional level and personally. However when I was confronted by a parent who questioned why I completed tasks the way I did I was unable to provide a clear rationale, despite knowing the rationale. This in turn affected my confidence. I found myself focusing on completing the task or skill that was required and not on the holistic care of the patient. I had sought out an educator to confirm that my skill level was adequate to the task at hand.

What I had failed to realise was that my lack of confidence was not skill-related but related to my inability to effectively communicate the evidence-based reason for completing the skill under pressure from an anxious parent. This left me in a position where I felt unsure of myself and my skill level.

My strength throughout this was my ability to reflect on my practice, identify my confidence issues and be proactive in seeking out a more experienced professional to assist in developing confidence in my skill level. My weakness was maintaining confidence in difficult or unfamiliar circumstances, and recognising factors that influence confidence levels as a student.

CLINICAL OBJECTIVE

Improve self confidence through the identification of factors that influence the confidence of student nurses.

LITERATURE REVIEW

The level of confidence that a nursing student has or obtains whilst on clinical placement has significant effects on the student, other staff, patients and their families (Holland, 1999). A student who has a high level of confidence without corresponding knowledge or skill level "may increase the likelihood of error" (Kissinger, 1998, p. 18) and may work outside their scope of practice, possibly posing a danger to themselves, other staff and patients (Kissinger, 1998). A student nurse with a low level of confidence may limit their involvement with practical skills, and patient and staff interaction thus reducing learning opportunities and limiting the possibility of self confidence growth (Hoffman & Elwin, 2004). The competent student who is self confidence and has communication skills is able to interact with the patient whilst completing tasks. This allows the student to shift the focus from completing a skill correctly to a more holistic and patient-centred level of care (Arja, Helena, & Jouko, 2008).

Latham and Fahey (2006) state that nursing students "often experience a lack of self-confidence and hesitation when faced with increased responsibility and accountability for patients' health". (p.46). Factors that influence the confidence of student nurses range from achieving competence in a skill or set of skills to achieving meaningful and effective communication with patients, relatives and multidisciplinary team members. The achievement of competence in a skill or skill set enables the student to develop personal and professional confidence and develop their identity as a nurse (Edwards, Smith, Courtney, Finlayson, & Chapman, 2004; Godson, Wilson, & Goodman, 2007; Lundberg, 2008).

However, it is also important to note that effective and meaningful communication plays a significant role in confidence by providing the student with information, validating self worth and integrating professional self value (Arja, Helena, & Jouko, 2008). These authors also identified that personality and a supportive clinical environment all have a significant part to play in building confidence levels of nursing students.

Although there have been attempts to improve students' confidence and competence, Lofmark, Carlsson & Wikblad (2001, p. 91) pointed out that "tasks that are very practical in nature attract great attention ... from students and staff are more likely to expose students to technical procedures than to help them develop more general skills". Interestingly, in an earlier study, Holland (1999) suggested three stages which resulted in improving not only clinical skills but also self-confidence, as well as communication skills:

- (a) more interest in expanding their role
- (b) becoming more independent [and]
- (c) professional socialisation.

The ultimate goal for nursing students is to obtain a level of confidence that is equivalent to a student's skill level, therefore allowing students the ability to work within their scope of practice safely and yet maintain the ability to reflect on areas that require further knowledge, training and/or practice without causing harm to current levels of confidence (Edwards, Smith, Courtney, Finlayson, & Chapman, 2004). Student nurses should recognise that as novices a level of "not knowing" is acceptable and in fact expected (Idczak, 2007; Latham & Fahey, 2006). More attention should be given to self confidence in one's psychological level as well as communication skills in variable situations.

REFLECTION

The past weeks have enabled me to recognise that confidence is an important aspect of the practice of nursing and plays a major role in development for student nurses. After an incident earlier in the week, I recognised that despite my lack of confidence the skill set that required to be completed for a particular patient was within my scope of practice, within my ability and within my knowledge base.

On reflection it is clear that my lack of confidence in my ability, when put 'on the spot' by Rachel contributed to my feelings of inadequacy. Through reflection and use of a mentor I was able to clarify that my weakness was not skill mastery or knowledge level but my inability to effectively communicate when under close scrutiny, which in turn led to a lack of confidence in my skill level and clinical knowledge. To develop my confidence and communication skill I adopted Holland's (1999) three stages. I became proactive and requested the assistance of a senior clinical educator to critically assess

my skills and knowledge base. By doing this I reinforced my knowledge and skills but more importantly developed self confidence. My efforts in seeking assistance and assessment of my skills could be seen as a step in 'becoming more independent'. By gaining input and validation from a senior clinical educator (professional socialisation), I ensured that I was able to successfully communicate with the parent while completing the necessary skills unassisted, thus becoming more independent. Through reflection, practice, repetition, the use of a mentor and awareness of factors that affect my confidence I was able to confidently complete the appropriate nursing interventions for Sam, provide Rachel with a rationale for the skills, and instruct others on the procedurally correct method of skill completion.

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