What is “confidence,” and why does it matter for nurses?

Webster’s dictionary defines confidence as “a feeling or belief that you can do something well or succeed at something.” For new nurses transitioning from the academic setting into their first patient care positions, a belief in their ability to skillfully deliver patient care while performing a complex role within the interdisciplinary environment and unique culture of the hospital is crucial to their success. With a nursing shortage of unprecedented proportions looming, 10-15% of the average hospital currently being staffed by novice nurses, and new nurse turnover rates surpassing 31% in the second year, hospital leaders need to consider the impact of new nurse confidence on their organization.
Upon entering their first nursing position, most new graduate nurses have had little or no exposure to the hospital environment outside of the limited, largely sheltered clinical rotation provided as part of their academic program. Relatively high self-assessment of confidence at hire, followed by a marked reduction in confidence over the next four months (Ulrich, Krozek, Early, Ashlock, Africa, and Carman, 2010) would indicate that most new nurses do not anticipate the level of culture shock they will experience. Even the most confident by nature may underestimate the level of adaptation that will be required to adjust. Confidence is a critically important factor in several key areas of the academic-to-practice transition, including cultural assimilation, interprofessional collaboration, and patient advocacy.

Hospitals are a Workplace Where Much is at Stake

Hospitals are unique work environments; unlike most other work, nurses have the capability to cause injury or death to an absolute stranger. This fact, coupled with the well-known incidence of medical errors, can create a level of fear that negatively impacts a new nurse’s ability to assimilate. Successful assimilation into the hospital culture is critical to a level of job satisfaction that leads a new nurse to remain in her position, as well as to continue to grow professionally into tomorrow’s healthcare leader. Unfortunately, with expanding regulatory and budget pressures and increasing patient demand, many hospitals struggle with how to help new staff adapt to the new culture. Many nurses are “turned loose” to care for patients on their own before they are ready, and oftentimes just as their self-reported level of confidence has plummeted. This leads to new nurses struggling to advance beyond trying to master basic skills and manage tasks, which in turn leads to feelings of role inadequacy that further diminishes confidence.

Experienced staff may become frustrated as they try to assist new nurses to practice safely and learn “on the fly,” while also managing their own patient load in short staffing conditions. This frustration may be one of the reasons so many new graduate nurses report becoming the target of incivility in the workplace, further leading to feelings of disempowerment and lack of confidence. For new nurses, is it any wonder why new nurse turnover has been referred to in the literature as a “revolving door” (Smith, Andrusyszyn, and Laschinger, 2010)?

Strengthening New Nurse Confidence Leads to Better Care and Outcomes

The link between confidence and interprofessional collaboration has been studied (Pfaff, Baxter; Jack, and Ploeg, 2014), and findings suggest that a lack of confidence in this critical practice area may compromise the delivery of safe and effective care by preventing nurses from engaging with other members of the healthcare team. The ability to collaborate professionally with the numerous other disciplines involved in a patient’s care is one of the most critical aspects of a nurse’s role, allowing him or her to prioritize and coordinate the patient’s daily care activities, to communicate the plan amongst the care team and the patient and family. This requires an ability to interact with caregivers from many disciplines, including unlicensed personnel who may rely upon the nurse for direction and guidance.

Without the confidence to appropriately delegate to these caregivers, the nurse may struggle to lead care activities and meet the patient’s needs. The nurse’s lack of confidence may also serve to magnify fears about communicating with physicians. If the nurse is not confident in what to say from a clinical perspective, or how to anticipate the questions that may be asked, he or she may delay or avoid such conversations to the patient’s detriment. While a majority of new graduate nurses acknowledge the vital need for teamwork, they report an overall lack of confidence in the areas of physician communication and delegation to other staff (Pfaff, et al 2014).

QUOTE FROM A NEW NURSE GRADUATE (6 MONTHS) AT STANFORD –

“I was a little overwhelmed at how unconfident I felt at first. I’m usually a very confident person. I could feel my confidence drop as the reality of life as a nurse set in. The day I realized it was finally getting better was the day I realized I was moving past just doing tasks to being a real contributor to the team, with something to offer, and something to say.”
Nurses Have Responsibility Rarely Found in Other Employment

From the patient perspective, the nurse’s most coveted role is that of patient and family advocate. Patients look to their nurses to be compassionate and competent and to consider their needs and desires as paramount in all aspects of their care. Upholding a patient’s right to request or refuse treatment on personal or religious convictions can sometimes come into conflict with modern medicine practices and may lead to disagreement with other members of the care team. The patient’s beliefs may come into conflict with those of family, friends, religious organization, or community, and in some cases may come into conflict with a nurse’s own belief structure. The nurse must have the confidence to explore her own feelings about each specific situation, to recognize that the patient’s beliefs are not a threat or an affront to her own, and to understand that supporting the patient’s rights of self-determination is part of the nurses duty, even if it means respectfully disagreeing with other caregivers.

