Exploring Reflective Journaling, Clinical Stress, and Professional Confidence in Undergraduate Pediatric Nursing Clinical

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Dedication Page

This dissertation is dedicated to my children. May you always push yourself to achieve your goals in life. The road may be long and windy, but good things come to those who keep on the path.

Acknowledgement Page

This dissertation was made possible by the help of so many wonderful people who provided me with their love and support. First, I would like to extend a heart-felt thank you to my dissertation chairperson, Dr. Lois Linden, and my committee members Dr. Joy Martin and Dr. Kari Wade. I am truly grateful for their insight, encouragement, and guidance throughout this process.

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Abstract

Clinical stress has been shown to be one reason nursing students are leaving nursing education programs, thus, further contributing to the existing nursing shortage. Additionally, clinical stress and lack of confidence have caused nursing students to not pursue careers in specialty nursing fields. Consequently, nursing education must address clinical stress and professional confidence to foster critical thinking and decision-making in undergraduate students pursuing careers in specialty nursing fields.

This qualitative study examined the effectiveness of using four different reflective journal assignments, at various points in the semester, to determine the impact reflective journaling provided on clinical stress and professional confidence to nursing students enrolled in a pediatric clinical nursing course. Data analysis revealed multiple themes for sources of clinical stress and sources of professional confidence students found in the pediatric clinical environment. Additionally, data analysis revealed reflective journaling assisted nursing students in decreasing their clinical stress and increasing their professional confidence. As a result, nursing students were able to improve their decision-making abilities, plan future clinical actions, experience professional growth, and ultimately, be successful in the pediatric clinical environment.

Key terms: pediatric clinical nursing, undergraduate nursing education, clinical stress, professional confidence, reflective journaling

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Chapter I: Introduction

The purpose of this chapter is to provide the intent and rationale for conducting a research study among Midwestern baccalaureate nursing students enrolled in a pediatric nursing clinical course. The purpose of the research study, background information, and significance of the study are discussed in detail. Additionally, research questions, operational definitions, assumptions, delimitations, and limitations for the research study are provided for the reader.

Purpose of the Study

The purpose of this qualitative, retrospective, case study was to explore the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern college.

Background and Rationale

The nursing shortage, both in the United States and worldwide, is a very real and ever growing problem. The Bureau of Labor Statistics (2014) projects the nursing occupation to grow 19 percent during the years 2012-2022. While the number of Registered Nurses (RN's) has increased 14 percent per 100,000 people over the past decade, this number is not sufficient given the current healthcare trends (Department of Health & Human Services, 2013). The current health care trends suggest there will continue to be an additional need for nurses due to the increasing elderly population, higher patient acuity, and advancing modern technology implementing life-saving

techniques to decrease infant and child mortality (Department of Health & Human Services, 2013; Duffield, 2008). The nursing shortage is often blamed on nursing retention both within the nursing profession and within the nursing education system. These are both discussed in turn below.

Nurse Turnover

Increased nursing retention has been a significant topic of discussion in helping to solve the nursing shortage. Over the past several years, the RN turnover rate has continued to increase (NSI Nursing Solutions, Inc., 2014). In 2013, the turnover rate for bedside RN's increased from 13.1 percent to 14.2 percent (NSI Nursing Solutions, Inc., 2014). Furthermore, the cost of nursing turnover increased to an average of $44,000-$63,400 for each RN who left his or her position (NSI Nursing Solutions, Inc., 2014).

Also complicating the nursing shortage is the changing health care system. The health care system over recent years has significantly changed due to technological advances, changing patient demographics, and an economic climate that has many patients and families delaying access to health care (Candela, Dalley, &. Benzel-Lindley, 2006; Yu, Huang, & Kogan, 2008), thus, causing patients to require medical care for more complex problems. Nurses must be able to manage all aspects of a patient's care, yet many nurses, especially new graduates, feel ill prepared to care for these individuals (Feng & Tsai, 2012), resulting in stress and causing these nurses to leave the profession.

Stress in the nursing literature has been well documented to cause significant mental and physical health problems (Beck, 1993; Beck, Hackett, Srivastava, McKim & Rockwell, 1997; Beck & Srivastava, 1991; Goff, 2011; Hughes, 2005; Papazisis, Tsiga, Papanikolaou, Vlasiadis, & Sapountzi-Krepia, 2008; Shipton, 2002). Furthermore, stress

and decreased confidence have been identified as two significant indicators for a nurse's intention to leave their nursing position or abandoning the profession altogether (Beecroft, Dorey, & Wenton, 2008; Lees & Ellis, 1990). Consequently, nurses must have assistance in decreasing stress and increasing their confidence, so retention in the nursing workforce can be fostered. If nursing fails to address retention of nurses, the nursing shortage will only become worse and patient outcomes will suffer.

Pediatric Nursing

The nursing shortage is having a significant impact on pediatric nursing (Shelton, 2003). The demand for pediatric nurses is projected to increase and with the current emphasis on the need to care for the increasing elderly population, the resources and number of available nurses has shifted away from the pediatric population to care for the elderly population (Shelton, 2003). Additionally, with the advancement of modern day medicine, children with premature births and chronic diseases are surviving illnesses that would have previously resulted in death (Duffield, 2008). Furthermore, these children require an increase in the need for monitoring their growth and development and an increase in the need for access to ongoing care and treatment (Duffield, 2008), thus, requiring additional qualified pediatric nurses to care for these patients.

Retention of nurses employed in the pediatric setting is a concern. In 2013, the turnover rate for registered nurses employed in the pediatric setting was 13.3 percent (NSI Nursing Solutions, Inc., 2014). This percentage is concerning because it could negatively affect patient outcomes. Pediatric nurses identify working with the pediatric population to be stressful because of the need to possess a vast amount of knowledge of all pediatric age groups, lack of confidence in caring for patients and their families, and

the difficulty of handling pediatric patients in front of their parents (Essani & Ali, 2011). Pediatric nurses noted stress compromised the quality of care provided to patients and many experienced symptoms of depression or psychological distress (Essani & Ali, 2011), causing them to leave their positions. In summary, pediatric nursing must identify methods to increase the number of available nurses to care for the growing number of pediatric patients. Accordingly, the nursing profession must provide existing pediatric nurses with methods of support in order to foster retention, otherwise, the nursing shortage will continue, patient outcomes will suffer, and nurses will continue to put their psychological health at risk.

Nursing Education

Nursing education must also foster retention of nursing students within nursing programs. Nursing literature supports the clinical environment in nursing school to be stressful because of nursing students' inexperience, lack of knowledge, and lack of confidence (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988). This stress further causes a catalyst of events including physical and mental health problems, decreased learning, further decreased confidence, and a decreased ability to make clinical decisions, thus, resulting in a poor clinical performance (Audlet, 1995; Beck et al., 1997; Beck & Srivastava, 1991; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Lundberg, 2008; Melincavage, 2011; Papazisis et al., 2008). These events cause nursing students to doubt their abilities to become a nurse, and consequently, withdraw from nursing courses or the entire program (Lees & Ellis, 1990; Papazisis et al., 2008; Shipton, 2002).

Furthermore, stress and confidence remain an important topic of discussion in nursing education among those nursing students enrolled in nursing programs for several reasons. First, nurse managers, specifically in the pediatric clinical environment identified the need for newly graduated pediatric nurses to improve on their critical thinking skills (Miles-Curry & Samawi, 2011); however, nursing students are unable to focus on improving their clinical reasoning skills if they are stressed in the clinical environment and lack confidence. Next, nursing student stress and lack of confidence in the clinical environment can negatively impact specialty-nursing areas such as pediatrics, obstetrics, mental health, and community health nursing because if individuals feel stressed and do not feel efficacious in their clinical abilities in an area, they are unlikely to pursue a career in that specialty after graduation (Bell, Horsfall, & Goodin, 1998), impacting the volume of nurses entering these specialty fields. Lastly, confident nursing graduates lead to confident registered nurses in the clinical environment (Beck & Srivastava, 1991), thus, positively impacting patient outcomes. Therefore, in order to develop confident future nursing professionals who are able to critically think and make appropriate decisions in the clinical environment, nursing education must decrease stress. As a result of decreasing stress, student learning, confidence, physical and mental health, decision-making abilities, and success in the clinical environment will be improved (Audlet, 1995; Beck et al., 1997; Beck & Srivastava, 1991; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Lundberg, 2008; Melincavage, 2011; Papazisis et al., 2008).

Theoretical Framework Introduction

The theoretical framework incorporated in this research study is Bandura's (1997) Self-efficacy Theory. Bandura's Self-efficacy Theory (1997) is integral to nursing education because it identified the relationship nursing students have between clinical stress, anxiety, confidence, decision-making abilities, and success in nursing practice. According to Bandura (1997), self-efficacy influenced how an individual approaches a situation, his or her motivation and goals and, subsequently, how the individual copes with failures. Self-confidence also plays a pivotal role in an individual developing self-efficacy (Chesser-Smyth & Long, 2013). Perry (2011) identified self-efficacy as one's belief in his or her ability to execute actions in order to achieve a goal, whereas confidence is the belief in one's ability to successfully complete a task. Therefore, in order for one to achieve self-efficacy, the individual must first be self-confident (Perry, 2011). In summary, self-confidence is a pre-requisite to developing self-efficacy.

Stress and anxiety also play integral roles in Bandura's Self-efficacy Theory (1997). Bandura (1997) identified how individuals rely on physiological and emotional cues to determine their capabilities in achieving a task. Stress plays a key role in developing self-efficacy (Bandura, 1997). Stress is defined as an individual's perception of a threat in the environment that is appraised as "taxing, or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). While Bandura (1997) primarily discussed stress in the relation to developing self-efficacy, the literature often associates anxiety synonymously with stress. For example, Lazarus and Folkman (1984) identified anxiety to be a consequence of stress. However, Moscaritolo (2009) remarked that any stressful situation would result in anxiety through

breaking down an individual's normal line of defense. Therefore, because anxiety is a consequence of stress (Lazarus & Folkman, 1984) and any stressful situation results in anxiety (Moscaritolo, 2009), both stress and anxiety play pivotal roles in self-efficacy, and therefore, are able to be used interchangeably in the literature.

As a result, both stress and anxiety are identical concepts for use in this research study. A more detailed discussion of Bandura's theoretical framework is found in chapter two of this research study. Based on an extensive literature review, Figure 1.1 provides a schematic representation of the researcher's interpretation of a conceptual framework of clinical stress, professional confidence, and reflective journaling along with Bandura's theoretical framework. At the top section of Figure 1.1, the student is represented as the entering phase of their experiences with the clinical portion of their pediatric educational development where they may encounter uncertain or difficult clinical experiences where clinical stress and/or lack of professional confidence may be perceived. As one progresses down the right side of the figure, the nursing student who used reflective journaling as one of the coping mechanisms may experience a variation of positive results that provide positive professional growth whereas, on the left side of the figure, the nursing student who had not used coping mechanisms may experience negative professional implications. Furthermore, reflective journaling results in a cascading of events from improved decision-making skills, professional growth and success. Accordingly, success can be broken down further into success in the clinical environment, which likely then transpires into success in nursing education and success in the nursing profession.

Enenbach Conceptual Framework on Reflective Journaling, Clinical Stress, and Professional Confidence

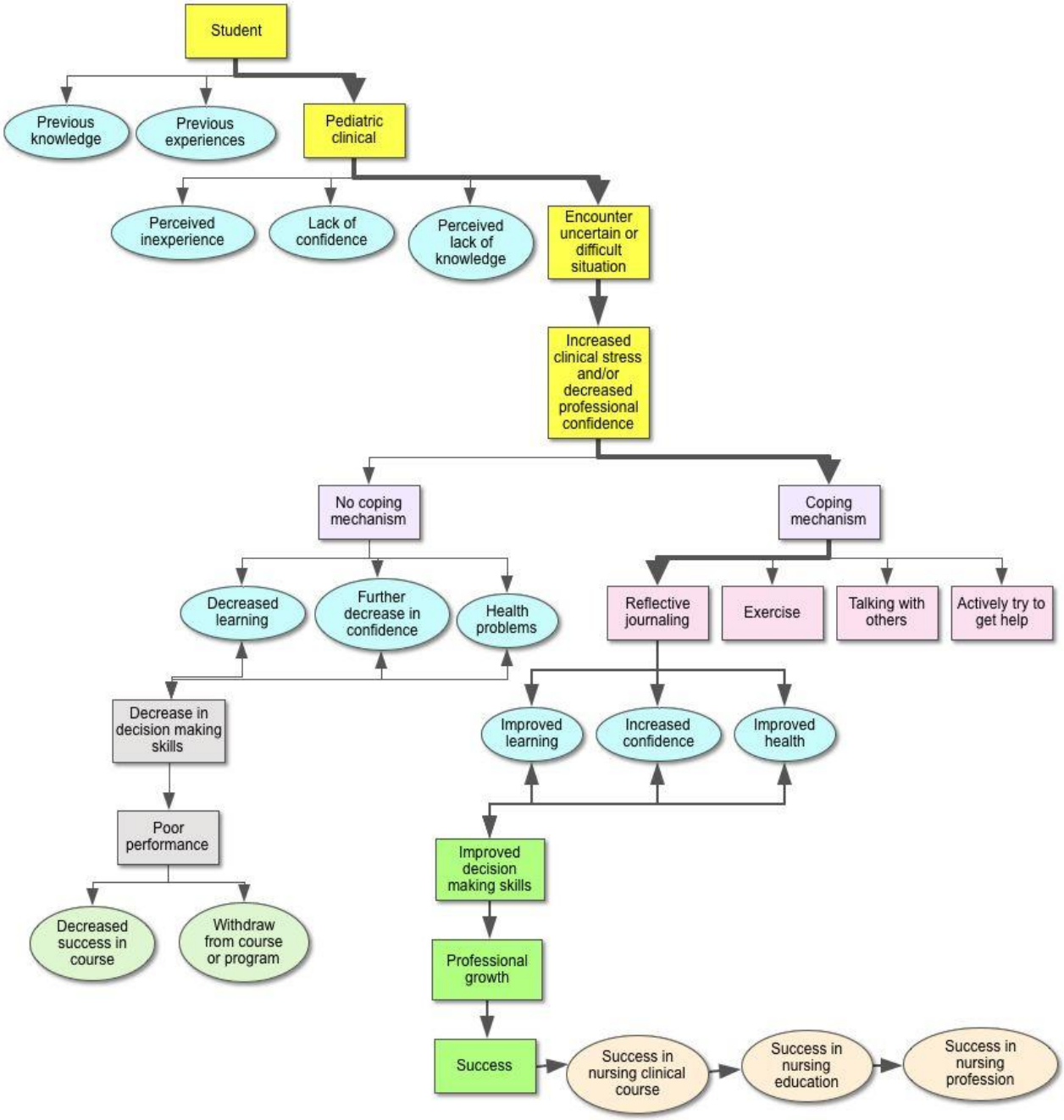

Figure 1.1. Enenbach Reflective Journaling Conceptual Framework

Problem Statement

Nursing students' performance in the clinical environment is a main concern to educators because it is where students apply knowledge, practice skills, and learn the attitudes and values associated with being a nurse (Chan, 2002). Nursing literature supports the clinical environment in nursing school to be stressful because of nursing students' inexperience, lack of knowledge, and lack of confidence (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988).

Stress in the clinical environment is a significant concern for nursing education because it sets forth a reaction of events including mental and physical health problems, decreased learning, further decreases in confidence, and a decreased ability to make clinical decisions (Audlet, 1995; Beck et al., 1997; Beck & Srivastava, 1991; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Goff, 2011; Hughes, 2005; Lundberg, 2008; Melincavage, 2011; Papazisis et al., 2008; White, 2003). This results in a poor clinical performance (Chesser-Smyth & Long, 2013) and a nursing student's success in the clinical environment is hindered (Dearmon et al., 2013; James & Chapman, 2009-2010; Shipton, 2002). Stress can also cause students to leave the nursing profession (Lees & Ellis, 1990), impacting the already critical nursing shortage in the United States. Furthermore, specialty-nursing courses such as pediatrics evoke a higher degree of stress, anxiety and worry than traditional nursing courses (Chen, 2010; Oermann & Standfest, 1997). Again, this further causes the student to learn less in the clinical environment and have less confidence when working with pediatric patients (Audlet, 1995; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Melincavage, 2011; Oermann & Standfest,

1997). Thus, nursing education must decrease stress in the pediatric clinical environment in order to foster learning, professional confidence, and decision-making abilities.

The research literature suggests reflective journaling is an effective modality to assist nursing students in decreasing clinical stress and increasing confidence (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010). Although reflective journaling has been implemented in nursing education, no research studies have explored the use of reflective journaling among undergraduate nursing students who are enrolled in a pediatric nursing clinical course as a means to decrease clinical stress and increase professional confidence exclusively in the pediatric clinical environment. The purpose of this qualitative, case study was to explore the impact reflective journaling had on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College.

Research Questions

The central research question in this study was what is the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College? Additional research questions to be addressed in this study included the following:

- What are sources of clinical stress among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?
- What are sources of professional confidence among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?

- How does reflective journaling affect clinical stress among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?
- How does reflective journaling affect professional confidence among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?

Operational Definitions

Clinical stress. Clinical stress is an individual's perception of a threatening event in the clinical environment that is perceived as difficult and/or endangering their physical and mental well-being (Lazarus & Folkman, 1984). Stress results in activation of the autonomic nervous system (Bandura, 1997).

Nursing student. A nursing student is an individual who is enrolled fulltime or part-time in a baccalaureate degree program in a pediatric nursing course at one Midwestern University.

Pediatric nursing clinical course. The pediatric clinical course is a college level course required for baccalaureate nursing students, in which they complete required supervised clinical hours in a pediatric clinical environment.

Pediatric clinical environment. The pediatric clinical environment is the setting in which baccalaureate nursing students apply knowledge, practice skills, and learn the attitudes and values associated with being a nurse (Chan, 2002) in a Midwestern 146 bed pediatric hospital that provides 24/7 comprehensive health care to children seeking treatment and maintenance of care for various acute and chronic conditions (A. Phillips, personal communication, September 16, 2014).

Professional confidence. Professional confidence is an individual's trust or belief in their abilities to demonstrate problem-solving skills and carry out tasks in the clinical environment (Crooks et al., 2005). Few research studies have been completed using the term professional confidence, but alternately, using the term self-confidence or confidence in the clinical environment. Therefore, for this research study, professional confidence was used as the term that encompassed the confidence nursing students acquire in the clinical setting. The term professional confidence was chosen because of the clinical environment being an essential component of nursing education and the need to specifically address confidence acquired by nursing students in the clinical setting.

Reflective journaling. Reflective journaling is a method of reflection that uses writing about past experiences to explore meanings of situations in order to facilitate a connection between life and learning, which fosters critical thinking, self-awareness, and professional growth (Lauterbach & Hentz, 2005).

Assumptions

The first assumption for this research study assumed nursing students have been enrolled in a pediatric nursing course to learn and grow as future professional nurses. The second assumption of the study assumed the clinical environment was essential to learning the knowledge, skills, and attitudes of becoming a nurse. The last assumption of this study assumed all participants took time to honorably and openly reflect on their perceived stress and professional confidence experienced throughout the clinical day while writing their reflective journals.

Limitations/Delimitations

The qualitative, retrospective, case method research study used a purposeful convenience sample of baccalaureate-nursing students enrolled in a pediatric nursing clinical course at one private college in the Midwest. There was no intention of generalizing the findings of this research study to other nursing education programs. Furthermore, this study included a one-semester cohort of nursing students who were previously enrolled in a pediatric nursing clinical course. The reflective journals that were previously completed by these students were used for data analysis in this study. The researcher conducted this study in a private college in the Midwest because this was where the researcher's experience and expertise were as a full-time faculty member.

Summary

The nursing shortage and changing health care system have forced nursing education to not only identify methods to produce a larger volume of nursing graduates into the workforce, but also create graduates with the proper knowledge, critical thinking, and decision making skills to function in the complex health care environment. The clinical environment is the primary location where nursing students apply knowledge, practice skills, and learn the attitudes and values associated with being a nurse (Chan, 2002). However, due to clinical stress because of nursing students' perceived inexperience, lack of knowledge, and lack of confidence, they find it difficult to effectively learn and apply information (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988). This chapter described the impact clinical stress has on nursing students' learning, further development of confidence, clinical decision-making abilities, and success in the clinical environment.

Additionally, if nursing education fails to address the impact clinical stress and professional confidence have on nursing students, the gap between nurses entering and leaving the profession will only widen as more nursing students leave nursing programs. Furthermore, specialties nursing clinical courses, including pediatric nursing clinical, evoke a higher degree of stress, anxiety, and worry than traditional nursing courses (Chen, 2010; Oermann & Standfest, 1997). Therefore, it is imperative to explore clinical stress and professional confidence in the pediatric clinical environment because it can have a significant impact on nursing students' clinical learning, further confidence development and clinical decision making abilities, thus, affecting patient outcomes and nursing students' desires to enter the specialty of pediatric nursing. Reflection has shown to be an effective teaching method to decrease clinical stress and increase confidence (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010). Therefore, this study focused on exploring reflective journaling as a method to decrease clinical stress and increase professional confidence among Midwestern baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College.

Chapter II: Literature Review

This chapter identifies the conceptual and theoretical model that guided this study. It also presents a review of the literature as it pertains to stress, confidence, and reflection. This chapter begins with discussing the theoretical framework, Bandura's Self-efficacy Theory. Bandura's Self-efficacy Theory (1997) has been found to be integral to nursing education because it identified the relationship nursing students have between clinical stress, confidence, and success in nursing practice.

Bandura's Self-efficacy Theory

Albert Bandura is most widely credited with creating and defining the term self-efficacy. According to Bandura (1997), self-efficacy is an individual's belief in his "capabilities to organize and execute the courses of action required to produce given attainments" (p. 3). It influences an individual's decision on whether or not to engage in specific behaviors or actions and, ultimately, gives rise to their success with that action (Bandura, 1997). Self-efficacy also involves how an individual approaches a situation, his or her motivation and goals and, subsequently, how the individual copes with failures (Bandura, 1997). Later, Steffen, McKibbin, Zeiss, Gallagher-Thompson, and Bandura (2002) evolved the definition of self-efficacy to include "specific judgments that one can perform competently and capably in given situations" (p. 74). Perry (2011) further identified self-efficacy as one's belief in his abilities to execute actions in order to achieve a goal. Regardless of the definition, there are several prerequisites for self-efficacy, including previous success (mastery experiences), vicarious experiences, verbal persuasions, and physical and emotional judgment of an individual's physiological state (Bandura, 1997).

Confidence is addressed in the literature in relation to self-efficacy and similarly has various definitions. Perry (2011) defined confidence as a person's belief in his or her own abilities to succeed in accomplishing a task. Possessing self-confidence is an essential characteristic because it influences an individual's ability to think and persevere in difficult situations and activities (Lundberg, 2008). Students who develop self-confidence believe they can succeed in their goals (Lundberg, 2008), whereas those who lack self-confidence exhibit self-doubt (White, 2003). Several prerequisites for the development of self-confidence include previous knowledge, experience or exposure to situations, success in the task, adequate self-esteem, and trust (Perry, 2011; White, 2003).

In the literature, the similarities between the concepts of self-efficacy and confidence are apparent, and frequently, the terms are used reciprocally. One reason for this is because educators are more familiar with the term self-confidence as opposed to self-efficacy (Lundberg, 2008), therefore using confidence more frequently and interchangeably with self-efficacy. However, overlapping definitions of self-efficacy and self-confidence in the literature frequently occurs, which results in confusion between these terms. For example, Murdock and Neafsey (1995) identified the relationship between self-efficacy and confidence as "self-efficacy answers how confident an individual is in the ability to perform a specific task to successful completion" (p. 159). Further complicating the difference between these two concepts is confidence is frequently used as a measurement component in many self-efficacy scales. For instance, Bambini, Washburn, and Perkins (2009) utilized a researcher developed pre-test, post-test, and survey to determine a nursing student's self-efficacy in his skills before and after simulation. However, the researcher developed pre and post-test questionnaire measured

student confidence, not self-efficacy, on a Likert scale from one to ten (Bambini et al., 2009). Likewise, Craven and Froman (1993) used the Pediatric Skill Survey as a measure of self-efficacy of pediatric nursing skills. Craven and Froman's (1993) questionnaire also used a Likert scale from one to five to assess nurses' confidence, not self-efficacy, in each of the nursing skills.

Additionally, the Family Nursing Self-Efficacy Questionnaire used a Likert scale from one to four to measure a nursing student's perceived confidence in various components of family nursing practice (Ford-Gilboe, Laschinger, Laforet-Fliesser, Ward-Griffin, & Foran, 1997). Lastly, in the Occupational and Academic Self-Efficacy for Nursing Measure Questionnaire, students measured their confidence in their abilities to perform specific duties on a Likert scale from one to ten (McLaughlin, Moutray, & Muldoon, 2007). Therefore, because of the above reasons, the terms self-efficacy and confidence are often used synonymously within the literature.

While the similarities of these two concepts are significant, the differences are also noteworthy. For instance, Chesser-Smyth and Long (2013) identified self-efficacy has a positive influence on the development of self-confidence. Furthermore, Zulkosky (2009) concluded self-efficacy is concerned with accomplishing a goal, whereas self-confidence is concerned with completing a specific task. Mowat and Spence Laschinger (1994) also concluded individuals with high self-efficacy possess a belief they can master a task (confidence), carry out the task (capability), maintain behavior over time (perseverance), and cope with stress (strength). Therefore, confidence is a subcomponent of self-efficacy.

Lastly, Perry (2011) identified self-efficacy as one's belief in his or her ability to execute actions in order to achieve a goal, whereas confidence is the belief in one's ability to successfully complete a task. Therefore, in order for one to achieve self-efficacy, the individual must first be self-confident (Perry, 2011). In sum, the terms self-efficacy and self-confidence are different because self-confidence is a requirement to developing self-efficacy. Therefore, it is impossible to develop self-efficacy without first possessing self-confidence.

Furthermore, the literature links professional confidence with self-confidence. Professional confidence is an individual's trust or belief in their abilities to demonstrate problem-solving skills and carry out tasks in the clinical environment (Crooks et al., 2005). Professional confidence includes an individual knowing his or her strengths and limitations within the clinical setting (Brown, O'Mara, Hunsberger, Love, & Noesgaard, 2003). Moreover, it involves an individual's ability to make decisions and practice safely (Baxter & Rideout, 2006). In order to possess professional confidence, an individual must have previous knowledge and experience (Crooks et al., 2005). While self-confidence and professional confidence are similar concepts, professional confidence can only be developed in the clinical setting (Crooks et al., 2005). In sum, self-confidence and professional confidence are similar entities; their main difference derives in the setting in which the confidence is acquired. Professional confidence is specifically acquired in the clinical environment, whereas self-confidence can be acquired in any setting.

Self-efficacy Domains

Bandura's (1997) self-efficacy theory used four main domains as part of achieving self-efficacy: mastery experiences, vicarious observations, verbal persuasions, and an individual evaluating their physiological state in order to achieve a high self-efficacy. A discussion of each of these four domains follows.

Mastery experience. Bandura (1977) described performance accomplishments or successful completion in tasks to be an individual's mastery experiences. Bandura (1977) remarked an individual's success in a task raises mastery expectations, whereas failure lowers self-efficacy. Additionally, mastery experiences are the most influential on an individual's self-efficacy because the success or failure brought about upon through completion of a task influences future success or failures of completion of a specific task (Bandura, 1997). Nursing literature agrees with Bandura (1997) in finding self-efficacy and self-confidence to be significantly enhanced by providing nursing students with mastery experiences (Bradbury-Jones, Irvine, & Sambrook, 2010; Chesser-Smyth & Long, 2013; Crooks et al., 2005) in the clinical setting.

Similarly, Brown et al. (2003) identified a nursing student's confidence is increased through taking initiative in clinical activities and carrying out activities successfully. In addition, nursing student confidence is increased through self-discovery in clinical activities, achievement of learning in relation to practice, and using previous knowledge in order to build on clinical activities (Bradbury-Jones et al., 2010; Brown et al., 2003; Crooks et al., 2005). Lastly, Chesser-Smyth and Long (2013) found that providing students with increased responsibility, independence, and clinical familiarity could significantly enhance nursing student confidence in the clinical setting. In all,

mastery experiences are an essential component to increase nursing student self-efficacy. Nurse educators must provide nursing students with opportunities for success in order to increase confidence in the clinical environment. Conversely, if these opportunities are not provided, nursing students will develop low self-confidence, leading to low self-efficacy, and further negatively impacting the care provided to patients.

Vicarious observation. Bandura (1977) described vicarious observation as those experiences in which an individual observed another individual perform a threatening activity without adverse consequences. In vicarious experiences, individuals judge their self-efficacy in relation to others' successes or failures (Bandura, 1997). The literature provides multiple examples of the importance of vicarious observation in nursing education. For example, Nelms, Jones, and Gray (1993) identified how nursing students learn caring behaviors by observing faculty and other health professionals in the clinical environment (Nelms et al., 1993). Similarly, Wiseman (1994) found nursing students look at faculty as role models in the clinical environment, therefore it is essential faculty are aware of the behaviors they are modeling and the impact their behaviors have on students in the clinical environment.

Vicarious observation also increases student confidence in their abilities to perform in the clinical environment (Chesser-Smyth & Long, 2013; Curtis, 2007). For instance, Curtis (2007) determined role-playing made nursing students better prepared and more confident in their abilities to care for mental health patients. Similarly, Chesser-Smyth & Long (2013) identified nursing students' confidence was increased through teamwork and role-playing. Summarily, vicarious observation is an effective

method to increase nursing student confidence and, ultimately, self-efficacy in the clinical environment.

Verbal persuasion. Bandura (1997) described verbal persuasions as verbally suggesting to individuals they possess the abilities to achieve a specific task. Verbal persuasion can significantly bolster an individual's self-efficacy if the task is successfully completed; however, if the task is failed, self-doubt and personal deficiencies will arise (Bandura, 1997). Nursing students report that positive feedback and encouragement from both faculty and nurses in the clinical setting are significant facilitators in increasing their confidence (Bradbury-Jones et al., 2010; Chesser-Smyth & Long, 2013; Randle, 2003; White, 2003). Similarly, Chesser-Smyth and Long (2013) determined verbal persuasion reassured students they had the abilities to complete tasks, therefore, increasing their confidence and performance in the clinical environment.

Another aspect of verbal persuasion includes the non-verbal actions nurses portray to students in the clinical environment. Non-verbal actions may have just as significant of a role in building self-efficacy as verbal actions. For instance, nursing student confidence is also increased when students are considered a valued member of the nursing team and they are included in the clinical activities by nurses on the unit (Bradbury-Jones et al., 2010; Chesser-Smyth, 2005; Chesser-Smyth & Long, 2013).

Similarly, Randle (2003) found lack of support by nursing staff in clinical areas to cause nursing students interrupted sleep, emotional turmoil, and the feeling of inadequacy due to what nursing students perceived as a lack of experience and knowledge to properly care for patients. Chesser-Smyth (2005) and Chesser-Smyth and Long (2013) also agreed with Randle's (2003) conclusion and found physiological factors such as stress

and anxiety decreased among nursing students when the student felt included in clinical activities and a valued member of the health care team. In summary, verbal persuasions, whether spoken or non-spoken, are a crucial aspect of nursing student learning. Failure to include verbal persuasions in nursing education will lead to impaired learning, decreased confidence, inadequate decision-making abilities, and affecting patient outcomes.

Physiological state. Lastly, Bandura's (1997) self-efficacy theory included a discussion on how individuals rely on physiological and emotional cues to determine their capabilities in achieving a task. Bandura found stress played a pivotal role in self-efficacy. Stress is an individual's perception of a threat in the environment that is appraised as "taxing, or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). Similarly, Beck and Srivastava (1991) defined stress as an event that stimulates the negative arousal of one's feelings. Lastly, Keil (2004) further defined stress as an individual's response to an encounter that is perceived as difficult. When these definitions are viewed together, stress is an individual's perception of a threat in the environment that activates a physiological response. Physiological indicators associated with stress include symptoms associated with the activation of the autonomic nervous system including sweating, tensing, trembling, rapid heart rate, upset stomach, and insomnia, as well as other cues such as fatigue, aches, and pains (Bandura, 1997). Individuals read their physiological cues in stressful situations as a sign of vulnerability (Bandura, 1997). As a result of these physiological responses, an individual's performance may be hindered (Bandura, 1997).

In sum, stress produces a physiological response that can hinder an individual's performance with a task. Therefore, as a result, stress leads to low self-efficacy.

Anxiety is another term that is closely associated with stress. Both of these terms are frequently used synonymously. Similar to stress, anxiety is defined as an emotional condition causing the activation of the autonomic nervous system and characterized by feelings of apprehension or tension (Spielberger, 1972). Likewise, Kleehammer, Hart, and Fogel Keck (1990) identified anxiety as an individual's identification of a threat, causing feelings of tension or uneasiness (Kleehammer et al., 1990). Like stress, anxiety has physiological cues including activation of the autonomic nervous system, leading to heart palpitations, sweating, respiratory disturbances, tremors, and restlessness (Spielberger, 1972). While the similarities between stress and anxiety are apparent, anxiety is a consequence of stress (Lazarus & Folkman, 1984). However, Moscaritolo (2009) also remarked that any stressful situation would result in anxiety through breaking down an individual's normal line of defense. Therefore, because of the above reasons, stress and anxiety are synonymous and are able to be used interchangeably in the literature.

In summary, because anxiety is a consequence of stress (Lazarus & Folkman, 1984) and any stressful situation results in anxiety (Moscaritolo, 2009), both stress and anxiety play pivotal roles in self-efficacy. Self-efficacy is connected to stress and anxiety because it relates to how an individual perceives and responds to a stressful situation. For instance, if an individual has a low self-efficacy, he is more likely to associate a situation with stress, anxiety, and depression (Bandura, 1997). Conversely, if an individual possesses a high self-efficacy, he will be less disturbed by the perceived threats and can

decrease the stress and anxiety through the use of coping mechanisms (Bandura, 1997). However, failure to decrease stress and anxiety will, ultimately, lead to inadequate confidence and impaired decision-making abilities, resulting in a low self-efficacy. In summary, nursing students are unable to develop into competent and efficacious nurses if they are stressed and have inadequate confidence.

Stress, Self-efficacy, and Nursing Education

It is essential for nursing faculty to understand the relationship between clinical stress and professional confidence in order to counteract the negative implications that result for nursing students. Unfortunately, stress and decreased confidence encountered by nursing students is often a catalyst that leads to further decreased confidence and impaired success within the nursing program, and prevents students from developing a competent and successful practice (Chesser-Smyth & Long, 2013). Failure to understand this relationship will translate into negative implications for the nursing student's mental and physical health, success in clinical practice, and future practice as a registered nurse.

Health Implications

Stress has shown to have a negative impact on a nursing student's physical and mental health (Beck et al., 1997; Beck & Srivastava, 1991; Goff, 2011; Hughes, 2005; Papazisis et al., 2008). Nursing students react to stress with emotional, behavioral, and physiological responses (Goff, 2011). These responses and their implications will be discussed in turn below.

Physical health. The physical responses to stress and anxiety are well documented in the literature. Spielberger (1972) described some of the physical symptoms associated with anxiety to include: heart palpitations, respiratory disturbances,

tremors, sweating and restlessness. Similarly, Hughes (2005) identified physical health problems activated by stress to include increased blood pressure and lowering of the immune system. Likewise, Goff (2011) determined the most common physiological responses to stress included exhaustion and sweating (Goff, 2011). Together, it is easy to conclude the body's reaction to stress activation has negative implications for an individual's mental and physical stability, learning, and success in the clinical environment.

Researchers have also found stress in the clinical environment produces similar negative implications on a nursing student's physical health. For instance, Beck (1993) utilized qualitative research to explore nursing students' initial clinical experiences. The results of this study found students experience significant anxiety and nervousness prior to their first clinical experiences, resulting in clumsiness (Beck, 1993). Shipton (2002) also utilized qualitative research to identify the effects of clinical stress on nursing students. Students used descriptions such as jumpy, having an increased heart rate, headache, cold hands, skin disturbances such as rashes and hives, and gastrointestinal disturbances including vomiting, diarrhea, and upset stomach to describe their response to clinical stress (Shipton, 2002). As a result of the physical changes from stress occurring in their bodies, students left the clinical setting feeling incompetent, inadequate, and doubting their nursing abilities (Shipton, 2002). Consequently, these physical changes affected student learning, decision-making, success in clinical and possible success as a future nurse.

Mental health. In addition to physical health, research has also focused on the relationship between stress and a nursing student's mental health. Research has found

nursing students associate the following emotional and behavioral symptoms with clinical stress: crying, irritability, fear, worry, anger, self-doubt, sadness, hopelessness, and mood changes (Goff, 2011; Lassche et al., 2013; Shipton, 2002). In return, these symptoms have significant mental health implications for nursing students. For instance, stress has shown to increase a nursing student's risk of developing a mental illness.

Using the General Health Questionnaire and Beck-Srivastava Stress Inventory to undergraduate nursing students to determine stress levels in their education, Beck and Srivastava (1991) reported while nursing students experience high levels of stress in their nursing programs, some students scored levels on the Inventory that indicated they were at risk of developing psychiatric illnesses, such as depression. Likewise, Beck et al. (1997) administered the Beck-Srivastava Stress Inventory and General Health Questionnaire to compare nursing student stress to those of pharmacy, social work, and medical students. The results revealed similar findings to Beck and Srivastava (1991) indicating nursing students' scores showed a high likelihood that an individual could experience a physical or psychiatric illness as a result of stress (Beck et al., 1997). In addition, results revealed nursing students experience higher levels of stress and more physical and psychological symptoms than students enrolled in other health related fields (Beck et al., 1997).

Furthermore, Papazisis et al. (2008) used the Beck-Depression Inventory, General Health Questionnaire, and State-Trait Anxiety Inventory to determine stress levels and resulting symptoms of nursing students who lived in Greece. Based on their findings, Papazisis et al. (2008) reported 35% of students' scores indicated the students were at increased levels of psychological distress, 52% experienced depressive symptoms, and

71% experienced stress (Papazisis et al., 2008). In addition, these investigators found a strong correlation between depression and psychological distress as well as a positive relationship between state and trait anxiety scores and the student's reports of depression and psychological distress (Papazisis et al., 2008). In sum, the research supports nursing students identified significant mental health implications that were directly related to stress that occurred during their nursing educational experiences. Consequently, through the stress experienced, nursing students were jeopardizing their mental health well-being.

The relationship between stress, self-efficacy, and mental health is also documented in the nursing literature. For example, Gibbons, Dempster, and Moutray (2011) identified a link between stress, self-efficacy, and mental well-being through the administration of the General Health Questionnaire, Index of Sources of Stress in Nursing (ISSN), and General Self-Efficacy Scale to nursing students. The results revealed in nursing students with low self-efficacy scores that as their stress increased, so did their General Health Questionnaire scores, concluding nursing students were at higher risk of developing a psychiatric illness because of high stress and low self-efficacy (Gibbons et al., 2011). Conversely, those students with high self-efficacy did not display an increase in General Health Questionnaire scores, concluding an individual's perception of his self-efficacy may have a protective component against stress (Gibbons et al., 2011).

Likewise, Dearmon et al. (2013) used human simulation to identify the negative correlation between increased anxiety and decreased self-confidence in nursing students. The researchers remarked unsuccessful performances, anxiety, and decreased confidence caused a negative feedback system in nursing students that continued to reinforce student

anxiety (Dearmon et al., 2013). As a result, this further decreased confidence and caused performance abilities (Dearmon et al., 2013). Consequently, nursing students again felt incompetent, inadequate, had decreased learning, and made them question nursing as a career.

Nursing students also identified a perception of losing their personal identities as a result of stress inquired during their nursing program. For instance, Shipton (2002) found students put so much energy into nursing school that they felt as though they did not know who they were anymore. As a result, the students felt alone (Shipton, 2002). Edwards, Burnard, Bennett, and Hebden (2010) administered the Stress in Nursing Education Questionnaire and The Culture Free Self-esteem Inventory to determine effects of stress and self-esteem in nursing students. They determined nursing students have a lower self-esteem at the end of their nursing program than the beginning of their training. In addition, they found a negative correlation that indicated when nursing student stress increased, self-esteem decreased (Edwards et al., 2010). As a result of lower self-esteem, students found it difficult to meet new people, wanted to change things about themselves, and identified a decrease in their confidence (Edwards et al., 2010).

Likewise, Randle (2003) completed a mixed methods study to measure self-esteem of nursing students over a three-year period through the administration of the Tennessee Self-Concept Scale and student interviews. The results illustrated a significant change in nursing students' self-esteem over the three-year period indicating students begin their nursing education with normal self-esteem, but leave with below average self-esteem (Randle, 2003). Lastly, as a result of stress, nursing students felt inadequate, overwhelmed, and frustrated (Audlet, 1995; Beck et al., 1997; Evans & Kelly, 2004;

James & Chapman, 2009-2010; Pagana, 1988; Shipton, 2002). Reviewed together, the research reveals stress causes a nursing student to possess emotional and behavioral symptoms ranging from psychiatric illnesses to losing their identities, resulting in feelings of inadequacy. Regardless of the individual's response to stress, nursing student stress must be identified and eliminated because of the negative impact on nursing student physical and mental health.

Clinical Environment Implications

The clinical environment is the arena where nursing students learn how to become a nurse. It is where nursing students apply the didactic material learned in the classroom setting on patients in a clinical setting (Chan, 2002). Additionally, the clinical environment is a crucial learning component for nursing students because it is where students develop and apply critical thinking skills in actual clinical situations that are needed for a successful nursing practice. However, because of the negative impact stress has on a nursing student's physical and mental health, it also impacts their clinical performance, decision-making abilities, and confidence. As a result, students leave the profession of nursing. In sum, as a result of clinical stress, nursing student clinical performance and confidence are adversely affected.

Clinical performance and decision-making abilities. Due to the negative impact stress has on a nursing student's physical and mental health, it ultimately impacts their clinical performance and decision-making abilities. Stress impedes a nursing student's memory, concentration, and problem-solving abilities, leading to decreased learning, poor academic performance, and impaired thought processes, which are required to make independent decisions in the clinical environment (Audlet, 1995;

Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Hamill, 1995; Melincavage, 2011; Papazisis et al., 2008). Shipton (2002) also agreed with the relationship between stress and clinical performance and found stress alters a nursing student's ability to learn and focus in situations. In addition, high levels of stress can affect task performance (Dearmon et al., 2013). Additionally, James and Chapman's (2009-2010) qualitative study found anxiety often inhibits nursing students from improving their clinical skills in the clinical environment. In sum, stress negatively impacts nursing student clinical performance and decision-making skills, thus, compromising student success, and patient outcomes.

Research has also contradicted the relationship between stress and learning among nursing students. For instance, Goff (2011) administered The Student Stress Inventory and Self Control Schedule to undergraduate nursing students. The results showed while high levels of stress occurred among nursing students, stress was not a significant indicator of academic performance (Goff, 2011). Regardless of the findings of this study, because of the possible negative impact of stress on a nursing student's clinical decision-making skills and clinical performance, stress in nursing education must be identified and decreased.

Confidence. Nursing student confidence is also negatively impacted by stress in the clinical environment, further preventing the student to function competently as a nurse. Chesser-Smyth and Long (2013) utilized a mixed methods research study to identify the development of self-confidence of first year nursing students. The results revealed the top two factors hindering a nursing student's confidence in the clinical setting included fear of making a mistake and the overall stress. In addition, Chesser-

Smyth and Long (2013) stated physiological cues associated with stress and anxiety hinders a nursing student's self-efficacy. As a result, student confidence is decreased, which further results in an impairment of student's thoughts, actions, and clinical judgment abilities (Chesser-Smyth & Long, 2013). Each of these is an essential component to functioning as a competent nurse. On the other hand, when nursing students overcame physiological cues such as stress and anxiety, the students felt capable in their abilities (Chesser-Smyth & Long, 2013), thus, their confidence was increased.

Similarly, Lundberg (2008) reviewed the relationship between confidence and clinical success. Lundberg (2008) discovered students who were confident in their abilities believed they could succeed in their clinical goals and, therefore, attempted new tasks. Conversely, students who were not confident in their abilities visualized their failure prior to beginning the task (Lundberg, 2008). Therefore, a lack of confidence, ultimately, interfered with a nursing student's ability to develop new knowledge and succeed in difficult clinical situations (Lundberg, 2008). In addition, when students lack confidence in their abilities, many become so focused on their own ineptitudes and anxieties that they are unable to focus their attention to the patient (White, 2003), resulting in undesirable patient outcomes.