Nurses are at the Heart of a Culture of Safety

One of the most important recent paradigm shifts to take place in healthcare has been from a culture of blame to a culture of safety, wherein caregivers are expected to actively play a part in identifying and addressing behaviors and processes which may contribute to patient harm. As the primary caregiver and advocate for the hospitalized patient, the bedside nurse is exposed to all facets of the patient’s care, including interaction with hospital processes and other caregivers. Naturally, it is the nurse who is most likely to encounter or become aware of instances which may harm the patient, such as prescribing errors, medication contraindications, or unsafe practices throughout the hospital. The nurse is also likely to be the one with whom patients will address their concerns about the quality or safety of their care. It is essential that nurses have confidence in their right, their ability, and their organization’s support of their efforts to intervene and act on behalf of the patient when harm could occur. It isn’t enough for the nurse to know the steps to follow to report an error or unsafe practice; he or she must feel safe enough to have the confidence to do so. Hospitals must ensure that nurses are not only educated in principles of patient safety and evidence-based practice, but perhaps more importantly that they are empowered to truly act in ways that support the culture of safety without fear; and can feel confident in their highly trusted position of patient advocate.

There is no doubt that when a nurse has to call a physician in the middle of the night and advocate for his or her patient, skills and competence are important. He or she needs the skills to recognize subtle changes in the patient’s condition and the competence to formulate an evaluation of what needs to be done. If the physicians’ orders are unclear or misaligned with the patient’s wellbeing, the nurse’s confidence will facilitate questioning of those orders on behalf of the patient. Should the nurse observe any aspect of patient care that is inappropriate or not in keeping with organizational policy or sound ethical principles, it is this same confidence that will enable him or her to escalate the discussion within a culture of safety framework using the chain of command… to advocate for the patient and to uphold the most foundational principle of the profession to “do no harm.”

Although many new nurses report confidence at hire, exposure to the realities of the complex role often causes a marked drop in the level of confidence in the first months of practice that may not recover until the end of the first year (Pfaff et al., 2014). Hospital leadership must ensure that there is adequate and sustained support given to developing the critical skills and providing the experiences that will help nurses to build the confidence they need to excel at all of the functions of their new role.

Confidence is a Key Metric in HealthStream’s Nurse Residency Pathway

HealthStream’s Nurse Residency Pathway uses a blended learning approach that is designed to address all of the challenges faced by a novice nurse upon entering the profession. Our immersive program helps to ensure growth of the nurse in every facet of the role, from clinical skill and development of foundational competencies to experiential learning in a supportive, mentoring environment. A well-rounded compliment of tools helps Nurse Residency Managers, Educators, and Preceptors to foster the most supportive transition to practice possible for the new nurse, with a focus on providing the experiences that are essential to building confidence and ongoing professional development. Nursing confidence, measured at specific developmental points during the nurse’s first year, is a key success metric of the Nurse Residency Pathway.
Nurse confidence is a key metric of HealthStream’s nurse residency program, and HealthStream has developed a unique survey to measure nurse confidence throughout the residency program. During their first week in the residency program, students are asked to assess their own level of confidence across a broad spectrum of clinical competencies—everything from starting IVs to managing difficult conversations with physicians. This same survey is then re-administered to nurses at various intervals during the residency to document improvement over the baseline scores. The survey results can also be used to address specific areas of low confidence for each nurse.

Nurse Confidence Survey—Sample Questions

Please rate your confidence in the following areas. For each statement, select the answer that best reflects your personal level of confidence in performing each activity. Select “Do Not Know” only when you do not have any information on which to base your answer.

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<td>10.</td>
<td>Performing a head-to-toe assessment</td>
<td>Very Confident</td>
<td>Confident</td>
<td>Somewhat Confident</td>
<td>Not Confident</td>
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<td>11.</td>
<td>Interpreting assessment and other patient data (e.g., history, exam, lab testing, etc.)</td>
<td>Very Confident</td>
<td>Confident</td>
<td>Somewhat Confident</td>
<td>Not Confident</td>
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<td>12.</td>
<td>Responding to emergencies including cardiac arrest</td>
<td>Very Confident</td>
<td>Confident</td>
<td>Somewhat Confident</td>
<td>Not Confident</td>
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<td>13.</td>
<td>Managing chest tubes</td>
<td>Very Confident</td>
<td>Confident</td>
<td>Somewhat Confident</td>
<td>Not Confident</td>
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<td>14.</td>
<td>Accessing and managing central lines</td>
<td>Very Confident</td>
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