Lastly, many less confident students defer clinical opportunities or skills to other students or appear unengaged in the clinical environment (Lundberg, 2008), further reinforcing their lack of experience, lack of knowledge, increased stress, and decreased confidence in the clinical environment. If nursing student confidence is increased, students demonstrate a greater understanding of the clinical picture and appropriateness of their decisions, resulting in positive patient outcomes (White, 2003). Furthermore,

confident nursing students are more likely to act independently in patient cares and decisions (James & Chapman, 2009-2010) and move away from being passive observers to active learners (Chesser-Smyth, 2005). As a result, confident nursing graduates result in more confident nurses working in clinical practice (Beck & Srivastava, 1991), and positively impacting patient outcomes. Accordingly, confidence is an essential component to clinical success. Therefore, stress must be decreased in the clinical setting to foster confidence in nursing students.

Leave profession of nursing. If stress causes students to feel incompetent and inadequate, leading to low confidence and decreased learning, they are likely going to begin to doubt their future as a nurse (Beck, 1993), resulting in attrition from nursing programs. Bandura (1997) found individuals with high self-efficacy perceived failure as a lack of effort and would, therefore try harder in the future, whereas individuals with low self-efficacy concentrated heavily on their failures and began to doubt themselves. As a result, those with low self-efficacy in nursing education could question the reasons they entered nursing (Brown et al., 2003) and leave the program or later, the profession of nursing.

Additionally, Lees and Ellis (1990) completed a mixed methods study and administered the Culture Free Self-Esteem Inventory to both nurses and students who left the profession. The results identified stress as a main reason for leaving the nursing profession (Lees & Ellis, 1990). The results also revealed those individuals who left the nursing profession generally had a lower self-esteem than other groups (Lees & Ellis, 1990). As a result of their lower self-esteem, these individuals had a lower confidence level (Lees & Ellis, 1990). Furthermore, the stress experienced contributed to nursing

students withdrawing from their courses (Papazisis et al., 2008), which in turn, has a significant impact on the number of nursing students entering the profession. The nursing shortage will not decrease if there is not an increased volume of nurses entering the profession, thus, special attention needs to be paid to decreasing clinical stress and increasing professional confidence in nursing students to prevent them from leaving nursing programs.

On the contrary, other research found opposite results in regard to the progression of nursing student self-efficacy throughout a student's nursing program. For example, Lauder et al. (2008) administered the Perceived Self-Efficacy Scale and Short Nursing Competencies Questionnaire to nursing students. The results revealed no differences in self-efficacy among the various groups leading the researchers to conclude self-efficacy does not change from the beginning to the end of the nursing program. Similarly, Taylor and Reyes (2012) administered the Resilience Scale (RS) and General Self-Efficacy Scale (GSES) to nursing students in the hope of identifying a relationship between self-efficacy and resilience in nursing education. The results showed while self-efficacy was slightly higher at the end of the semester compared to the beginning of the semester, there was no significant relationship between self-efficacy and resiliency over the course of the semester (Taylor & Reyes, 2012).

In contrast, other research performed identified a connection between self-efficacy increasing as students progressed through their nursing program. For example, Bradbury-Jones et al. (2010) completed a longitudinal, qualitative study with nursing students. The thematic analysis revealed a participant's confidence increased as he progressed through the nursing program. In addition, knowledge and confidence were

essential to a student's feelings of empowerment, all of which increased as students progressed through their nursing education. This is likely because nursing knowledge and experience increase from semester to semester, resulting in an increased confidence level and, ultimately, causing student empowerment in the clinical setting (Bradbury-Jones et al., 2010).

Regardless, nursing student confidence is an essential component in the clinical environment to feel successful and competent. Therefore, failure to decrease stress and increase confidence in the clinical environment will result in nursing students doubting their abilities and leaving the profession of nursing. The profession of nursing cannot afford to have students leave school or profession due to the existing nursing shortage.

Career placement. Lastly, nursing student stress and confidence in the clinical environment can have negative ramifications for specialty-nursing areas such as pediatrics, obstetrics, mental health, and community nursing. In the clinical setting, students need low perceived stress as well as confidence in their abilities in order to pursue a career in that area of nursing. If students do not feel efficacious in their abilities in a specific area, students are not going to want to pursue a career in that area after graduation, ultimately, impacting the volume of nurses pursuing careers in that area. This relationship was identified in a study completed by Bell et al. (1998). Bell et al. (1998) administered the Mental Health Nursing Clinical Confidence Scale to nursing students and found a higher reported clinical confidence was associated with a stronger desire to work in a mental health setting.

Similarly, Craven and Froman (1993) identified similar results among pediatric nurses when they administered the Pediatric Skill Survey to registered nurses working

with pediatric patients. The researchers determined nurses showed more enjoyment on those tasks in which they had a higher self-efficacy rating (Craven & Froman, 1993). The nurses also associated a higher self-efficacy with those items they had a greater history of experience and greater perceived knowledge (Craven & Froman, 1993). In conclusion, failure to increase confidence in specialty areas will, in turn, have a negative impact on nursing students desire to be employed in that area or the ability to retain experienced nurses.

In summary, a nursing student needs decreased stress and increased confidence to make effective decisions related to patients. Such a situation will lead to success in the clinical environment. A confident nursing student is more likely to lead to professional growth, healthier mental and physical well-being, and increased decision-making abilities. Conversely, failure to address the relationship between clinical stress and professional confidence in the clinical setting will keep preventing students from learning, cause self-doubt and attrition from nursing programs, and lead to negative patient outcomes.

Clinical Environment as a Source of Clinical Stress

Students learn how to apply the didactic material received in the classroom setting while they matriculate through supervised experiences in the clinical environment. In addition, the clinical environment is where students learn the values and positive attitudes that are most effective in professional nursing practice (Chan, 2002).

While nursing students identify various sources of stress in their nursing program, clinical stress is the most important aspect to understand, identify, and resolve because nursing students learn the crucial skills and thought processes of being a nurse in the

clinical environment. Nursing students perceive the clinical environment to be a significant source of stress because of their perception of possessing insufficient knowledge, lack of experience, and inadequate confidence. Therefore, it is critical to decrease stress associated with the clinical environment so nursing students can increase their professional confidence, make effective decisions, and learn the essential components to becoming a safe and effective practitioner. Failure to resolve clinical stress potentially leads to a cascade of events starting with affecting the individual, progressing to impairing their professional practice, and finally, affecting the profession of nursing and patient outcomes.

Lack of Experience, Knowledge, and Confidence

Nursing students identify the clinical component of nursing education as stressful because of their inexperience, lack of knowledge, and lack of confidence (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988). As a result of stress, nursing students suffer from physical and mental health problems, decreased learning, low self-confidence, and self-doubt (Audlet, 1995; Beck, 1993; Beddoe & Murphy, 2004; Chesser-Smyth & Long; 2013; Lees & Ellis, 1990; Melincavage, 2011). Consequently, stress affects the student's decision-making abilities, possibly causing them to make a mistake and, further, impairing success in clinical practice.

Patient care and technical skills. Nursing students primarily associate their lack of knowledge, experience, and confidence to when they are completing patient care and technical nursing skills. For instance, Mahat (1998) administered the Critical Incident Technique with nursing students to determine the clinical stressors they encountered in their initial clinical experiences. In accordance with previous studies (Beck & Srivastava,

1991; Hamill, 1995; Pagana, 1988), nursing students identified feeling tense and unable to perform nursing procedures due to what the students perceived as a lack of knowledge and inadequate preparation (Mahat, 1998). The situations in which nursing students described clinical stress included: medication administration, providing patient care, performing assessments on patients for the first time, and communicating with patients (Mahat, 1998).

Likewise, Shipton (2002) used open-ended, semi-structured interviews to study the relationship between clinical stress and nursing students and reported nursing students identified similar feelings of being insecure about their technical skills and frightened to perform procedures. According to Shipton (2002), students used words to describe stress such as feeling jumpy, scared, flutters, and insecurities regarding their abilities (Shipton, 2002).

In the same manner, Melincavage (2011) used qualitative research to analyze the relationship between nursing student clinical anxiety to a lack of knowledge and clinical inexperience. Melincavage (2011) found nursing students experience anxiety in the clinical setting due to uncertainty in their abilities to perform technical nursing skills in the clinical setting such as foley catheter insertion, medication administration, wound care, suctioning, and using medical equipment.

In summary, nursing students have revealed technical nursing skills as an essential component to being a nurse and providing effective patient care (Chesser-Smyth, 2005). Therefore, in order to increase nursing student confidence in the clinical environment, stress associated with providing patient care and technical nursing skills must be decreased. Contrarily, if nursing student stress associated with patient care and

technical skills are not decreased, nursing students will be left with feelings of stress, inadequacy, and a lack of confidence.

Unfamiliar environment. Nursing students identify clinical stress with the clinical environment because of the unfamiliarity of the clinical environment and the unknowns the clinical environment brings when caring for patients (Beck & Srivastava, 1991; James & Chapman, 2009-2010; Hamill, 1995; Pagana, 1988). James and Chapman (2009-2010) used a qualitative approach with undergraduate nursing students to explore and attach meaning to experiences nursing students encounter in their undergraduate education. These researchers reported that nursing students perceive the unfamiliarity of the clinical environment as overwhelming and scary because they were unaccustomed to the sights, noises, smells, and patients on the unit (James & Chapman, 2009-2010). As a result, these perceptions may cause nursing students' undue clinical stress, impair professional confidence, decision-making abilities, and cause self-doubt. Ultimately, this clinical stress could have negative implications for patient outcomes.

Responsibility. Accordingly, as the result of nursing students identifying stress from unfamiliar clinical environments, nursing students also identified stress from having too much responsibility in the clinical setting (Beck et al., 1997; Pagana, 1988). For example, Pagana (1988) used the Clinical Stress Questionnaire to determine nursing students' appraisal of stress in the clinical environment. Pagana (1988) found nursing students identified clinical environment stress stemming from feelings of inadequacy, high levels of responsibility for nursing actions, and lack of expertise or confidence to carry out a clinical task (Pagana, 1988). In addition, students were stressed they were

going to make an error or harm the patient in a detrimental manner, further decreasing their confidence (Pagana, 1988).

Oner-Atiok and Ustun (2013) completed qualitative interviews of nursing students to determine sources of clinical stress. In a similar manner, they found clinical stressors included a lack of confidence and fear of making a mistake in the clinical environment (Oner-Atiok & Ustun, 2013). Therefore, because nursing students perceive stress in association with being inexperienced, possessing insufficient knowledge, and lacking clinical confidence, they are overwhelmed with the responsibility to care for patients in the clinical environment. As a result of this stress, nursing students are unable to focus, make clinical decisions, and their success in the clinical environment is at risk. Furthermore, if clinical stress is not managed patient outcomes will be compromised. Therefore, it is crucial clinical stress be decreased.

Inclusion and acceptance. The clinical environment provides nursing students with the opportunity to learn the fundamental values and attitudes reflective of the nursing profession (Chan, 2002). In order for students to learn these core values and attitudes, students must develop a positive relationship with nurses and then feel supported and accepted by nurses working in the field. Conversely, stress occurs when students do not feel supported or accepted in the clinical environment by nurses (Chesser-Smyth, 2005; Hamill, 1995; Melincavage, 2011). Acceptance and inclusion are essential because nursing students identify part of the learning process is being an active participant in patient care alongside the nurses (Evans & Kelly, 2004; James & Chapman, 2009-2010).

Furthermore, when students are excluded or experience an unfriendly atmosphere, this causes undue stress and further disrupts a nursing student's confidence and learning, and causes self-doubt. Shipton (2002) identified the relationship between an unfriendly atmosphere and associated stress in her qualitative study on nursing student stress in the clinical environment. Students described stress associated with negative comments and demeaning attitudes and actions of nursing staff on the unit, including taking advantage of the accessibility of nursing students and assigning demeaning tasks for them complete unrelated to their assigned patient (Shipton, 2002). Similarly, Evans and Kelly (2004) completed a mixed methods study and concluded an unfriendly clinical atmosphere, as well as exclusion from patient care activities caused nursing students' unnecessary clinical stress. Additionally, Randle (2003) identified a lack of support by nursing staff in clinical areas as causing nursing students interrupted sleep, emotional turmoil, and the feeling of being inadequate due to their lack of experience and knowledge.

Melincavage (2011) also completed a qualitative study to understand nursing student anxiety in the clinical setting. Again, similar to previous studies, the results echoed nursing student stress related to an unfriendly clinical atmosphere (Melincavage, 2011). For instance, one participant stated, "…nurses feed on their young….they have to break us in…" (Melincavage, 2011, p. 787). Nursing students also identified feeling invisible and elaborated on their desire to be part of the community on the floor (Melincavage, 2011). Additionally, through inclusion in the unit community, students remarked feeling empowered, which positively contributed to their learning (Melincavage, 2011).

Chesser-Smyth (2005) and Chesser-Smyth and Long (2013) agreed with Melincavage (2011), finding physiological factors such as stress and anxiety decreased among nursing students when the student felt included in clinical activities and a valued member of the health care team. This process was referred to as socialization (Chesser-Smyth, 2005; Chesser-Smyth & Long, 2013). Furthermore, inclusion was identified as an essential component to the socialization of being a nurse because it was through this socialization process that students learned the core values reflective of the nursing profession (Chesser-Smyth, 2005; Chesser-Smyth & Long, 2013). Conversely, failure to develop this process resulted in the students doubting nursing as a career (Beck & Srivastava, 1991; James & Chapman, 2009-2010; Pagana, 1988).

Therefore, acceptance and inclusion are essential components to decrease nursing student clinical stress. However, when this does not occur, nursing students are left with feelings of stress, lack of confidence, and self-doubt with their abilities to become a nurse, ultimately, leading to impaired learning, decision making abilities, undesirable patient outcomes, and students leaving nursing programs.

Pediatric Clinical Stress

In order to progress through a nursing program, most undergraduate nursing students must complete a course related to pediatric nursing. Pediatric nursing courses focus on the knowledge, developmental considerations, and clinical nursing skills necessary to care for a pediatric patient and their family. Pediatric nursing courses can evoke a high degree of emotions among nursing students. Nursing students have identified pediatric nursing courses as the most challenging clinical they encounter in their nursing program (Oermann & Standfest, 1997). In addition, nursing students

remarked that courses related to nursing care of children causes the most anxiety, worry, and fear, resulting in the students becoming overwhelmed (Chen, 2010; Oermann & Standfest, 1997).

On the contrary, studies have also been performed identifying no stress differences between pediatric nursing courses and other nursing courses students encounter in their program. For instance, Oermann and Lukomski (2001) determined that while students are moderately stressed in their pediatric clinical experience, it is no different than the stress experienced by students in other nursing courses. Regardless, stress can negatively impact nursing students and their abilities to care for pediatric patients.

Lack of Experience, Knowledge, and Confidence

Nursing students identify similar stressors in pediatric nursing courses as identified previously in the literature including lack of knowledge, confidence, and experience; however, these stressors are magnified because of the population they are caring for in the clinical environment (Chen, 2010; Bancroft, 2008; Oermann & Lukomski, 2001; Wilson, 1994). Similar to previous studies completed on nursing students who were not enrolled in pediatric clinical courses, nursing students find the most stress associated with the technical skills of nursing cares (Oermann & Lukomski, 2001). Oermann and Lukomski (2001) completed a mixed methods research study utilizing the Modified Pagana Clinical Stress Questionnaire and qualitative open-ended questions to examine the stresses experienced by pediatric nursing students. Oermann and Lukomski (2001) found nursing students are most stressed in pediatric clinical with the technical clinical components such as passing medications and fear of making an

error, but also with the large volume of information to be learned, lack of clinical knowledge, and the idea of caring for children and their families. In addition, Oermann and Lukomski (2001) reported 47% of nursing students found caring for pediatric patients to be more difficult than caring for other types of patients because they had to consider additional factors such as psychosocial and developmental issues. As a result of the increase in stress associated with pediatric clinical, nursing students were less stimulated by their clinical activities and developed less confidence in practicing with pediatric patients (Oermann & Lukomski, 2001).

Similarly, Lassche, Al-Qaaydeh, Macintosh, and Black (2013) administered the Pediatric Comfort and Worry Assessment Tool to nursing students enrolled in pediatric nursing courses. Lassche et al. (2013) found at the beginning of the semester nursing students felt least comfortable performing a pediatric assessment, administering therapies, performing procedures, and explaining procedures to a child. In addition, nursing students' greatest worry was associated with causing a child pain in the clinical setting (Lassche et al., 2013).

Also, Chen (2010) completed a qualitative study describing nursing students' feelings in caring for pediatric patients. Chen (2010) found nursing students identified pediatric clinical to be the most worry and anxiety producing aspect within a pediatric nursing course because they felt inadequate with their knowledge and professional skills in caring for the patients. In addition, Chen (2010) determined students identified similar concerns as previously stated regarding the fear of making a mistake or harming a child, communicating with a child, and working with a child's parent. Chen (2010) also cited nursing students having fears associated with the unknown related to caring for pediatric

patients. Students used words such as angry, fear, depression, stress, and helplessness connected with the inability to control events accompanied with pediatric patients such as death of a child, and threatened situations or impending emergencies (Chen, 2010). On the contrary, when a student's worries and fears were overcome, they identified growth, improved confidence and increased competence in caring for pediatric patients (Chen, 2010).

Furthermore, Wilson (1994) also found lack of knowledge, experience, and confidence negatively affects nursing students when caring for pediatric patients. Wilson (1994) completed a qualitative study to explore and describe nursing students' experience when caring for hospitalized infants. Wilson (1994) found the goals nursing students set for themselves when caring for infants in the hospital setting included: causing no harm to the patient through lack of knowledge, making a positive contribution to a patients care, linking classroom theory to the clinical setting, learning pediatric nursing clinical practice skills, and looking competent as a student and nurse in front of patient, staff, peers, and faculty. In addition, when caring for infants, students used their anxiety as a measure of confidence in their abilities to perform procedures as well as their interactions with clinical faculty (Wilson, 1994). For instance, Wilson (1994) noted students who perceived themselves as less competent avoided interaction with instructors (Wilson, 1994).

Similarly, Bancroft (2008) utilized qualitative research to explore nursing students' attitudes towards caring for the adolescent population. Nursing students in Bancroft's (2008) study addressed the difficulties associated with caring for the adolescent population because of their lack of experience and knowledge. As a result,

students had a decrease in confidence (Bancroft, 2008). In sum, because nursing students possessed lack of knowledge, experience, and confidence, they were unable to adequately care for pediatric patients. As a result, the students are unlikely to develop sufficient knowledge for the pediatric portion of the NCLEX-RN exam and are less likely to pursue a career in pediatric nursing. Furthermore, negative patient outcomes are at risk of occurring.

Registered nurses working with pediatric patients in the clinical setting also identify stress associated with working with this specific population. Essani and Ali (2011) administered a researcher-developed questionnaire to registered nurses who had six months experience in pediatric care. Remarkably, the findings showed registered nurses had similar stressors as pediatric nursing students in caring for the pediatric population. For instance, registered nurses commented feeling embarrassed not knowing how to handle pediatric patients in front of a patient's parents, incompetent because of the gaps in knowledge, low self-image when they did not know the answer and inadequacy in their skills to handle emergency situations (Essani & Ali, 2011). Furthermore, failure to address clinical stressors can lead to decreased quality of care, depression, and psychological distress (Essani & Ali, 2011), resulting in nurses leaving the profession and undesirable outcomes.

In all, caring for pediatric patients is stressful for both nurses and students. However, failure to address the stress associated with lack of knowledge, experience, and confidence in caring for the pediatric population will lead to undesirable outcomes both in the clinical environment. In addition, problems will be created with trying to obtain new nurses to enter the profession and retain nurses currently employed in pediatric

nursing. Therefore, clinical stress must be decreased and clinical confidence increased to create competent and successful nurses.

Managing Stress Through Reflection

As previously identified, clinical stress results in nursing students possessing decreased confidence and learning, and progressing to impacting student success in the course, program, and future practice. Therefore, students must learn positive coping behaviors in managing stress; otherwise, stress could lead to negative health implications, impair learning, impede professional growth, and cause the student to be unsuccessful in the nursing program.

Research has shown students who are unable to manage stress often turn to unhealthy coping behaviors such as drinking, smoking, medications, and eating (Tully, 2004). Conversely, students who manage stress use more appropriate methods to cope such as exercise, talking with others, getting help, or actively trying to change things (Tully, 2004). Therefore, nurse educators must implement effective stress reducing strategies and confidence builders in nursing education to help students cope effectively with stress and increase their confidence. Reflection is one method proven to be a successful modality to decrease clinical stress, increase professional confidence, and improve thinking so students can become better future nurses.

John Dewey is referred to by Tanner (2006) as the pioneer of reflective thought and, as reported by Kinsella (2009), Dewey identified the importance of using reflective measures in educational arenas. While reflection has evolved over the decades, Dewey's definition of reflection is still often cited in the literature. Dewey (1933) defined reflection as "active, persistent and careful consideration of any belief or supposed form

of knowledge in light of the grounds that support it and further conclusions to which it tends" (as cited in Horton-Deutsch & Sherwood, 2008, p. 947).

Other researchers have also defined reflection as it pertains back to Dewey's definition. For instance, Asselin (2011) defined reflection as "a deliberate and dynamic process of thinking about and clarifying the meaning of an experience within the context of one's existing knowledge, experience and beliefs, thereby enabling one to gain insight into self and practice" (p. 125). Furthermore, Ruth-Sahd (2003) identified reflective practice as a process of self-examination that involves recalling an incident in an effort to create an improvement or promote professional growth. Moreover, Perry (2000) noted reflection helps individuals draw from clinical experiences and connect existing knowledge to new knowledge in order to develop a deeper understanding. Next, Karpa and Chernomas (2013) viewed reflection as "a process in which individuals explore their experiences and obtain new understandings leading to behavioral changes" (p.8). Lastly, Horton-Deutsch and Sherwood (2008) defined reflection as thinking about an experience, which leads learners to a fuller understanding of knowledge.

In summary, reflection works through recalling an experience, using past information or experiences to assimilate a feeling or action, and relating the information through telling a story (Forneris & Peden-McAlpine, 2006). As a result, the learner is able to see a problem in a different way, become engaged by thinking, consider consequences to his or her actions, and look for the meaning in what is being learned (Dimova & Loughran, 2009). Consequently, through reflection a nursing student's clinical decision-making and patient care abilities are positively impacted.

Reflection encompasses many different forms including written, verbal, and pictorial. One form of written reflection is journal writing (Forneris & Peden-McAlpine, 2006). Sedlak (1997) stated reflective writing forces "students to think critically about their experiences and facilitate self-directed learning as students develop skills as professionals" (p. 16). Likewise, Brown and Sorrell (1993) found journal writing provides students with the ability to think on paper regarding their understanding or perception of a clinical situation (as cited in Ibarreta & McLeod, 2004). Furthermore, Lauterbach and Hentz (2005) defined reflective journaling as a strategy that uses past experiences to explore meanings of situations in order to facilitate a connection between life and learning so critical thinking, self-awareness, and professional growth are fostered. As a result, through reflective journaling, self-care and patient cares are improved, subsequently, resulting in decreased burnout (Lauterbach & Hentz, 2005). Therefore, reflective journaling is a positive method to employ in nursing education to help decrease clinical stress and increase professional confidence so that nursing students' thinking, self-awareness, and professional growth can be developed and nurtured in the clinical environment.

Reflection and Nursing Education

Nursing students are often unprepared to handle the emotional rigors involved with being a nurse (Horton-Deutsch & Sherwood, 2008). Clinical stress impacts a nursing student's mental and physical health, clinical success, future progression in nursing education, and success as a nurse. Stress causes nursing students to lack confidence and possess self-doubt, thus impacting their clinical decision making skills. Therefore, reflection can be an effective modality to decrease clinical stress and increase

professional confidence, which assists in decision making abilities, professional growth, further improves a student's confidence, and leads to success in the clinical environment.

Reflective journaling to decrease stress and increase confidence. Nursing students often cite clinical stress as a result of their lack of knowledge, inexperience, and lack in confidence. Reflection is an effective approach to help decrease nursing student clinical stress, increase confidence, and assist in learning through clinical experiences. Haffer and Raingruber (1998) agree with this idea as they identified in their qualitative study the common theme of inexperience, lack of knowledge, and lack of confidence in clinical skills through nursing student reflective logs. Furthermore, they also concluded through journaling, nursing students were able to identify clinical progress, learn from their inexperience, question the unknown, and develop ways to focus under stress (Haffer & Raingruber, 1998), thus, improving their nursing skills in the clinical environment.

Likewise, Ganzer and Zauderer (2013) examined nursing student journals in their psychiatric clinical rotation to help identify and decrease stress. Similar to previous studies, Ganzer and Zauderer (2013) determined self-reflection helped students better understand their stressors and anxieties, and also become more self-aware. As a result of reflecting, students were able to increase confidence in their clinical skills (Ganzer & Zauderer, 2013).

Additionally, Langley and Brown (2010) developed a questionnaire to identify student and faculty's perceptions of reflective learning journals (RLJ). The results revealed both students and faculties identified significant benefits to RLJ (Langley & Brown, 2010). Again, similar to previous studies, 72% of students identified RLJ assisted them in developing coping skills to decrease stress and anger and 81% identified

it improved their confidence (Langley & Brown, 2010). In addition, 100% of faculty who participated in the study concluded a significant improvement in decreasing stress and improving confidence with RLJ (Langley & Brown, 2010). Subsequently, through reflective journaling, nursing students were able to decrease clinical stress, increase confidence, and learn from their clinical experiences to improve decision-making abilities.

Reflective journaling and an emotional outlet. As previously stated, nursing students are often times unprepared for the emotional rigors associated with being a nurse (Horton-Deutsch & Sherwood, 2008). Reflection has been identified as a method for nursing students to let go of a clinical situation that caused them stress (Asselin, 2011; Pfund, Dawson, Francis, & Rees, 2004). For example, Horton-Deutsch and Sherwood (2008) identified one of the advantages of reflection is it gives students the opportunity to express the emotional feelings involved in practice. As a result, students are able to see clinical situations differently. Similarly, Pfund et al. (2004) illustrated how reflection provides students an approach to examine their feelings, work through grief, and see the entire clinical picture. Consequently, reflective journaling allows students to more effectively care for themselves because reflection can be healing and nurturing (Blake, 2005). Therefore, clinical stress is decreased, confidence increased, clinical decision-making skills fostered, thus, improving clinical practice and preventing professional burnout.

Reflective journaling and decision-making. While reflection has been shown to assist nursing students in decreasing stress and increasing confidence, it also assists students to focus on learning and making appropriate clinical decisions. Reflection does

this through assisting students in rethinking about their course of actions in clinical and identifying alternative methods for approaching patient care, therefore student critical thinking and clinical judgment abilities are increased (Forneris & Peden-McAlpine, 2007; Lasater & Nielsen, 2009). Reflection assists nursing students in developing critical thinking and clinical judgment abilities by forcing them to find meaning behind their actions, confirming or changing their thought processes in a clinical situation, and linking classroom theory to a clinical situation (Asselin, 2011; DeSwardt, Du Toit, & Botha, 2012; Forneris & Peden-McAlpine, 2007; Hatlevik, 2012; Horton-Deutsch & Sherwood, 2008; Karpa & Chernomas, 2013; Langley & Brown, 2010). As a result, students have practice insights they can implement in their future practice (Asselin, 2011).

Furthermore, Glaze (2002) completed a qualitative study on nurse practitioner students and determined through journal analysis and interviews that journaling increases nursing student confidence by providing students with a means for justifying their clinical decision making skills, assists students in organizing their thought processes, acknowledges their feelings, and helps with planning future clinical actions. Glaze (2002) concluded reflection helps to change the students' thinking and generate the formation of new knowledge that can be implemented into future practice (Glaze, 2002).

Likewise, DeSwardt et al. (2012) identified through qualitative research how guided reflection empowers and changes nursing students' thinking in the clinical environment. Again, similar to previous studies, guided reflection helped provide students with a process to acquire a personal understanding of their clinical actions, link theory to practice, and increase self-awareness (DeSwardt et al., 2012). Again, students developed new knowledge and clarity in the clinical environment that assists them in

future practice (DeSwardt et al., 2012). In summary, reflection assists nursing students in not only decreasing clinical stress and increasing confidence, but also in improving thought processes, critical thinking abilities, and decision-making abilities in the clinical environment. As a result, patient care is positively impacted.

Learning and improved decision-making are also fostered through encouraging active dialogue between faculty and students regarding their reflective journal entries (Blake, 2005). For instance, Ibarreta and McLeod (2004) noted faculty must engage in dialogue with students regarding their reflective journals because students are unable to increase their confidence and decision-making skills if they are unsure the knowledge questioned within their reflective journals is accurate (Ibarreta & McLeod, 2004).

Additionally, active dialogue encourages faculty to become vulnerable with students (Blake, 2005; Holmes, 1997; Pierson, 1998). This allows students to learn through faculty's personal experiences, feelings, and ideas that create a bond to foster learning and trust between the two parties (Blake, 2005; Holmes, 1997; Pierson, 1998). Furthermore, faculty can determine if learning has occurred through the active dialogue between students so changes can be made, missed connections can be identified, and thinking can be traced back to improving decision-making skills (Blake, 2005; Lasater & Nielsen, 2009). Thus, reflective journaling is an essential component in nursing education because it decreases clinical stress, increases confidence, and leads to improved learning and decision-making skills in the clinical environment.

Reflective journaling and professional growth. Reflective journaling also stimulated professional growth by forcing students to identify their strengths, weaknesses, attitudes, and perspectives in the clinical environment (Langley & Brown,

2010). Similarly, Brookfield (1998) found journaling allowed students to identify consistent patterns, dispositions, and biases (Brookfield, 1998) that could impact the care they provide patients. In summary, nursing students identified reflective journaling increased their professional growth and self-awareness of their practice.

Barriers to Reflection

Reflective journaling is essential for clinical learning (Tanner, 2006). Reflective journaling allows students the opportunity to be creative and have free expression of ideas (Hahnemann, 1986). However, barriers exist that prevent nursing students from engaging in reflective learning. In order for effective reflection to occur, personal and educational barriers must be overcome.

Personal barriers. Each student brings to the clinical environment past experiences, knowledge, values, and ideas. This also brings different personal thoughts and feelings on reflection. The first significant barrier to effective reflection is an individual's inability to divulge personal thoughts, feelings, and ideas (Pierson, 1998). For instance, some individuals are taught that showing feelings is a sign of weakness and this should be prevented at all cost, whereas other students feel threatened or insecure about expressing their feelings (Glaze, 2002). Consequently, learning through reflective journaling cannot occur if a student is unable to reveal and discuss their feelings, thoughts, and ideas. This leads to the next barrier of reflective journaling, which is self-awareness (Horton-Deutsch & Sherwood, 2008). Self-awareness is the foundation of reflection (Horton-Deutsch & Sherwood, 2008). Self-awareness is a crucial component to an individual being able to sort through their feelings, knowledge, and experiences (Horton-Deutsch & Sherwood, 2008). It requires students to be honest and be conscious

of their own values, strengths, and limitations in situations (Horton-Deutsch & Sherwood, 2008). Therefore, if students fail to possess self-awareness, meaningful reflection will not occur. Lastly, students must be able accurately define and describe the details of the situation they are reflecting upon (Horton-Deutsch & Sherwood, 2008). If students are unable to describe the details of the event, reflection will be inaccurate and meaningless. Therefore, if nursing students do not overcome personal barriers, effective reflection will not occur. Consequently, clinical stress will not be decreased, professional confidence will not be increased, and students will be unable to make adequate decisions in the clinical environment. This could significantly impair patient outcomes and clinical success.

Educational barriers. Barriers within the educational system also exist preventing nursing students from undergoing effective reflection. The first educational barrier often met includes a lack of class time dedicated to completing reflective journaling (Forneris & Peden-McAlpine, 2006; Hong & Chew, 2008; Horton-Deutsch & Sherwood, 2008; Ruth-Sahd, 2003). The clinical environment is busy and faculty often times do not leave time at the end of clinical for students to adequately reflect on their clinical day (Pierson, 1998), thus, leaving reflective journaling not completed or a lack of time dedicated to reflective thinking. Reflective thinking cannot be rushed if students are to fully reflect and improve their thinking and decision-making skills (Pierson, 1998). Therefore, faculties are encouraged to dedicate a block of class time specifically for completing reflective journals so proper reflective learning may occur (Pierson, 1998).

The next barrier in reflective journaling revolves around trust between students and faculty. Nursing students are unable engage in effective reflection because they do

not feel the environment between students and faculty is safe enough to be able reveal their deep personal thoughts, feelings, and ideas (Glaze, 2002; Hong & Chew, 2008; Langley & Brown, 2010; Pierson, 1998). Reflection is a deeply personal activity and for students to learn, they must not fear being reprimanded or judged by their peers or faculty (Blake, 2005; Glaze, 2002; Hong & Chew, 2008). This lack of trust creates reflection that is ineffective and not conducive to learning (Blake, 2005; Glaze, 2002; Pierson, 1998). Furthermore, when ineffective reflection occurs, the student's stress does not decrease, confidence is not improved, and decision-making skills are not fostered.

This leads to the last barrier regarding how to adequately evaluate reflective journals or if they should even be evaluated at all. Proponents of not grading reflective journaling identify when students focus on the grading component of journal writing, they deviate from the reflection aspect and focus on what will achieve the best grade (Holmes, 1997; Karpa & Chernomas, 2013). Additionally, grading student journals may inhibit the development of trust between faculty and student, thus, further widening the gap of power and authority between faculty and students (Holmes, 1997; Pierson, 1998). Holmes (1997) identified by not assigning grades, nursing faculty are creating an environment where mutual respect, understanding, and trust are important as well as encouraging students to learn from developing knowledge from their feelings, experiences, and ideas. Furthermore, evaluating reflective journals is often difficult and so by not assigning grades, it prevents faculty from determining the value of a student's reflective work (Holmes, 1997). Langley and Brown (2010) also agree with grading reflective journal assignments as a barrier to achieving effective reflection. Langley and Brown (2010) incorporated 10 percent of nursing student's grades to reflect their

completed reflective journal writing assignments (Langley & Brown, 2010). Langley and Brown (2010) noted students identified faculty grading their journals as a significant barrier to achieving effective reflection in their reflective journaling assignments. In summary, evaluating reflective journals is difficult. Additionally, grading reflective journals prevents nursing students from developing effective reflective capabilities because students focus more on the grade to be achieved, than the process of reflective thinking. Furthermore, special attention needs to be paid to building a trusting environment between students and faculty so that effective reflection can be achieved in reflective journaling assignments.

On the contrary, others perceive evaluation to be an essential component to developing reflective capabilities and determining if learning has occurred. Hyams (2010) noted grading reflective journals is essential because students take graded work more seriously and, therefore, strive to improve their thinking because of the graded component of the assignment. Additionally, it is also difficult to justify a teaching methodology in which there is no measurable outcome to determine if student learning has occurred (Hyams, 2010). One method to evaluate student learning is through development of a rubric. Lasater (2007) developed the Lasater Clinical Judgment Rubric (LCJR) as a fair method to be able to evaluate nursing student's clinical judgment. Similarly, Nielsen, Stragnell, and Jester (2007) created a Guide for Reflection Using Tanner's (2006) Clinical Judgment Model to assist students with their development and confidence in their clinical decision-making skills. Together, using the guided reflection and the LCJR, faculty and students could evaluate and track reflection assignments for evidence of critical thinking and clinical judgment (Nielsen et al., 2007). Furthermore,

because the LCJR provides students with feedback, it also stimulated an active dialogue between faculty and students, thus, fostering student critical thinking skills (Lasater, 2007). Ibarreta and McLeod (2004) also identified how guidance and feedback is an essential component to developing effective reflective practice and learning. Nursing students noted their confidence could only improve if they were sure the knowledge they were applying was correct (Ibarreta & McLeod, 2004). Therefore, faculty must evaluate students and provide them with adequate feedback in order to adequately develop a reflective thinking practice, which leads to sound clinical decision-making skills and clinical judgment abilities.

Summary

The health care system over the past decade has significantly changed and patients are now seeking health treatment with very complex needs. Nurses are one of the primary health care providers in the health care system and have an obligation to provide safe, effective, and competent care for patients who are seeking treatment and maintenance of care. Therefore, nursing education must appropriately respond in order to adequately prepare nursing students with the proper knowledge and critical thinking skills to function in the health care environment.

This literature review began by detailing Bandura's Self-efficacy Theory. Bandura's Self-efficacy Theory details the incorporation of mastery experience, vicarious observation, verbal persuasion, and physiological state in the development of an individual's self-efficacy. Additionally, the literature revealed the term self-confidence as a term often used interchangeably with self-efficacy. While the similarities between self-efficacy and self-confidence are apparent, the differences are noteworthy and

differentiate these two concepts as being one. For instance, it is determined self-confidence is a precursor to developing self-efficacy (Perry, 2011). Additionally, self-efficacy is concerned with achieving a goal, whereas self-confidence is concerned with achieving a task (Perry, 2011). Therefore, there is a definite difference between these two terms. Furthermore, the literature revealed the term professional confidence in conjunction with self-confidence. Professional confidence was used synonymously with self-confidence with the only difference being professional confidence being developed specifically in the clinical setting (Crooks et al., 2005). Self-confidence may be developed in any setting. Regardless, because self-confidence, professional confidence, and self-efficacy are essential components in the nursing profession, it is crucial to incorporate Bandura's Self-efficacy Theory into nursing education.

While the nursing profession is rewarding, it is also an emotionally demanding profession. Nursing students are often unprepared to handle the stress and emotional rigors required of the profession (Horton-Deutsch & Sherwood, 2008). In nursing education, the clinical environment is where nursing students learn to apply knowledge, practice skills, and become an effective and safe practitioner. While the clinical environment provides nursing students with ample learning opportunities, it also is a large source of stress. Stress in the clinical environment is harmful to nursing students because it sets off a cascade of events resulting in decreased confidence, physical and mental health problems, decreased learning, and ultimately, causing nursing students to possibly leave the profession. The nursing profession cannot afford to have nursing students ill prepared to care for complex patients or leave the profession because of the

current nursing shortage. Therefore, nursing education must make the clinical environment as least stressful and conducive to learning as possible.

In order to progress through a nursing program, nursing students must complete a clinical related to pediatric nursing. Pediatric nursing courses have been shown to evoke a higher amount of stress, anxiety, and worry than traditional nursing courses because students perceive a lack knowledge, confidence, and experience in their abilities to care for children and their families (Bancroft, 2008; Chen, 2010; Lassche et al., 2013; Oermann & Lukomski, 2001; Oermann & Standfest, 1997; Wilson, 1994). This perceived lack of knowledge, confidence, and experience is noteworthy because it can have a significant impact in clinical learning, patient outcomes, and nursing students desire to enter the specialty of pediatric nursing. Therefore, it is essential for nursing education to reduce clinical stress so nursing students can improve their confidence and learning in the clinical environment.

Reflective journaling has been shown to decrease stress, increase confidence, and improve thinking so that nursing students can better function and learn in the clinical environment (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010). Additionally, reflective journaling can assist nursing students with an outlet to express feelings and let go of a situation that caused stress (Asselin, 2011; Pfund, Dawson, Francis, & Rees, 2004), which can improve the mental and physical health of nursing student's, increase learning, improve patient outcomes, and make student's successful.

In summary, clinical stress results in nursing students possessing decreased professional confidence and learning in the clinical environment. As a result, student

success in their nursing program as well as future professional practice is negatively impacted. In order to counterbalance the effects of clinical stress and increase professional confidence among nursing students, reflection must be incorporated into nursing education. Reflection has shown to be an effective approach to decrease stress, increase confidence, and improve clinical decision-making and critical thinking skills in the clinical environment. The purpose of this qualitative study, retrospective, case study was to explore reflective journaling as a method to decrease clinical stress and increase professional confidence among baccalaureate nursing students previously enrolled in a pediatric nursing clinical course in a private Midwestern College.

Chapter III: Methods and Procedures

The purpose of this chapter is to discuss the methodology and procedures that were used to conduct this study. The research design, a qualitative case study design, using reflective journal writings as a means to explore the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College is described along with the rationale for this design. In addition, this chapter presents a description of the research design, sample selection of the population, ethical considerations, and description of the setting. It concludes with a description of the reflective journal assignments, procedures used, role of the researcher, and methodological limitations.

Research Design

A case study design was used for this research study. A case study design investigates a case in its real life context (Creswell, 2013). A case can be a person, place, time period, or event, but must seek to explain the unit in depth and detail and be bounded in a particular manner (Creswell, 2013; Patton, 2002; Yin, 2014). The purpose of a case study is to tell a story, capture an unintended effect, and illuminate an outcome that would be difficult to quantify (Patton, 2002). A case study design can also help an individual or group of individuals reflect on improving what they are doing, understand what they are doing in a new way, or document changes participants experienced over a specific time (Patton, 2002). The advantage of utilizing a case study design is a researcher is able to include and analyze various aspects surrounding a case, including history, chronological events, and day-to-day experiences (Creswell, 2013). In order for

case study research to have a maximum effect, a researcher must first have a true grasp on the theoretical issues prior to data collection, so analytic judgments and inferences based on documented evidence, physical evidence, and some elements of common sense can be made during the data collection process (Yin, 2014).

Case study research has many different facets. Prior to beginning case study research, a researcher must first identify the specific type case study to be utilized in his or her research. There are three types of case study research: exploratory, explanatory, and descriptive (Yin, 2014). The first type is exploratory case study research. Exploratory case study research explores situations being implemented in which the intervention has no clear set of outcomes (Yin, 2014). Next is explanatory case study research. Baxter and Jack (2008) identify explanatory case study to be useful in answering a question that seeks to explain a causal link in real-life interventions. An explanatory case study is also useful to determine links needing to be traced over time (Yin, 2014). Lastly, a descriptive case study is useful to describe a phenomenon or case in the real-life context where the case occurred and is deeply embedded in theoretical construct (Yin, 2014). While each of these three types of case study research has their specific definitions, there are often over-lap between each of the three methods making it difficult to choose just one method for use (Yin, 2014).

After a researcher has identified the type of case study research to be used, he or she must next identify the case study research design. A case study research design involves identifying whether the case study will be a single or multiple case study design. In order to decide between single and multiple case-studies, a researcher must determine whether the research will be within site or multi-site (Creswell, 2013). A multiple case

study design often involves the use of multiple sites in the study, whereas a single case study design involves a single case or within the study site (Creswell, 2013). Another significant difference is a single case study design is often longitudinal and allows a researcher to study the same participants over time (Yin, 2014). While the difference between single and multiple case study research design can become quite complex, Yin (2014) identifies how single and multiple case study designs are "variants within the same methodological framework" and no broad difference can be made from one design over the other (Yin, 2014, p. 56).

The last aspect in case study research is determining if the data analysis method will incorporate a holistic or embedded analysis of the data. Holistic data analysis involves analyzing the entire case as a whole, whereas embedded case analysis analyzes a specific aspect of the case (Creswell, 2013; Yin, 2014). During either holistic or embedded data analysis, a researcher completes data analysis through pattern recognition or content analysis resulting from the various aspects of the case (Patton, 2013). Pattern recognition is the ability to identify patterns or themes within the case and content analysis is when the researcher searches through the text for reoccurring words or themes present within the case (Leedy & Ormrod, 2010; Patton, 2002). After a researcher has determined the method of data analysis, he or she can move forward to data collection.

Data collected through case study research often include data collection from multiple sources of research (Creswell, 2013; Patton, 2002; Yin, 2014). The multiple sources may include participant background experiences, interviews, excerpts from journals or diaries, written responses to open-ended questions, archival methods, direct observation, physical artifacts, and field notes (Patton, 2002; Yin, 2014). Patton (2002)

and Yin (2014) both identify how field notes are especially useful as one method of multiple resources during case study research because the researcher can incorporate environmental factors or participant observations. Field notes may be handwritten, typed, or audiotaped notes, but become part of the formal data collection of a research study (Leedy & Ormrod, 2010; Yin, 2014). There are consequences that occur from the use of field notes. For instance, because the participant often has an active or passive role in the actions being studied, an element of bias could enter the analysis (Yin, 2014). Additionally, a researcher may not find sufficient time to take proper notes or fail to raise questions about other possible perspectives at hand (Yin, 2014). However, most researchers agree field notes through participant observation often help construct the overall picture of the case study and assist in carrying out thematic analysis (Patton, 2002; Yin, 2014).

A qualitative, case study method of design was used for this study. A qualitative, case study method aims to investigate a case in its real life context (Creswell, 2013). An explanatory, descriptive case study method was chosen for this research study in order to explore the participants' sources of clinical stress and professional confidence in the pediatric clinical environment using a case in the real life context and how reflective journaling affected their clinical stress and professional confidence while in attending the pediatric clinical environment.

The participants in this case study were bound by time (semester) and clinical experience (pediatric clinical environment), thus creating a solid focus for a case study research design. A single case study design was chosen because the same participants completed reflective journal assignments at multiple points over the course of the 15

week semester. Both field notes and open-ended questions were used to guide the students in their reflective journal assignments to solicit an in-depth response regarding the participants' perceptions, opinions, knowledge, and feelings regarding a situation or experience (Patton, 2002).

Both embedded and holistic research approach was used. Specifically, the student's comments regarding the real-life case were collected over the course of the semester. Thus, each clinical day was analyzed as a single case, and then cross-analyzed in a holistic manner to gain an understanding of the various aspects of the case. These methods were completed in order to answer the research questions and to explore how reflective journaling may have impacted the participant's clinical stress and professional confidence.

Furthermore, a longitudinal study was appropriate for this research study because the researcher intended to analyze four reflective journal assignments over the course of a semester, or fifteen-week period. A longitudinal study is identified by Leedy and Ormrod (2010) as a study in which a "single group of people is followed over the course of several months or years, and data related to the characteristic(s) under investigation are collected at various times" (p. 186). Additionally, according to Yin (2014), one of the characteristics of a single case study research design is to provide the ability to complete longitudinal analysis of a case at various points of time (Yin, 2014).

Finally, a retrospective study was also necessary for this particular research study for several reasons. First, because each of the reflective journal assignments complemented and built on one another with the hopes the researcher would be able to paint a picture from the start of the semester to end of the semester regarding the effects

of reflective journaling on clinical stress and professional confidence. Second, because the researcher was also the clinical faculty who was administering and monitoring the reflective journal assignments a retrospective study was important to prevent student bias and ensure accuracy in the reflection of the reflective journal assignments.

Identification and Methods for Obtaining the Sample

The researcher obtained the sample through a purposeful, convenience sample. Creswell (2013) recommended for case study research that an appropriate sample size to include is four to five cases in a single study. On the other hand, Patton (2002) identified in qualitative research there are no specific rules for sample size numbers, but a researcher must utilize an appropriate sample size for his or her research study based on the purpose, availability of resources, time, and goals of the research. Additionally, the validity from the qualitative inquiry is more closely tied to the information obtained from the cases selected than the volume of the sample size (Patton, 2002). Lastly, in purposeful sampling in qualitative research, the sample size is maximized when redundancy is achieved in the results, therefore a researcher must be able to increase or decrease the sample size based on redundancy in the results (Patton, 2002).

A total of twenty-one second semester baccalaureate junior nursing students enrolled in a pediatric nursing clinical course at a private Midwestern College, during the spring semester of 2015 were included in this study. The participants were registered in one of three pediatric clinical course groups during the spring semester of 2015. The sample size goal for this research was six to nine baccalaureate-nursing students who were enrolled in a pediatric clinical course at a private Midwestern College.

Inclusion criteria for participation in this research study was: junior level baccalaureate nursing students who were 19 and older and enrolled in both the pediatric theory and pediatric nursing clinical courses at the private Midwestern College being studied. It was a program requirement that the pediatric theory and pediatric clinical courses be taken concurrently. Also, it was assured that all students who were enrolled in the pediatric nursing and pediatric clinical courses were second semester junior level students because the nursing program at the private Midwestern College was a lock-step program, in which nursing students must complete nursing courses in a specific sequence. For instance, nursing students must successfully pass and complete five preceding semesters of nursing courses before being eligible to take the pediatric theory and pediatric clinical course. Therefore, it was impossible to have a nursing student enter the pediatric nursing clinical course who was not at least a second semester junior nursing student. Due to this progression policy, it was unlikely to have a student enter the course who was under the age 19.

Exclusion criteria for participation in this research study were primarily based upon students' enrollment status and submission of the reflective journal assignments. Students who were repeating both the pediatric theory and clinical courses were excluded from the study. In addition, participants who did not complete the reflective journal assignments as follows were excluded from the study. Specifically, they were excluded if they did not complete the first, second, a total of three out of the five recurring journals (third reflective journal assignment), and the fourth reflective journal assignment.

In order to ensure random selection and eliminate researcher bias, the researcher assigned each of the three clinical groups a letter corresponding with A, B, or C. Then, using the list of students who were enrolled in the clinical course, a number was assigned to each student on the list. A code-sheet (Appendix A) was designed into columns. The heading of each of the columns used a letter (A, B, or C) to identify the clinical group each potential participant was enrolled. Then, each participant under each of the letters A, B, or C was given a corresponding number. The participant's name was written in the next column to the right of each number.

The researcher wrote each student's corresponding letter and number on a small piece of paper and had the researcher's doctoral chair insert the paper into a box according to letter. The researcher's doctoral chair thoroughly mixed up the pieces of paper and randomly selected two pieces of paper from each of the three boxes as potential participants in the research study. The doctoral chair then selected one additional piece of paper from each of the three boxes to serve as potential participants if data saturation was not achieved from the first six participants. Therefore, the maximum number of sample participants in this study was nine.

Description of the Setting

The setting of the Midwestern College was located in an urban metropolitan city in the Midwest. Approximately 1000 students were registered at the College during the time the data collection process occurred. The College's focus is to educate and prepare undergraduate students for a variety of health and sciences options, including nursing, radiology, physical therapy assistant, and health care business. The College also offers

Masters Degrees in Advanced Practice Nursing and Nurse Anesthesia as well as Doctoral Degrees in Education.

All of the undergraduate nursing students attend on campus and/or online theoretical courses; however, all of the clinical courses are held in appropriate health care agencies throughout the community. The purpose of the pediatric clinical environment was to serve as the setting in which the pediatric baccalaureate nursing students apply the theoretical knowledge, while learning to organize and provide accurate nursing care, practice skills, and apply the values and attitudes associated with being a nurse (Chan, 2002). The pediatric nursing students complete 75% of their pediatric clinical course in a hospital setting, devoted to the care of pediatric patients only. This setting is a 146 bed pediatric hospital that provides 24/7 comprehensive health-care to children seeking treatment and maintenance of care for various acute and chronic conditions (A. Phillips, personal communication, September 16, 2014).

Ethical Considerations

Several ethical considerations were taken for participants involved in this study to ensure the protection of human subjects. The researcher received approval to conduct the study from the Institutional Review Board (IRB) at both the researcher's higher education school of study and the private Midwestern College where the participants attended classes (Appendix B and Appendix C). The researcher also obtained approval to complete the study from the Dean of Nursing at the private Midwestern College where data was collected. See Appendix D for this approval.

This research study was a retrospective study that analyzed data in reflective journal assignments completed by nursing students enrolled in a pediatric nursing clinical

course. The reflective journal assignments were initially implemented as part of this pediatric nursing course in January 2014. However, the researcher used only the spring 2015 cohort as part of this study. The research study was IRB exempt because it was a course assignment that was a requirement for all nursing students to complete to pass the pediatric clinical course. All of the clinical courses in the Midwestern College setting are evaluated using a pass/fail grading system, which is based upon each student's weekly progress of their clinical performance, professionalism, and submitted assignments. Reflective journal assignments were one of the multiple assignments nursing students complete in order to fulfill the course requirements to pass the clinical course. Additionally, field notes were also used as part of data collection. The researcher ensured not to use any identifying patient information within the field notes, to prevent violating the federal Health Insurance Portability and Accountability Act (HIPAA).

Confidentiality and anonymity of the participant data was ensured. The researcher maintained confidentiality and anonymity of participant data through removing all identifying information. The researcher did not associate any reflective journal assignments via a name, but through a letter and number. Only the researcher and doctoral chairperson knew the associated codes in connection with the names of participants who were included in the study.

Prior to the initiation of this study, the researcher did not complete random selection of participants nor analyze any of the journal assignments until the pediatric clinical course was completed and final grades were submitted for all students who were enrolled in the spring 2015 pediatric clinical course. Also, the researcher keeps each written reflective journal assignment, field note, and code-sheet in a locked cabinet in the

researcher's office. Electronic files are kept on a password protected secured computer.

The storage of the threaded discussion online reflective journal was able to permit confidentiality because of existing College procedures, which is discussed as follows. At the end of the semester, all students who are registered in that semester's courses do not have access to their online courses. However, the faculty who were teaching in the courses are able to gain access to courses using their personal log-in information to view student submissions and make changes to the course as necessary through the same password protected secured website. Contrary to students, faculties continue to have access to all courses they previously taught as long as they remain employed at the College. In addition, appropriate College administrators have access to these completed courses as well. Therefore, the first reflective journal assignment was unable to be fully deleted because the assignment was submitted via an online course platform of the pediatric clinical course. This practice of maintaining all assignments, as well as course-grades are a common occurrence at this College and provides a secure manner to access past records for a period of time if questions should arise.

Similarly, plans were made by the researcher to keep hard copies of all the reflective journal assignments, field notes and code-sheet in a locked cabinet in the researcher's office for three years. After three years, the researcher will shred all existing hard copies of reflective journal assignments, field notes and the code-sheet copy as well as delete any electronic copies.

Demographics

Informed consent was not a requirement for this research study. As a result, demographic information was not formally collected through a demographic

questionnaire. The researcher did not deem analyzing demographic information to make a difference in the results of this research study. While a demographic questionnaire was not included as part of this research study, the researcher did include two demographic questions in the first reflective journal assignment related to the nursing students previous knowledge or experience in caring for children and with pediatric nursing. While both of these questions were open-ended, it did assist the researcher in determining the participants' previous knowledge and experience in caring for children and with pediatric nursing. This was important to note because according to Bandura's Self-efficacy theory (1997), previous knowledge and experience help decrease stress and increase confidence prior to beginning clinical.

Data Collection Tools

This research study was a retrospective study that analyzed data in reflective journal assignments analyzing open-ended and yes/no questions through reflective journal assignments completed by nursing students enrolled in a pediatric nursing clinical course. The reflective journal assignments were initially implemented as part of this pediatric nursing course in January of 2014; however, only the spring 2015 cohort was included as part of this research study. All students were assigned to complete the reflective journal assignments as part of the pediatric course requirements.

The purpose of each of the four reflective journal assignments was to allow the participants to describe their lived experiences of stress and professional confidence through the use of reflective journaling in the pediatric clinical environment. Each of these reflective journal assignments assisted the researcher in answering each of the research questions. A description of each of the reflective journal assignments follows.

Reflective Journal Assignment One: Online Discussion Forum

The first reflective journal assignment, titled *Reflective Journal Assignment One: Online Discussion Forum* (Appendix E), consisted of a series of eight open-ended questions to gain insight into the nursing student's stress and professional confidence regarding their thoughts and feelings about entering the pediatric nursing clinical environment. The students completed this assignment after their first day of pediatric clinical orientation.

The open-ended questions for this journal assignment were designed by the investigator of this study, based on an extensive literature review on stress, anxiety, confidence and Bandura's Theoretical Framework. For instance, Question two, three, and five asked the nursing students to answer questions about their previous knowledge or experience with caring for children and with pediatric nursing. Bandura's Self-efficacy Theory (1997) focused on building from previous knowledge and experience to build one's confidence. Therefore, it was important for the researcher to obtain baseline information on each nursing student's previous knowledge and experience regarding some of the basic information of pediatric nursing and caring for children.

Several of the other open-ended questions in the first reflective journal assignment reflected the concepts of stress and anxiety related to the pediatric clinical environment. Previous research has identified specialty nursing courses, including pediatric nursing clinical, to evoke a higher degree of stress, anxiety, and worry than traditional nursing courses (Chen, 2010; Oermann & Standfest, 1997). Therefore, the researcher felt it was essential to identify the nursing student's potential stressors and anxieties prior to beginning pediatric clinical in the pediatric clinical environment. The

last series of open-ended questions related directly to confidence. The existing literature suggested there is a positive relationship between student success and confidence (Lundberg, 2008; White, 2003). It was important to include confidence in the first reflective journal assignment because when students lack confidence in their abilities, many become so focused on their own ineptitudes and anxieties they are unable to focus their attention to the patient (White, 2003), thus impacting their learning and patient outcomes.

Reflective Journal Assignment Two: First Day Pre-Clinical Assignment

The second reflective journal assignment, titled *Reflective Journal Assignment Two: First Day Pre-Clinical Assignment* (Appendix F) consisted of three open-ended questions answered by nursing students immediately prior to entering the clinical unit the first clinical day in the pediatric clinical environment. This was an important assignment because nursing students experience significant anxiety and nervousness prior to their first clinical experiences (Beck, 1993). The first two open-ended questions detailed in this reflective journal assignment are aimed at specifically identifying those stressors pediatric nursing students are feeling immediately prior to beginning patient care on their first day in the pediatric clinical environment. The last question aimed to assist in identifying skills and abilities nursing students are confident in prior to beginning pediatric clinical. This was important because as stated previously, the existing literature suggests there is a positive relationship between student success and confidence (Lundberg, 2008; White, 2003); therefore, the researcher felt it was an important method to assist in decreasing stress, so nursing students could focus on something positive in the

pediatric clinical setting prior to beginning their first patient care experience in the pediatric clinical environment.

Reflective Journal Assignment Three: Written Journal During Post-Conference

The third reflective journal assignment, titled *Reflective Journal Assignment Three: Written Journal During Post-Conference* (Appendix G) was a recurring assignment the pediatric nursing students completed after they completed their experiences during each clinical day in the pediatric clinical environment. This reflective journal assignment was designed similarly to that published by Baxter and Rideout (2006), who developed the journal format to assist nursing students in their decision-making skills in the clinical environment. However, several modifications of the format used by these authors were used to include open-ended questions as well as a guided reflective journal format.

This journal format was modified to include details regarding stress and confidence in the pediatric clinical environment so the research questions could be analyzed in accordance with this research study. Additionally, other open-ended questions were added to the reflective journal assignment to allow the researcher to further understand the lived experiences of the stressors and confidence of baccalaureate nursing students in the pediatric clinical environment. The open-ended questions reflected in the reflective journal assignment are a direct result of the existing literature available on stress, anxiety, confidence, and Bandura's Self-efficacy Theory (1997). Furthermore, the reflective journal questions directly related back to answering research questions one and two. For instance, the first three open-ended questions on the reflective journal assignment directly related back to identifying sources of clinical stress

and professional confidence. The fourth open-ended question related back to Bandura's Self-efficacy Theory (1997), which focused on building from previous knowledge and experience to build one's confidence. The last series of questions on the third reflective journal assignment assisted the nursing students in developing their decision-making skills and professional growth regarding stress and confidence.

The existing literature suggests stress in the clinical environment was a significant concern for nursing education because it set forth a reaction of events including mental and physical health problems, decrease in learning, further decrease in confidence, and a decrease in the ability to make clinical decisions (Audlet, 1995; Beck et al., 1997; Beck & Srivastava, 1991; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Goff, 2011; Hughes, 2005; Lundberg, 2008; Melincavage, 2011; Papazisis et al., 2008; White, 2003). This results in a poor clinical performance (Chesser-Smyth & Long, 2013) and nursing student's success in the clinical environment hindered (Dearmon et al., 2013; James & Chapman, 2009-2010; Shipton, 2002). Consequently, reflective journaling has been shown to assist nursing students in decreasing clinical stress and increasing confidence (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010), so decision-making abilities and professional growth are fostered (Asselin, 2011; Brookfield, 1998; DeSwardt, Du Toit, & Botha, 2012; Forneris & Peden-McAlpine, 2007; Hatlevik, 2012; Horton-Deutsch & Sherwood, 2008; Karpa & Chernomas, 2013; Langley & Brown, 2010). Lastly, the completion of the third reflective journal assignment was a pre-requisite to completing the fourth reflective journal assignment, which was a final evaluation of reflective journaling. Nursing students were unable to complete and fully reflect on the fourth reflective journal assignment without previously

completing a minimum of three out of the five of the recurring reflective journal assignments (third reflective journal assignment).

Reflective Journal Assignment Four: Final Evaluation of Reflective Journaling

The fourth reflective journal assignment, titled *Reflective Journal Assignment Four: Final Evaluation of Reflective Journaling* (Appendix H) was completed at the end of the pediatric clinical rotation as a final evaluation of reflective journaling. The researcher developed this final evaluation on reflective journaling after an extensive review of the literature on reflective journaling. The yes/no and open-ended questions detailed in the fourth reflective journal assignment were a direct reflection of the existing literature and help to identify how reflective journaling impacted the nursing student's stress, professional confidence, professional growth, and decision-making abilities in the pediatric clinical environment. The existing literature supports the importance reflective journaling has on decreasing stress, increasing confidence, improving nursing student thinking in the clinical environment, and fostering professional growth (Brookfield, 1998; Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010). The fourth reflective journal assignment was necessary to include in this research study so the researcher could answer research question three, four and the central research question.

Field Notes

The researcher also completed field notes as part of the multiple sources of data collection. Field notes are especially useful during case study research because the researcher is able to incorporate environmental factors and participant observation to construct the overall picture of the case study (Patton, 2002; Yin, 2014). The researcher utilized two forms for taking field notes. The first form of field notes, titled *The*

Pediatric Clinical Environment Field Note detailed the pediatric clinical environment (Appendix I). This form allowed the researcher the ability document data about the unit census, climate on the unit at the beginning of each student clinical day, climate on the unit at the end of each student clinical day, and a section for researcher notes. The researcher completed this after each clinical day in the pediatric clinical environment.

The researcher also completed a student assignment field note, titled *The Student Assignment Field Note* (Appendix J) to record each individual student's experience in the pediatric clinical environment at the end of each student's clinical day experience. This field note form included information about the patient the nursing student cared for in the pediatric clinical environment such as patient age and diagnosis/existing conditions. The *Student Assignment Field Note* form also included a section for the researcher to insert reflective field notes. The researcher ensured not to use any identifying patient information within the field notes to prevent violating HIPAA. In summary, including this information in data analysis assisted the researcher in painting a detailed case analysis.

Data Collection Procedure

Data collection included a longitudinal, retrospective analysis of four reflective journal assignments completed by baccalaureate nursing students enrolled in a pediatric clinical course at a private Midwestern College over the course of fifteen weeks. In addition, the researcher also completed field notes after each clinical experience, which described a review of the pediatric clinical environment and certain details regarding each nursing student's clinical assignment after each clinical experience.

Each of the reflective journal assignments the nursing students completed was part of the required assignments needed to complete the course requirements of the pediatric clinical course. Nursing students enrolled in the pediatric clinical course completed these assignments regardless of the data being used as part of this research study; therefore, twenty-one participants completed each of the reflective journal assignments over the course of the semester in order to fulfill the requirements of the pediatric clinical course. A description of the specifics regarding how the journal assignments were obtained as well as completion of the field notes follows.

Prior to the initiation of the research study, the researcher obtained permission from the Institutional Review Board (IRB) from the researcher's educational college of study as well as the private Midwestern College where the research was collected. The researcher also obtained consent to complete the research from the Dean of Nursing at the private Midwestern College. These three aspects, in addition to, completion of the pediatric clinical course were completed prior to any random selection of participants and analyzing of data. Detailed below is a description of the implementation and procedure of each reflective journal assignment and use of field notes within the research study.

Implementation of Reflective Journal Assignment One: Online Discussion Forum

The first reflective journal assignment, *Reflective Journal Assignment One: Online Discussion Forum* was completed by each of the students in each of the three clinical groups after their first of two days of orientation, which was held during the first week of the semester. The orientation consisted of a structured classroom experience on the campus of the College. Clinical orientation was provided to each student by their

clinical faculty with the necessary information needed prior to the student's providing patient care to their assigned pediatric patients.

Additionally, each student is expected to access an online component that is specifically designed to provide necessary course materials related to the pediatric clinical course, such as the course syllabus, pertinent clinical information, and a detailed list of assignments with instructions. Each student was able to gain access to the online course using their personal user name and password to the secured website and access to the online component is only provided to those students who are enrolled in the pediatric clinical course. At the end of pediatric clinical orientation, the researcher reviewed the instructions for completion of the first reflective journal assignment, which was to be posted within 48 hours.

Implementation of Reflective Journal Assignment Two: First Day Pre-Clinical Assignment

The second reflective journal assignment, titled *Reflective Journal Assignment Two: First Day Pre-Clinical Assignment,* was given to each nursing student during the pre-conference session on the first clinical day in the pediatric clinical environment. The first clinical day was held approximately the third or fourth week of the semester, depending on the clinical group. Pre-conference occurred 30 minutes prior to the student's assuming patient care responsibilities in the pediatric clinical environment. During the pre-conference session, the nursing clinical faculty gave each nursing student their patient assignment for the clinical day and nursing students used available resources to help them organize and plan care for the assigned patient. Prior to handing each nursing student their clinical assignment on the first clinical day, the nursing faculty

provided the nursing student with the second reflective journal assignment to complete. Completion of the second reflective journal assignment took each nursing student approximately ten minutes to complete. When the student finished competing the second reflective journal assignment, they were asked to place the journal in their individual student assignment folder. At the beginning of each clinical day, faculty handed each student their individual clinical folder for the clinical day. Conversely, students returned the folder to clinical faculty at the end of the clinical day with their completed assignments for the week.

Implementation of Reflective Journal Assignment Three: Written Journal During Post-Conference

The third reflective journal assignment, titled *Reflective Journal Assignment Three: Written Journal During Post-Conference*, was a reoccurring journal assignment completed by the baccalaureate-nursing students enrolled in the pediatric clinical course. This was completed a maximum of five times, one after each of the pediatric clinical experiences. The five clinical days in the pediatric clinical environment occurred during weeks three or four and continued until week twelve or thirteen of the semester. The clinical faculty provided each student with a copy of the reflective journal assignment during post-conference. Post-conference was the last part of the clinical day, where time was spent away from patient care experiences to discuss patient assignments and learn from other group members' clinical assignments. Prior to attending post-conference, each nursing student reported off to their co-assigned nurse and relinquished all patient care obligations. Each post-conference was completed in a private conference room at the site of the pediatric clinical environment. Post-conference consisted of only the

clinical group members, which were seven students per clinical group and then the clinical faculty supervising the clinical group. Post-conference was the last 60-90 minutes of the clinical day. During the first 30 minutes of post-conference, each student was instructed to complete the third reflective journal assignment and submit it into his or her individual clinical folder.

The literature identified the importance of dedicating a block of time to complete reflective journals in post-conference because one of the barriers to completing reflective journaling is lack of class time to adequately reflect (Forneris & Peden-McAlpine, 2006; Hong & Chew, 2008; Horton-Deutsch, 2008; Ruth-Sahd, 2003). Pierson (1998) suggested faculty dedicate a block of class time specifically for completing reflective journals so proper reflective learning may occur. Therefore, in order to ensure each student was able to fully dedicate him or herself to reflective thinking, 30 minutes of each post-conference was dedicated to completing the recurring third reflective journal assignment. If students finished their reflective journal entry early, they were instructed to sit quietly in their seat until the 30 minutes was up. The clinical faculty (researcher) reviewed each clinical journal completed by each student and provided appropriate academic feedback to stimulate further thinking and reflection. Reflective journal assignments were not graded, but were a pass or fail as part of the assignments required for course completion.

Description of Field Notes

The researcher also completed two different types of field notes throughout the data collection process. The first field note detailed the pediatric clinical environment and was completed by the researcher after each clinical day. The *Pediatric Clinical*

Environment Field Note included information about the unit census, climate on the unit at the beginning of each student clinical day in the pediatric clinical environment, climate on the unit at the end of the each student clinical day in the pediatric clinical environment, and a section for researcher notes.

The second field note completed by the researcher detailed each student's clinical assignment in the pediatric clinical environment. The *Student Assignment Field Note* form included general information about each of the patients each nursing student cared for in the pediatric clinical environment. On this form, information included patient age, diagnosis/existing conditions, and a section for the researcher to insert notes. Examples of information the researcher included in the researcher field note section usually consisted of psychomotor skills the student completed during the clinical day, conversations between student and faculty that occurred during the clinical day, and the patient's acuity from the researcher's perspective. The researcher ensured any identifying patient information was excluded from the field notes to prevent HIPAA violation.

Implementation of Reflective Journal Assignment Four: Final Evaluation of Reflective Journaling

The fourth reflective journal assignment, titled *Reflective Journal Assignment Four: Final Evaluation of Reflective Journaling,* was completed during post-conference on the last clinical day, which was during week 12 or 13 of the semester. Each student spent 15 minutes reviewing their second and third reflective journal assignments located in their individual clinical folder. The faculty suggested that each student reflect internally on their stress, anxiety, professional confidence, professional growth, and

decision-making abilities, while comparing and contrasting all of the journals completed and included in their clinical folder. After 15 minutes had expired, the clinical faculty distributed the fourth reflective journal assignment and each nursing student spent an additional 20 minutes completing the fourth reflective journal assignment. This assignment was a comprehensive assignment that encouraged each student to reflect on how reflective journaling impacted his or her stress, professional confidence, professional growth, and decision-making abilities in the pediatric clinical environment. After each student finished completing the fourth reflective journal assignment, they inserted the assignment into their individual clinical folder.

Table 3.1 displays a summary of the data collection procedures the researcher utilized in this research study. Table 3.1 identifies how each of the reflective journal assignments are reflected back accordingly to one of the researcher's research questions, when the data was collected for each of the reflective journal assignments, length of time to complete each reflective journal assignment, and the number of times each reflective journal assignment was administered.

Table 3.1

Summary of Data Collection Procedures

Research Question	Data Collection Tool	Type of Data	Data Collection Method	Length of Time to Complete Reflective Journal Assignment	Number of Times Assignment Administered
Research Question One, Research Question Two, and Theoretical Framework	Reflective Journal Assignment One	Qualitative	Online typed reflective journal assignment that is administered during week one of semester	45 minutes	One
Research Question One and Two	Reflective Journal Assignment Two	Qualitative	Hand-written reflective journal assignment that is administered during weeks three or four of semester	10 minutes	One
Research Question One, Research Question Two, and Theoretical Framework	Reflective Journal Assignment Three	Qualitative	Hand-written reflective journal assignment that is administered during weeks three or four of the semester through weeks twelve or thirteen.	30 minutes	Five
Research Question Three and Research Question Four, Central Research Question	Reflective Journal Assignment Four	Qualitative	Hand-written reflective journal assignment that is administered during weeks twelve or thirteen of the semester	35 minutes	One

Data Analysis Plan

Data analysis was the last procedural component of case study research design. The case study approach to qualitative analysis referred to a specific method of collecting data, organizing the data, and analyzing the data so it represented an analysis process

(Patton, 2002). The product of researcher data analysis is what constitutes a case study (Patton, 2002). No analysis of data was completed until the spring 2015 semester was finished and final grades for each of the students were submitted. All identifying information was eliminated from journals and students who were randomly selected to participate were given a number as the only identifiable information. Only the reflective journal assignments of those students who met all of the inclusion criteria and randomly selected were analyzed as part of this study.

Data analysis for this research study first consisted of determining if the case study research design analysis was holistic or embedded. For this research study, the researcher completed both holistic and embedded data analysis. The researcher completed embedded data analysis through analyzing the case as students progressed over the course of the semester and analyzing each clinical day as a case to assist in answering the research questions and fully understand clinical stress and professional confidence of baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College. The researcher also completed holistic data analysis through analyzing all aspects of the entire case to determine how reflective journaling affected clinical stress and professional confidence of baccalaureate nursing students in a private Midwestern College. During both holistic and embedded data analysis, the researcher utilized pattern recognition and content analysis (Patton, 2013). Pattern recognition was the ability to identify patterns or themes within the case and content analysis was when the researcher searched through the text for reoccurring words or themes present within the case (Leedy & Ormrod, 2010; Patton, 2002). The researcher completed a preliminary manual coding of each reflective journal assignment and further

analysis and coding through the use of NVivo 10. During data analysis, the researcher did not feel data saturation was achieved. Therefore, the researcher added the three participants who were randomly selected as provisional participants in the study to only be used if data saturation was not achieved. This made the total sample participants nine.

Figure 3.1 displays the embedded and holistic case data analysis completed by the researcher. The researcher identified patterns and content analysis within both the embedded and holistic case data. Embedded data analysis occurred through analyzing case data of students over the course of the semester (horizontal analysis on Figure 3.1) and also among the group of students over the course of the clinical day (vertical analysis on figure 3.1). Holistic data analysis occurred through cross analyzing all aspects of the case over the course of the semester.

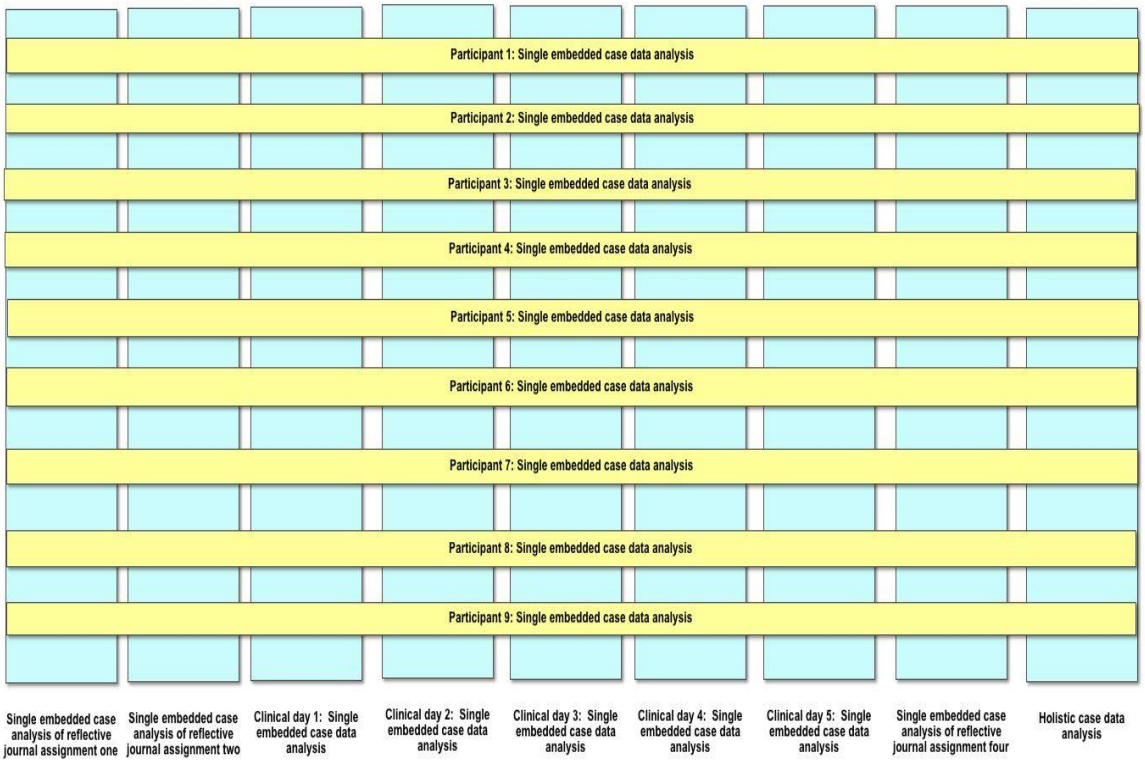

Figure 3.1. Holistic and Embedded Case Study Data Analysis. Embedded data analysis occurred through analyzing case data of students over the course of the semester (horizontal analysis) and also among the group of students over the course of the clinical day (vertical analysis). Holistic data analysis occurred through cross analyzing all aspects of the case over the course of the semester.

Data Quality Measures

An extensive literature review was performed on stress, anxiety, professional confidence, and reflective journaling prior to developing each of the reflective journal assignments. The open-ended questions and yes/no questions included as part of the reflective journal assignments were a direct reflection of the existing literature and Bandura's Theoretical Framework utilized for this research study. Additionally, in order to enhance the strength of this research study, the researcher employed triangulation

through the use of multiple data sources. Triangulation allows researchers to utilize different methods and data sources to corroborate evidence so that a common theme or perspective can be formed (Creswell, 2013; Patton, 2002; Yin, 2014). The multiple data sources included in this research study included each of the four reflective journal assignments completed by each student and field notes completed by the researcher. See Appendices E-H for an example of each of the reflective journal assignments completed by the nursing students and Appendices I-J to view the field note forms completed by the researcher. Next, the researcher utilized bracketing in order to eliminate any researcher bias that could influence the research study. Leedy and Ormrod (2010) identified bracketing as an essential component during research data gathering and the data analysis process because in bracketing, "the researcher suspends any preconceived notions or personal experiences that may unduly influence what the researcher hears the participants saying" (p. 141). The last method the researcher employed in order to strengthen the accuracy and credibility of the research study was an audit trail. The researcher's doctoral committee chair completed the audit trail. An audit trail was important to this research study because it helped verify the accuracy of the data collected so researcher bias was eliminated (Patton, 2002). See Appendix K for the audit trail letter that was completed by the researcher's doctoral committee chair.

Role of the Researcher

Researcher bias was a significant concern during case study research. Case study research is especially prone to bias for several reasons. First, a researcher must readily understand the theoretical basis prior to data collection in order to make inferences about the events that transpired (Yin, 2014). This extensive understanding of the theoretical

basis could indirectly influence what a researcher is looking for within a case and limit other perspectives or possibilities that may exist within the case data (Yin, 2014). Second, often times during participant observation, the researcher is actively or passively involved in the actions being studied (Yin, 2014). At times, the researcher can also become a supporter of participants in the case, limiting again the researchers open mind to other possibilities within a case (Yin, 2014). Nonetheless, it is essential to eliminate bias from both data collection and data analysis because it could influence the outcomes of the research study (Creswell, 2013; Leedy & Ormrod, 2010; Yin, 2014).

The role of the researcher for this research study included being both the researcher and academic faculty for the baccalaureate-nursing students enrolled in a pediatric clinical course. The private Midwestern College currently employed the researcher where the research was conducted. As an academic faculty employed for the private Midwestern College where the research was conducted, the researcher was responsible for supervising, assisting, educating, and evaluating the nursing students in the pediatric clinical course. Therefore, the researcher could have had a direct role in influencing the outcome of this study because of the active role as an academic faculty and significant interactions involved with the nursing students participating in the study. Eliminating both student and researcher bias was essential in this research study. In order to eliminate student bias, the nursing students were unaware of the current research study. Additionally, in order to eliminate researcher bias, the researcher recognized bracketing during the data collection process on the field note forms taken by the researcher as part of the case study research design. The researcher identified any bracketing within the pediatric clinical environment on the *Pediatric Clinical Environment Field Note* form on

the section of the form identified as reflective field notes by the researcher. Similarly, the researcher recognized any bracketing within the nursing student's clinical assignment for each clinical day on the *Student Assignment Field Note* form on the section of the form identified as reflective field notes by the researcher. See Appendix I and J for both of these field note forms. In summary, it was essential the researcher identify and eliminate all bias during the data collection and data analysis process in order to truly reflect the real-life experiences of baccalaureate nursing students in the pediatric clinical environment. If the researcher failed to reveal bias within the research, the results of the study would have been skewed and the researcher would have obtained inaccurate results.

Methodological Limitations

This study may have had methodological limitations. The first methodological limitation identified in this study was related to the researcher analyzing data that was gathered from nursing students in the researcher's clinical group. The next methodological limitation identified in this research study was the potential bias regarding the researcher's knowledge and experience with baccalaureate nursing students in the pediatric clinical environment. The researcher attempted to limit any bias in data analysis through completing a thorough and comprehensive data analysis as well as completing an audit trail. The last methodological limitation of this study was the limited generalizability. This research study was conducted in one baccalaureate pediatric clinical nursing course in one private Midwestern College.

Summary

In summary, this chapter described the research methodology, reflective journal assignments, data collection procedures, and ethical considerations that were utilized for this research study. This research study was a qualitative, case study method of design that aimed to investigate a case in its real life context. An explanatory, descriptive case study method was chosen for this research study in order to fully explore the phenomenon of the real life context of the pediatric clinical environment experiences of baccalaureate nursing students and how reflective journaling impacts clinical stress and professional confidence. Data collection for this study included a longitudinal, retrospective analysis of four reflective journal assignments completed by second semester junior baccalaureate nursing students enrolled in a pediatric clinical course at a private Midwestern College over the course of fifteen weeks, as well as, pediatric clinical environment and student assignment field notes. The study included nine nursing students enrolled during the semester of Spring 2015. The researcher utilized both embedded and holistic data analysis to identify patterns and content analysis to determine themes within the case. The results of this study are crucial to nursing education because currently there are no existing studies that have analyzed reflective journal entries of nursing students enrolled in a pediatric nursing course to explore the topics of clinical stress and professional confidence.

Chapter IV: Results

This chapter will discuss the data results for each research question and a summary of significant findings. The goal of the analysis was to fully explore the real life-context of the pediatric clinical environment through the experiences of baccalaureate nursing students to determine how reflective journaling impacted clinical stress and professional confidence. The data were examined as part of an explanatory, descriptive case study method.

In this research study, nine participants' reflective journal writings were analyzed as a means to explore the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students who were enrolled in a pediatric nursing clinical course in a private Midwestern College. The participants were bound by time (semester) and clinical experience (pediatric clinical environment).

The researcher interpreted the results through both an embedded and holistic case approach by analyzing the case for students over the course of the semester, each clinical day, and holistically cross analyzing across various aspects of the entire case to fully answer each of the research questions. The researcher utilized manual coding of each of the reflective journal assignments (RJA) and reflective field notes, and further analysis and coding through NVivo 10 computer software. Significant statements and terms were coded, patterns identified, and subsequently, themes developed.

The data will be presented according to each research question as follows:

1. What are the sources of clinical stress among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?

2. What are the sources of professional confidence among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?
3. How does reflective journaling affect clinical stress among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?
4. How does reflective journaling affect professional confidence among baccalaureate nursing students enrolled in a pediatric clinical nursing course in a private Midwestern College?
5. What is the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College in a private Midwestern College?

Research Question One: What are the Sources of Clinical Stress among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

A holistic analysis of RJA one, two and three revealed multiple common themes regarding sources of clinical stress in the pediatric clinical environment. The following themes were the most commonly identified sources of clinical stress among the participants' experiences in the pediatric clinical environment:

1. Clinical inexperience in caring for the pediatric population
2. Family-centered care
3. Unfamiliar clinical environment

4. Language barrier
5. High emotional demands of caring for the pediatric population

Figure 4.1 identifies the five major themes participants found as sources of clinical stress in the pediatric clinical environment. Participants reported the major sources of clinical stress to include: clinical inexperience, family-centered care, unfamiliar clinical environment, language barrier, and the high emotional demands of caring for the pediatric population. Each of these themes is discussed in turn.

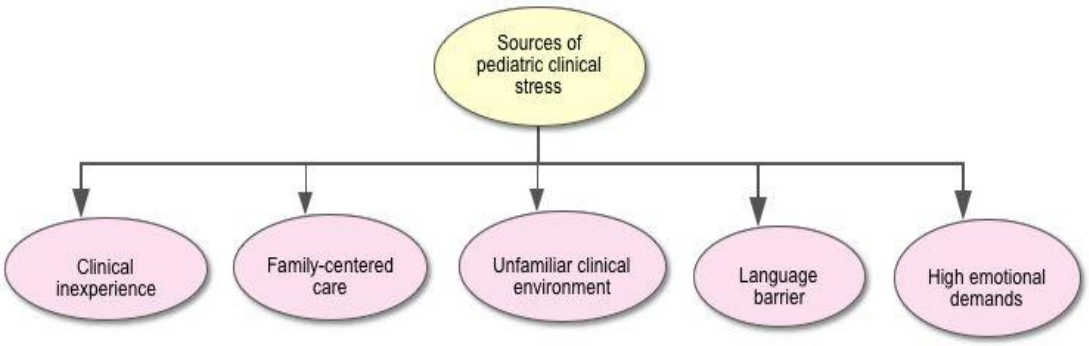

Figure 4.1. Sources of Clinical Stress in the Pediatric Clinical Environment

Clinical Inexperience in Caring for the Pediatric Population

The participants most commonly identified in RJA one, two, and three several reasons clinical inexperience in caring for the pediatric population was a source of clinical stress in the pediatric clinical environment. First, participants identified they had no previous experience to care for the pediatric population. Second, participants reported they did not possess a large knowledge base about pediatric nursing, which they saw as a requirement to care for the pediatric population. Third, participants noted they were unsure how to respond to unexpected occurrences in certain situations involving pediatric patients. Lastly, participants described that they were stressed about completing nursing

clinical skills on pediatric patients. Details regarding each of these sources are described as follows.

No previous experience and lack of knowledge in caring for the pediatric population. Participants identified on RJA one and two having no previous experience in caring for the pediatric population. Consequently, this caused the participants' clinical stress prior to their first pediatric clinical experience because of their lack of experience in caring for hospitalized pediatric patients and with pediatric nursing. For example, B-4 remarked feeling stressed because it was the "first time interacting with a hospitalized baby" (B-4, RJA 2). Similarly, A-4 found she was stressed because she "had no experience with pediatric nursing and the skills it requires" and had "never dealt with children in this sort of environment" (A-4, RJA 1). Lastly, A-6 stated feeling stressed because of "not having any experience with sick children" (A-6, RJA 1). In all, through the analysis of RJA three, participants' clinical stress from lack of previous experience to care for hospitalized pediatric patients was eliminated after their first pediatric clinical experience.

While stress from lack of previous experience to care for hospitalized pediatric patients subsided after their first clinical day, further stress ensued from the participants' perception of the knowledge deficit they possessed when caring for pediatric patients as well as their inexperience in managing the cares of patients. Participants deemed these as a requirement of a pediatric nurse. For instance, several participants identified feeling stressed regarding the vast amount of knowledge required to care for pediatric patients, both from a developmental aspect and from a disease process and management standpoint. This knowledge deficit from their clinical inexperience made participants'

feel inept to properly and adequately care for the pediatric population. For example, B-4 recognized feeling stressed because of her lack of knowledge to care for a cystic fibrosis (CF) patient because she "hadn't taken care of any CF patients" previously (B-4, RJA 3: Clinical Day 3). Additionally, B-4 acknowledged feeling stressed from her lack of knowledge regarding diabetes and "working with an insulin pump and carb counting and glucose testing" when completing cares on one of her clinical patients (B-4, RJA 3: Clinical Day 3).

Participants also reported stress because they did not have an adequate knowledge base and clinical experience to problem solve how to handle normal developmental occurrences in the pediatric clinical environment, such as an uncooperative child. For instance, A-5 remarked feeling stressed due to lack of knowledge and experience to give her patient medications, and subsequently, "3 people [had to] hold him down and force feed him because he had to have his seizure meds and lovenox" (A-5, RJA 3: Clinical Day 1). Similarly, another participant stated feeling stressed when she was unable to obtain vital signs on a toddler, and the patient "started crying and hitting at me to get away. I have never had a patient do that" (A-4, RJA 3: Clinical Day 4). Lastly, C-4 was stressed and didn't know how to react when the patient, a baby, began to cry during clinical. The student was inexperienced at comforting children and did not know how to make the infant stop crying and stated, "I freaked out..." (C-4, RJA 3: Clinical Day 1). While these were all normal developmental reactions for each of these pediatric patients, participants felt they did not have the knowledge or clinical experience to react appropriately in the clinical situation. Additionally, participants feared their clinical inexperience from their lack of knowledge would make them appear incompetent to the

parents (C-6, RJA 1), make an error (C-1, RJA 1), or lead the child to think they were trying to hurt them (A-5, RJA 3: Clinical Day 1).

Ability to respond to unexpected occurrences with the pediatric population. Participants were also stressed because of their clinical inexperience and lack of knowledge in regards to being able to respond appropriately to abnormal or unexpected clinical occurrences with the pediatric client base. Unexpected clinical occurrences and abnormal assessment patterns are expected in the pediatric clinical environment because of the nature of caring for sick children; however, participants felt they did not know how to react in these situations and often feared the worst was going to happen to their patient during the clinical experience. For example, C-1 remarked feeling stressed, "when my patient experienced a huge emesis" (C-1: RJA 3: Clinical Day 3). Similarly, C-4 recognized clinical stress when the patient's "…mother came outside [the] room yelling that the patient was puking and that there was blood" (C-4: RJA 3: Clinical Day 3). The participant remarked being "unsure of what action to take" (C-4, RJA 3: Clinical Day 3). Lastly, A-5 was stressed on two separate occasions when caring for an infant with respiratory difficulties. Initially, A-5 stated feeling stressed when the "infant sounded very wheezy upon auscultation and had an increased respiratory rate. It made me nervous with the baby's little airway and I was concerned that he wasn't able to breathe" (A-5, RJA 3: Clinical Day 4). Next, A-5 remarked feeling stressed, "When the baby had sounded really congested and like she wasn't breathing. I got nervous that she was aspirating her secretions" (A-5, RJA 3: Clinical Day 5). In summary, participants experienced clinical stress because of their lack of knowledge and experience with responding to abnormal or unexpected clinical occurrences in the clinical environment.

Abnormal and unexpected occurrences can be anticipated to occur in the clinical environment because the patients are clinically sick and are hospitalized, yet the participants identified their clinical inexperience made them unsure of the appropriate action to further take, causing them clinical stress.

Completing nursing clinical skills on the pediatric population. Lastly, participants had clinical stress from their inexperience and knowledge deficit with completing nursing skills on pediatric patients. In this area, the participants reported feeling stressed about a range of basic skills to more complex psychomotor skills they had not encountered as well as the lack of experience due to differences when caring for pediatric patients in the hospital setting rather than their previous experience when caring for well-children or ill adults. For instance, C-4 was stressed about "changing a diaper" (C-4, RJA 3: Clinical Day 1) on the first day of clinical because of not previously completing this before, whereas B-2 had some previous experience baby-sitting and identified feeling comfortable with basic cares, but remarked feeling stressed to "suction our patient's trach" (C-4, RJA 3: Clinical Day 1) on the first day of clinical. Other nursing skills participants were stressed about over the course of the semester were having "a feeding tube for me to take care of" (A-6, RJA 3: Clinical Day 4), giving "meds through a g-tube, which I have never done" (B-2, RJA 3: Clinical Day 4), and "giving first immunizations to an infant" because "the needle was quite large compared to the child" (C-4, RJA 3: Clinical Day 2). In summary, each of these skills was stressful to the participants because they had either not completed the skill previously or had not completed the skill on a pediatric patient.

In summary, while participants commented on having clinical stress on each of the clinical days, the number of stressful situations identified decreased over the course of the semester. Additionally, participants found clinical stress to be from their clinical inexperience and knowledge deficit in the pediatric clinical environment.

Table 4.1 organizes the overall theme of inexperience in caring for the pediatric population according to each of the RJA and provides participant quotations supporting the theme of clinical inexperience for each of the RJA. As displayed in Table 4.1, participants' sources of stress stemming from their perception of clinical inexperience to care for the pediatric population was found as a theme among each of the reflective journal assignments and each clinical day. However, the number of comments related to clinical stress related to clinical inexperience decreased over the course of the semester. Furthermore, as participants gained more experience in the pediatric clinical environment, they also had less stress when completing basic psychomotor skills and providing comfort measures to the pediatric client, but still continued to have clinical stress associated with more complex nursing skills such as managing the appropriate nursing care needed of hospitalized pediatric patients.

Table 4.1.

Sources of Clinical Stress: Embedded Clinical Day Quotations of Clinical Inexperience in Caring for the Pediatric Population

Source of Clinical Stress	Clinical Inexperience in caring for the pediatric population
RJA 1	• … the newness ahead and not having any experience with sick children, but that also makes it exciting! (A-6) • … I have had no experience with pediatric nursing and the skills it requires. (A-4) • … appearing incompetent to the parents of the children or "too young" to be taking care of their child. (C-6) • With sick children, it is that much more important to be cautious with medication administration and while performing procedures just because it is that much easier for a mistake to become fatal. (C-1)
RJA 2	• completing an assessment and how it could be different than an adult. (A-5) • My patient is 7 weeks old. I have never handled a baby that young before. I have very minimal experience with babies. I've never administered meds to a pediatric patient. (B-1) • … first day I've ever dealt with children in this sort of environment. … nervous that the patient and/or family will pick up on my nervousness. (A-4) • …first time interacting with a hospitalized baby and interacting with mom and dad. (B-4)
RJA 3: Clinical Day 1	• When the child wouldn't take his meds. We had to have 3 people hold him down and force feed him …. He screamed and cried a lot which is stressful because I didn't want him to think we were trying to hurt him. (A-5) • … suction our patients trach. I haven't suctioned a trach in a while… (B-2) • Changing a diaper (C-4) • Patient came back from an outing with child life and the child life individual left the child with me …. Patients … started crying. I freaked out ... (C-4) • Our patient was to ambulate TID and the first time my partner and I got him out of bed I was anxious about his status. I was afraid of him falling or being in excruciating pain. (C-6)
RJA 3: Clinical Day 2	• … her having a trach and g-tube and dad being there to watch over everything. (A-4) • Trach suctioning on baby the first time. (B-4) • … suctioning my patient's tracheostomy. (C-1) • Giving first immunizations to an infant. The needle was quite large compared to the child.... (C-4) • … before giving injections …. (C-6) • … before suctioning [another student's] patient…(C-6).
RJA 3: Clinical Day 3	• …when I found out I had a 6 month old with seizures. … it is the youngest patient I have taken care of. (A-4) • When my patient wouldn't feed with her bottle it caused me stress. (A-5) • Just being assigned to a cystic fibrosis patient … because I hadn't taken care of any CF patients. B-4) • … working with an insulin pump and carb counting and glucose testing. (B-4) • … when my patient experienced a huge emesis. (C-1) • …mother came outside room yelling that the patient was puking and that there was blood. (C-4)
RJA 3: Clinical Day 4	• … when I went in to get vitals and she started crying and hitting at me to get away. I have never had a patient do that. (A-4) • … my 4 month old had a feeding tube for me to take care of. (A-6) • I gave meds through a g-tube, which I have never done. (B-2) • The infant sounded very wheezy upon auscultation and had an increased respiratory rate. It made me nervous with the babys little airway and …that he wasn't able to breathe. (A-5)
RJA 3: Clinical Day 5	• Feeding an infant that has poor suck and FTT. (C-4) • …about holding my patient with all of his tubes and lines. (C-6) • When the baby had sounded really congested and like she wasn't breathing. I got nervous that she was aspirating her secretions. (A-5)

Finally, Figure 4.2 illustrates the relationship between participants' clinical stress related to their clinical inexperience. Participants found clinical inexperience to be from lack of previous experience and knowledge, which made it difficult for them to complete nursing skills on pediatric patients and manage the unexpected occurrences that happen when caring for a hospitalized pediatric patient. The findings determined that after the participants' initial clinical day, clinical stress from caring for a sick patient subsided; however, clinical stress with managing the cares associated with caring for a hospitalized pediatric patient ensued. In all, clinical stress related to clinical inexperience and knowledge deficit decreased with clinical experience.

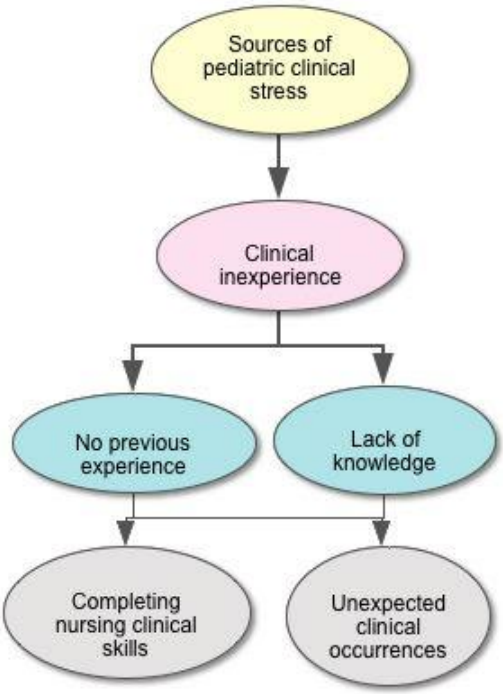

Figure 4.2. Sources of Clinical Stress Related to Clinical Inexperience in the Pediatric Clinical Environment

Family-Centered Care

The second theme participants identified as a source of clinical stress in the pediatric clinical environment was family-centered care. Family-centered care involved interacting with the child's parents and including the whole family in the cares and treatment plan of the child. Clinical stress related to family-centered care was a common source of stress among participants in RJA one and two, which was completed before each participant was actually in the pediatric clinical environment for the first time. For instance, in RJA one, B-4 remarked being stressed about "the eyes that are going to be on me when completing assessments and care to the pediatric patients. I know how incredibly important children are to their parents; it's definitely going to be nerve-racking interacting with the first couple of parents" (B-4, RJA 1). Similarly, B-2 stated "just having the parents watch over me while I do things. I am taking care of their pride and joy, so I don't want to do something that will cause them to be uneasy with me" (B-2, RJA 1). Furthermore, B-1 noted clinical stress associated with "working with the worried parents in the room. I have never had too much knowledge on children so it is still uncomfortable to have eyes on me at all times" (B-1, RJA 1). Lastly, A-4 was stressed thinking about caring for families because "not only is the child my patient, but also the parents. So it is not only about pleasing the child, the parents play a fact in it as well" (A-4, RJA 1).

Clinical stress related to family-centered care was also identified in RJA three, which was after the participants began their pediatric clinical experience. Interestingly, while many participants acknowledged feeling clinical stress associated with parents assuredness of students caring for their child in RJA one and two, no participants found

this as a source of clinical stress in RJA three. However, participants did comment having clinical stress associated with their inexperience to respond appropriately in situations involving parent(s) and other family members. For instance, B-2 remarked being stressed when she did not feel she was providing her patients mother adequate comfort during a clinical situation. B-2 stated, "One of my patients today was very, very fussy. She wouldn't eat and mom was getting frustrated….I could have reacted in a better way by comforting this mom more during this stressful event" (B-2, RJA 3: Clinical Day 2). Additionally, C-6 noted being stressed interacting with the patient's mother after "hearing mom recently got custody revoked..." (C-6, RJA 3: Clinical Day 3). The participant had personal experience caring for foster children and was afraid the mother would be harsh and uninvolved in the child's cares.

An interesting finding was there were no participants who identified family-centered care as a source of stress on the first clinical day, whereas family-centered care was frequently recognized on RJA one and two as a source of stress. Additionally, clinical stress associated with family-centered care was only found on clinical days two and three. Through an analysis of the reflective field notes, the researcher noted four of the nine participants did not have families at the bedside on the first clinical day. Furthermore, for the participants who had families at the bedside on the first clinical day, the instructor assisted the student with nearly all aspects of cares for the patient and was present during almost all interactions with the family. Finally, the researcher found, based on the volume of participant responses in RJA three related to family-centered care, that they were not stressed after clinical day three with family-centered care.

Table 4.2 organizes the overall theme of family-centered care as a source of stress among participants and provides participant quotations supporting the theme of family-centered for each of the RJA. As displayed in Table 4.2, participants identified family-centered care as a source of stress in RJA one, two, and on RJA three for clinical days two and three. Additionally, participants did not identify any clinical stress on the last two clinical days associated with family-centered care.

Table 4.2

Source of Clinical Stress: Embedded Clinical Day Quotations for Family-Centered Care

Source of Clinical Stress	Family-Centered Care
RJA 1	• … the fact that not only is the child my patient but also the parents. So it is not only about pleasing the child, the parents play a fact in it as well. (A-4) • … the eyes that are going to be on me when completing assessments and care to the pediatric patients. I know how incredibly important children are to their parents; it's definitely going to be nerve-racking interacting with the first couple of parents. (B-4) • … having the parents watch over me while I do things. I am taking care of their pride and joy, so I don't want to do something that will cause them to be uneasy with me. (B-2) • … working with the worried parents in the room. I have never had too much knowledge on children so it is still uncomfortable to have eyes on me at all times. (B-1)
RJA 2	• I'm kind of worried about the parents watching me closely as I do assessments. (B-2) • I've also never had to deal with parents to a baby this young. (B-1) • …interacting with mom and dad. (B-4)
RJA 3: Clinical Day 2	• One of my patients today was very, very fussy. She wouldn't eat and mom was getting frustrated…I guess I could have reacted in a better way by comforting this mom more during this stressful event. (B-2)
RJA 3: Clinical Day 3	• When hearing mom recently got custody revoked, I was anxious at how she would be to nursing staff. (C-6) • … when the mom kept asking questions about diabetes and insulin. (B-2)

Unfamiliar Clinical Environment

Next, based on the participants' statements in the reflective journals, the researcher identified unfamiliar clinical environment as the third source of clinical stress. Eight of the nine participants had not previously been in the pediatric hospital where their

pediatric clinical experience was completed. Participants commented being stressed about "not knowing where things are" and "not knowing the staff" (C-6, RJA 2), as well as, just being overall unsure about completing clinical in an unfamiliar environment (A-6, RJA 2). As a result of completing clinical in an unfamiliar clinical environment, one participant recognized being very nervous (A-6, RJA 3: Clinical Day 1). This nervousness became a further source of stress because the participant wanted to "be confident in front of the parents" (A-6, RJA 3: Clinical Day 1).

After reviewing the reflective field notes and the reflective journal assignments, the researcher found clinical stress associated with an unfamiliar clinical environment was only identified as a source of stress on RJA two and on the first clinical day in the pediatric clinical environment. Thus, as participants gained clinical experience, clinical stress associated with an unfamiliar clinical environment subsided. Table 4.3 organizes the overall theme clinical stress as it related to an unfamiliar clinical environment and provides participant quotations supporting the theme of an unfamiliar clinical environment for each of the RJA. As displayed in Table 4.3, participants' source of stress stemming from an unfamiliar clinical environment was only evident in RJA two and RJA three on the first clinical day.

Table 4.3

Source of Clinical Stress: Embedded Clinical Day Quotations of Unfamiliar Clinical Environment

Source of Clinical Stress	Unfamiliar Clinical Environment
RJA 2	• Unsure about an unfamiliar environment (A-6) • Not knowing where things are, not knowing the staff, not knowing what to expect. (C-6)
RJA 3: Clinical Day 1	• I was nervous because not only is this an unfamiliar environment, but I want to be confident in front of the parents... (A-6)

Language Barrier

The fourth source of the participants' clinical stress in the pediatric clinical environment was caring for a patient or family whose major language was different from that of the participant, thus identified as a language barrier. A language barrier was only located in RJA three as a source of clinical stress.

The researcher identified five participants as having cared for a patient or family with a language barrier and four of these participants had clinical stress from caring for a patient or family with a language barrier. Participants most frequently recognized feeling stressed and hesitant when learning their patient and/or family did not speak English (A-6, RJA 3: Clinical Day 1; C-4, RJA 3: Clinical Day 1; B-1, RJA 3: Clinical Day 3). Participants acknowledged communication between parents and the clinicians as an essential clinical component and were unsure how to adequately complete this if the patient and/or parents did not speak English.

The researcher was unable to determine any patterns that existed in relation to clinical stress and language barrier among participants over the course of the semester. As stated previously, four out of the five participants who cared for a patient with a

language barrier identified this as a source of stress. Additionally, four out for the five participants cared for a non-English speaking patient on clinical day one, with the other participant caring for a non-English speaking patient on clinical day three. There were no participants who cared for a non-English speaking patient or family on clinical days two, four, or five. Table 4.4 organizes the overall theme of clinical stress related to a language barrier and provides participant quotations supporting the theme of a language barrier in RJA three. As displayed in Table 4.4, the participants' source of stress stemming from a language barrier was evident on only the two clinical days where participants cared for a patient or family with a language barrier.

Table 4.4

Source of Clinical Stress: Embedded Clinical Day Quotations of Language Barrier

Source of Clinical Stress	Language Barrier
RJA 3: Clinical Day 1	• When I learned my patient's mother didn't speak English. (A-6) • Neither of the parents spoke English. (A-5) • Communicating with Spanish speaking parents with infant (C-4)
RJA 3: Clinical Day 3	• My family is Spanish speaking with very minimal English (dad, patient), so communication had me slightly hesitant. (B-1)

High Emotional Demands of Caring for the Pediatric Population

The last source of clinical stress found in the reflective journal assignments was the high emotional demands involved in caring for the pediatric population in the clinical environment. Interestingly, only one participant said this was a source of stress in all of the reflective journal assignments and it was identified prior to the first pediatric clinical experience. Specifically, C-1 remarked in RJA one "how different [pediatrics] is than working with adults. Not only on the physical side, but on the emotional and mental side

as well" (C-1, RJA 1). After reviewing all of the reflective field notes, it was also noted each of the patients conditions the participants cared for over the course of the semester could be identified as stable as opposed to a critical condition. Additionally, one participant's patient condition required hospice care during the time the participant was involved in caring for the patient. Interestingly, this participant did not identify any emotional distress anywhere in the third RJA after caring for this patient; however, the participant did express verbally to the instructor being stressed that the patient would expire during the clinical day. Similarly, another participant verbalized to the instructor after receiving her clinical assignment how she was anxious caring for a cancer patient (A-5). The participant associated cancer with being untreatable and thought it was going to be depressing to have to see a child with some of the visual characteristics associated with receiving chemotherapy (A-5). In summary, high emotional demands in caring for the pediatric population was a source of clinical stress in the pediatric clinical environment.

Summary of Findings for Research Question One

Baccalaureate nursing students who were enrolled in a pediatric clinical nursing course identified sources of clinical stress to include their clinical inexperience in caring for the pediatric population, family-centered care, unfamiliar clinical environment, caring for patients and families with a language barrier, and the high emotional demands of caring for the pediatric population. While each of these presented the participants with some form of stress, clinical inexperience to care for the pediatric population was most frequently identified as a source of stress among participants because participants felt they lacked clinical experience to care for the pediatric population, they did not have a

large knowledge base about pediatric nursing, they were unsure how to respond in unexpected clinical situations involving pediatric patients, and they did not have any experience completing clinical skills on pediatric patients. However, as the semester progressed and participants gained more clinical experience, there was a decrease in the frequency of situations in which clinical stress occurred.

Figure 4.3 summarizes the sources of pediatric clinical stress outlined in research question one. As illustrated, sources of pediatric clinical stress stemmed from participants' clinical inexperience, family-centered care, being in an unfamiliar clinical environment, caring for patients with a language barrier, and the high emotional demands involved in caring for the pediatric population. Additionally, participants' clinical inexperience was found to be from their lack of previous experience as well as lack of knowledge in caring for the pediatric population. As a result, participants became stressed when completing nursing clinical skills on pediatric patients and when unexpected clinical occurrences would arise.

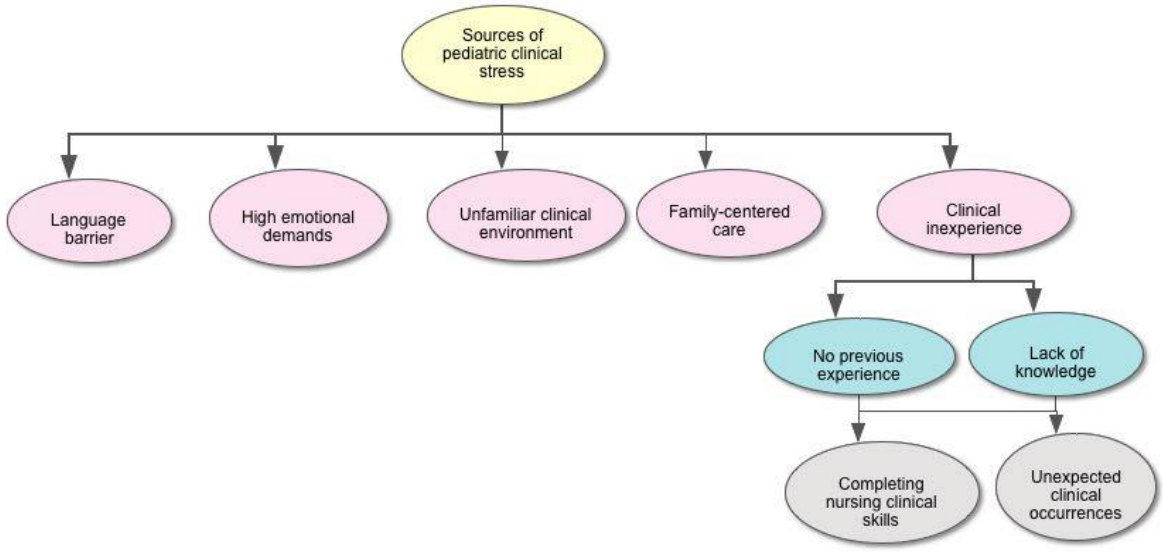

Figure 4.3. Holistic Analyses of Sources of Clinical Stress in the Pediatric Clinical Environment

Research Question Two: What are the Sources of Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

A holistic analysis of RJA one, two and three revealed multiple themes regarding sources of professional confidence in the pediatric clinical environment. These themes included:

1. Experience with clinical skills
2. Previous experience and pediatric clinical
3. Family-centered care interactions
4. Patient-centered care interactions
5. Coping skills to manage stress in the pediatric clinical environment

Figure 4.4 identifies the five themes participants found as sources of professional confidence in the pediatric clinical environment. Participants found sources of

professional confidence to include: experience with clinical skills, previous experience, family-centered care interactions, patient-centered care interactions, and using coping skills to manage clinical stress. Each of these themes will be discussed in turn.

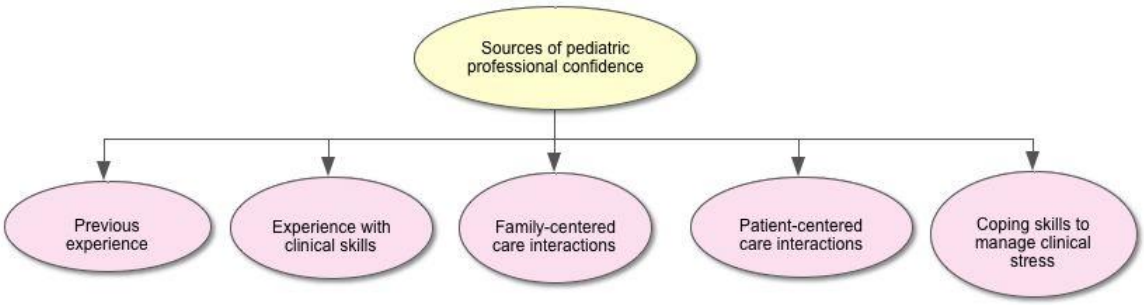

Figure 4.4. Sources of Professional Confidence in the Pediatric Clinical Environment

Experience with Clinical Skills

Participants most commonly identified in RJA three, professional confidence was derived from experience with clinical skills in the pediatric clinical environment. Based on their responses in the reflective journals, the participants associated four ways they gained professional confidence through their experience with clinical skills. First, through observing a clinical skill performed by another individual. Second, by completing a clinical skill with hands-on assistance. Third, participants gained professional confidence by independently completing a clinical skill in the pediatric clinical environment. The clinical skills participants identified as increasing professional confidence varied from basic to more complex nursing skills. Discussed below are examples on how participants' professional confidence was increased in the pediatric clinical environment related to experience with clinical skills.

Observation of nursing clinical skills by another individual. Following a review of both the reflective journal assignments and the field notes, the researcher concluded the participants' professional confidence was impacted through observing

another individual successfully complete a skill they personally viewed as stressful, anxious, or had self-doubt completing independently. For example on RJA three, C-4 remarked having professional confidence after "Changing a diaper (or two) after the first time" (C-4, RJA 3: Clinical Day 1). The researcher was able to determine through reviewing the reflective field notes that a peer showed C-4 how to successfully change a diaper initially because C-4 was stressed to complete this without assistance. However, through successfully observing a peer complete the skill, C-4 was able to learn, and then subsequently, change the patient's diaper independently for the remainder of the clinical day.

Similarly, A-4 commented to the instructor feeling stressed when completing the initial assessment on her assigned patient and, therefore, asked the instructor to complete the initial morning assessment, while the participant observed. Through this successful observation of watching the instructor complete the initial assessment, the participant later remarked feeling "more confident when I did the noon assessment" (A-4, RJA 3: Clinical Day 1). Likewise, A-5 said that her professional confidence was increased when she experienced a difficult time administering medications to a patient, so the nurse administered the medications. The participant noted, "We got the job done and all what we needed to provide this child with his meds" (A-5, RJA 3: Clinical Day 1). While the participant did not administer the medications, the participant was able to observe the nurse successfully administer the patient's medications, thus, increasing the participant's professional confidence on how to successfully complete the skill in the future.

Another example was when A-4 noted feeling professionally confident in administering medication through a gastrostomy tube after watching the instructor

administer the medication. Participant A-4 remarked, "After being taught about g-tubes I felt confident in administering meds through it. I responded well because I learned from the situation. Next time we went in to give meds I felt fairly confident in my abilities" (A-4, RJA 3: Clinical Day 2). Lastly, C-4 remarked being stressed when his patient vomited blood, but "observed to know what actions to follow if [it] happened again (C-4, RJA 3: Clinical Day 3).

The researcher was also able to determine that as the participants' clinical experience increased over the course of the semester, they did not identify as many examples of professional confidence derived through observation of clinical skills. For instance, clinical day one was noted as the most frequent source of professional confidence derived from observation of clinical skills. Additionally, participants only provided examples of professional confidence through observation of skills on the first three days of clinical, and zero participants identified observation of skills as a source of professional confidence on clinical day four or five. Table 4.5 organizes the overall theme of professional confidence related to observation of clinical skills and provides participant quotations supporting this theme in RJA three on each of the clinical days it was found. As displayed in Table 4.5, participants' source of professional confidence stemming from observation of clinical skills was only on clinical days one through day three. Furthermore, the volume of participants who identified this decreased as the semester progressed.

Table 4.5

Source of Professional Confidence: Embedded Clinical Day Quotations for Observation of Clinical Skills

Source of Professional Confidence	Observation of Clinical Skills
RJA 3: Clinical Day 1	• Changing a diaper (or two) after the first time (C-4) • I felt more confident when I did the noon assessment. (A-4) • We got the job done and all what we needed to provide this child with his meds. (A-5)
RJA 3: Clinical Day 2	• After being taught about g-tubes I felt confident in administering meds through it. I responded well because I learned from the situation. Next time we went in to give meds I felt fairly confident in my abilities. (A-4)
RJA 3: Clinical Day 3	• Observed to know what actions to follow if happened again (C-4)

Completing a nursing skills with hands-on assistance. Next, participants found their professional confidence increased when they were able to successfully complete clinical skills with assistance. Participants found assistance involved either verbal or hands-on assistance at the bedside from an instructor or nurse when completing the clinical skill; yet it was still the participant who was completing the skill. For example, B-2 commented on requiring assistance when completing a rectal temperature, which was a new nursing skill for the participant. Participant B-2 asked the instructor to assist in completing the skill. According to the reflective field notes, the instructor talked the participant through successfully completing the skill. The participant remarked how "I had never done a rectal [temperature] before, but I got the hang of it quickly" (B-2, RJA 3: Clinical Day 2). Even though the participant had not previously completed this skill and required assistance, being able to actually complete the skill and be successful,

increased the participant's professional confidence. Furthermore, B-2 was independent for all future occurrences on completing a rectal temperature.

Similarly, A-4 required instructor assistance when administering medications to an infant. Participant A-4 noted, "I did well administering the med. Baby also responded well. Now I know for next time" (A-4, RJA 3: Clinical Day 3). Even though the participant required assistance administering the medication to the infant, being able to successfully complete the skill, increased the participant's professional confidence and knowledge for how the participant would complete the skill in the future. Likewise, B-2 said that her professional confidence was increased with being able to administer medications through a g-button for the first time with the assistance from the instructor. Participant B-2 remarked, "I gave meds through a g-tube. I had never done that before, but after my first one, I felt confident" (B-2, RJA 3: Clinical Day 4). Again, while B-2 required assistance in completing the skill, the participant's professional confidence was increased because the participant was able to successfully complete the skill.

Lastly, B-4 noticed how being able to independently suction secretions from a tracheostomy after several attempts increased the participant's professional confidence. Participant B-4 stated, "I felt confident in performing trach [tracheostomy] suctioning during the clinical day by the third time" (B-4, RJA 3: Clinical Day 1). According to the reflective field notes, the instructor assisted the participant through the step-by-step process at the patient's bedside the first several attempts. After doing this several times, the participant was able to complete this skill independently. The independence of completing the skill after requiring previous assistance from the instructor increased the participant's professional confidence.

Furthermore, after reviewing the reflective field notes and RJA three, the researcher was able to identify as the participants gained experience in the pediatric clinical environment over the course of the semester, they became more independent in their clinical skills, thus, requiring less assistance from the nurse or instructor. For example, only one participant acknowledged a source of professional confidence from completing clinical skills with assistance on clinical day four and zero participants identified this on day five, where as, two to three participants found this on clinical days one, two, and three. In summary, the volume of participants identifying professional confidence as a source derived from completing clinical skills with assistance, decreased as the semester progressed.

Table 4.6 organizes the overall theme of professional confidence as a source from participants completing clinical skills with assistance and provides quotations supporting the theme of completing skills with assistance. As displayed in Table 4.6, the participants' source of professional confidence from completing clinical skills with assistance was identified on clinical days one through four, with the volume of participants identifying this decreasing as the semester progressed.

Table 4.6

Source of Professional Confidence: Embedded Clinical Day Quotations for Completing Skills with Assistance

Source of Professional Confidence	Completing Skills with Assistance
RJA 3: Clinical Day 1	• I felt confident in performing trach suctioning during the clinical day by the third time (B-4).
RJA 3: Clinical Day 2	• I had never done a rectal [temperature] before, but I got the hang of it quickly. (B-2) • I also got to flush an IV on my patient and I felt comfortable doing that as well. (B-4) • After suctioning the first time, I felt that I did it extremely well (C-1).
RJA 3: Clinical Day 3	• I felt I did well when hanging the NG bag and administering meds through the tube as well as feedings. (A-5) • I did well administering the med. Baby also responded well. Now I know for next time! (A-4) • I also felt confident in medication administration (B-4)
RJA 3: Clinical Day 4	• I gave meds through a g-tube. I had never done that before, but after my first one, I felt confident. (B-2) • I learned so much today in the way of NG tube care and how to check for correct placement. (A-6)

Completing a clinical skill independently in the pediatric clinical environment. Lastly, participants identified becoming independent in caring for the pediatric population in areas where they previously needed assistance as a source of professional confidence. Participants recognized their progress from each clinical day and noted feeling a sense of accomplishment when they were able to independently complete skills, without the assistance from a nurse or instructor. Participants' professional confidence stemmed from being able to recall the knowledge they were previously taught in pediatric clinical, and then, independently reapply it in the clinical environment. For example, C-1 remarked on how previously completing nasal

suctioning in the clinical environment increased the participant's confidence when completing the skill on the last day of clinical. Participant C-1 stated, "I think I did well caring for my patient… and being confident in that I knew what I was doing when it came to suctioning" (C-1, RJA 3: Clinical Day 5). This participant required assistance with suctioning her patient's nares on a previous clinical day; yet, the participant was able to independently and confidently complete the skill on clinical day five. The participant recognized her progress over the course of the semester and being able to independently complete the skill after previously requiring assistance, boosted the participant's professional confidence.

Similarly, B-1 said on clinical day four feeling confident "working with a g-button" (B-1, RJA 3: Clinical Day 4), whereas on clinical day two the participant found she lacked knowledge on caring for a g-button (B-1, RJA 3: Clinical Day 2). Again, this participant identified her progression over the course of the semester and the independence of being able to complete the skill, increased the participant's professional confidence. Lastly, C-1 recognized on clinical day five being "confident in completing … trach suctioning" (C-1, RJA 3: Clinical Day 5), whereas on clinical day two the participant noted feeling anxiety "when I was suctioning my patient's tracheostomy" (C-1, RJA 3: Clinical Day 2).

Additionally, after reviewing the reflective field notes and RJA three, the researcher found there were no participants who associated professional confidence with independence in completing nursing clinical skills on day one. However, on clinical days two through five, participants commented on their professional confidence associated their independence in clinical skills, leading the researcher to conclude that as

participants gained more experience in the pediatric clinical environment, they became more confident in completing nursing clinical skills independently. Additionally, one participant even noted that as she gained clinical experience and confidence with independently completing clinical skills, she was able to assist with other patients on the unit (B-4, RJA 3: Clinical Day 4).

Table 4.7 organizes the statements of the participants regarding participants independently completing nursing skills in the pediatric clinical environment on clinical days two, three, four, and five. In addition, this table presents participants' source of professional confidence in order to independently complete various skills over time. As displayed in Table 4.7, participants' source of professional confidence from independently completing skills increased after the first clinical day.

Table 4.7

Source of Professional Confidence: Embedded Clinical Day Quotations for Independently Completing Nursing Clinical Skills

Source of Professional Confidence	Independently Completing Nursing Clinical Skills
RJA 3: Clinical Day 2	• I felt confident with VS and bath (A-4) • I feel I did well at monitoring I & O's. (B-1) • I think I performed my assessment and vitals very well (B-2) • I felt confident in taking vitals and doing assessments (B-4). • I felt confident in taking vitals and doing assessments. (B-4) • Giving the patient a bath and helping [another peer] give hers one (C-6)
RJA 3: Clinical Day 3	• Assessments. (A-4) • I was confident in keeping track of I & O (A-4) • Vital signs are confident, as usual. (B-1) • I took vitals (B-2) • I felt confident in my ability to perform vitals, weight and assessments. (B-4)
RJA 3: Clinical Day 4	• Vital sign taking abilities. (A-4) • I felt I did well with working with a g-button (B-1) • Today, I got to weigh my patient and give her a bath. I also got my patients vitals this morning. I felt very confident when performing these skills … (B-2). • I felt I did my vitals and assessments well. I also gave my patient (and another patient) a bath today and felt those both went well. (B-4) • Vitals (C-4) • Assessments (C-4)
RJA 3: Clinical Day 5	• I was very confident in my baby abilities. I performed an assessment, fed the baby, and helped hold her. (A-4) • I was confident in grabbing vital signs and suctioning the babys nose. (A-5) • I was confident in completing an assessment and vital signs as well as trach suctioning (C-1). • I think I did well caring for my patient, checking on her, and being confident in that I knew what I was doing when it came to suctioning. (C-1) • Take vitals (C-6)

Teaching nursing clinical skills to peers. Moreover, as participants' professional confidence increased related to independently completing skills, they also reported an increase in their professional confidence because they were able to teach their peers specific psychomotor skills. For example, B-2 stated, "After learning how to suction, I

felt comfortable and taught other students" (B-2, RJA 3: Clinical Day 1). Similarly, C-1 remarked feeling professionally confident "teaching my classmates…on how to suction" (C-1, RJA 3: Clinical Day 2). Lastly, A-6 noted her professional confidence increased when she "got the chance to teach it to a classmate which helped boost my confidence" (A-6, RJA 3: Clinical Day 4).

Figure 4.5 summarizes the sources of professional confidence participants found from experience from clinical skills. As illustrated in Figure 4.5, sources of professional confidence in the pediatric clinical environment from experience with clinical skills were from observing others' successes with clinical skills, successfully completing clinical skills with assistance, and independently completing nursing clinical skills. Furthermore, after participants were able to independently complete nursing clinical skills, further professional confidence was derived through teaching their peers.

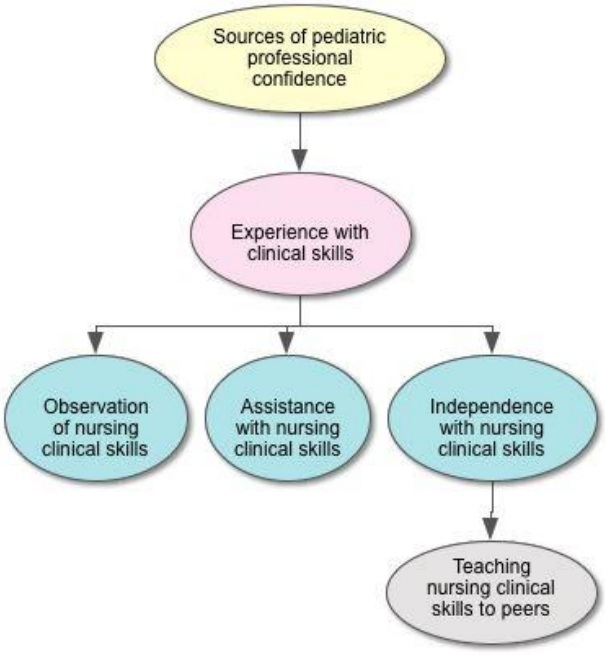

Figure 4.5. Sources of Professional Confidence from Experience with Clinical Skills in the Pediatric Clinical Environment

Previous Experience and Pediatric Clinical

Next, participants associated sources for professional confidence from their previous experiences that could be applied to pediatric clinical according to three sub-themes: previous nursing course-work, hospital work experience, and life experiences. Participants felt the knowledge and skills derived from these experiences would be able to transfer over into the pediatric clinical environment. Figure 4.6 illustrates participants' sources of professional confidence from their previous experiences. A discussion of each of these sub-themes follows.

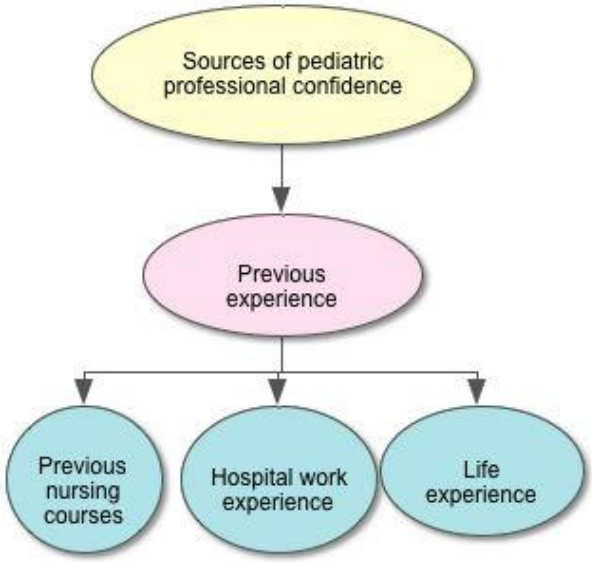

Figure 4.6. Sources of Professional Confidence from Previous Experiences in the Pediatric Clinical Environment

Previous nursing courses. Participants identified one source of professional confidence they possessed prior to entering the pediatric clinical environment was the knowledge and skills they received from previous nursing courses during their nursing education. While these skills were not completed on a pediatric patient, participants felt

confident in the knowledge derived from these courses and being able to transfer these skills over to the pediatric population. For example, A-6 commented not possessing "any experience at all in pediatric nursing" (A-6, RJA 1), but feeling "confident in my… med-surg skills that I've had the chance to practice in prior clinical experiences" (A-6, RJA 1). In other words, A-6 felt confident transferring the knowledge and skills obtained from these courses and, subsequently, assimilating that knowledge into pediatric clinical. Similarly, A-4 noted having "no experience with pediatric nursing" (A-4, RJA 1), but was confident in completing vitals and baths from the experience encountered in previous nursing courses (A-4, RJA 2). Lastly, C-6 stated having "no experience dealing with sick kids, particularly severely ill" (C-6, RJA 1), but feeling confident in her abilities to take vital signs on a pediatric patient (C-6, RJA 2).

Hospital work-experience. Next, participants felt they were professionally confident in the knowledge and skills they obtained through work-experience encountered as a nursing assistant, whether caring for adults or pediatric patients. Additionally, two of the nine participants noted previous experience caring for hospitalized children as part of their work experience, while seven out of the nine participants had no previous experience caring for a hospitalized child. Nevertheless, participants still identified feeling confident in their abilities to transfer the knowledge and skills they gathered from caring for adult patients into caring for the pediatric population. For instance, A-6 and A-4 said that they felt professionally confident with their certified nursing assistant skills (A-6, RJA 1; A-4, RJA 2). Likewise, B-1 felt professionally confident with completing "vitals with the exception of rectal temperature"

(B-1, RJA 2) and changing diapers (B-1, RJA 1) because of her experience "with some peds patients at my last job as a tech" (B-1, RJA 1).

Life-experience. Lastly, participants felt professionally confident in holding and comforting children because of their experiences caring for siblings or other non-hospitalized children. For example, B-2 said that she was professionally confident in her abilities with changing diapers, feeding children, and holding infants (B-2, RJA 1; B-2, RJA 2) because of her experience in working at a daycare and being a nanny (B-2, RJA 1). Similarly, B-4 acknowledged feeling professionally confident in her abilities of bathing and changing diapers (B-4, RJA 2) because of her previous experience caring for younger siblings or babysitting (B-4, RJA 1).

In contrast, the researcher found that while participants identified feeling professionally confident in many skills from previous nursing courses, work-experience, and life-experience, these skills did not necessarily transfer over to confidence in the pediatric clinical environment on clinical day one. For instance, on RJA one and two, seven out of the nine participants were found to have no previous experience caring for children in the hospital environment, yet eight out of the nine participants stated feeling professionally confident in their abilities to complete an assessment, obtain vitals, and complete basic cares on a pediatric patient because of their previous experience in nursing courses, work environment, or life experience. Remarkably though, all nine participants asked either the instructor or nurse to assist the participants in completing their first assessment, set of vital signs, and bath on their patient the first day in the pediatric clinical environment. With this said, all nine participants were able to independently complete an assessment, vital signs, and bath the last two days of clinical

in the pediatric clinical environment. In summary, professional confidence related to previous nurse course-work, hospital work experience, and life experiences were sources of professional confidence. However, these experiences were not found to initially assist participants in the pediatric clinical environment.

Family-Centered Care Interactions

The third major theme that participants reported as a source for professional confidence in the pediatric clinical environment was family-centered care interactions. Family-centered care interactions primarily involved communication as well as interacting with the families of patients. Participants recognized professional confidence with family-centered care on each of the clinical days in the pediatric clinical environment.

Participants were often times very general with their statements regarding their confidence with family-centered care interactions, such as, when C-4 and C-6 stated feeling professionally confident in "Communicating with [the] patient and family" (C-4, RJA 3: Clinical Day 4; C-6, RJA 3: Clinical Day 4) or C-1 identifying being "confident in communicating with family members when needed" (C-1, RJA 3: Clinical Day 5). However, other participants' detailed specific situations of family-centered care, where they felt they demonstrated professional confidence. For instance, A-6 identified a situation where a source of professional confidence involved when she communicated with a non-English speaking mother. Participant A-6 remarked doing a "good job communicating with my patient's mom through body language and facial expression…" (A-6, RJA 3: Clinical Day 1) and "…made sure to smile at mom and make sure her needs were met" (A-6, RJA 3: Clinical Day 1). This participant identified because she was able

to develop a positive rapport with the patient's mother, her confidence was improved as well as she was able to positively impact her patient's care. Similarly, B-2 noted feeling professionally confident in the therapeutic communication skills utilized during clinical with her patient's mother because she was able to identify the patient's mother was "nervous about learning everything" and, subsequently, the participant was able to provide the mother with some encouragement (B-2, RJA 3: Clinical Day 3). As a result, the participant was able to successfully identify a clinical problem and put forth interventions to make the mother successful. Therefore, through being attune to the needs of her patient's mother and utilizing therapeutic communication, the participant was able to positively impact the patient, and thus, improve her professional confidence.

Additionally, after reviewing the reflective field notes and each of the reflective journal assignments, the researcher found seven out of the nine participants identified feeling confident with family-centered care prior to beginning their pediatric clinical experience. For instance, B-2 stated, "I … am very compassionate towards others. I think it will help interact with … parents" (B-2, RJA 1). Likewise, C-4 remarked, "I feel very confident in my caring nature and my ability to talk with everyone. I also feel quite confident in my therapeutic communication skills, which will be important in talking and communicating with … the family members" (C-4, RJA 1). Next, A-4 stated, "I believe I do a good job of communicating what I am doing and all other nursing information to the patient and their family" (A-4, RJA 1).

Conversely, the researcher was able to identify according to the frequency family-centered care was cited in RJA three, participants were more professionally confident with family-centered care the last two clinical days of the semester, even when many

participants identified feeling professionally confident with family-centered care prior to beginning their rotation in the pediatric clinical environment. In summary, participants' professional confidence related to family-centered care increased as the semester progressed, even when seven out of nine participants identified feeling professionally confident in family-centered care prior to beginning pediatric clinical.

Table 4.8 organizes participants' professional confidence from family-centered care interactions by providing quotations to support the theme family-centered care interactions. These quotations were cited most frequently prior to beginning their pediatric clinical experience on RJA one and two, and then on the last two clinical days.

Table 4.8

Source of Professional Confidence: Embedded Clinical Day Quotations for Family-Centered Care Interactions

Source of Professional Confidence	Family-Centered Care Interactions
RJA 1	• … I do a good job of communicating what I am doing and all other nursing information to the patient and their family. (A-4) • I communicate well with children and am very compassionate towards others. I think it will help interact with children and their parents. (B-2) • … in my caring nature and my ability to talk with everyone. I also feel quite confident in my therapeutic communication skills, which will be important in talking and communicating with both the pediatric patient and the family members. (C-4)
RJA 2	• My communication skills (A-4) • Communication skills (A-5) • Communication (C-4) • Talking to parents (C-6)
RJA 3: Clinical Day 1	• … communicating with my patient's mom through body language and facial expression and including her in tasks such as bathing. I made sure to smile at mom and make sure her needs were met. (A-6)
RJA 3: Clinical Day 2	• Good communication with the patient and family. (A-6)
RJA 3: Clinical Day 3	• Communication (A-4) • I encouraged the mom when she felt nervous about learning everything. (B-2)
RJA 3: Clinical Day 4	• … communication (A-4) • Communicating with patient and family (RJA 3: Clinical Day 4, C-6) • Communicating with patient and family (C-4)
RJA 3: Clinical Day 5	• Communication with mom went well. (A-6) • … communicating with family members when needed. (C-1) • Communicating with family (C-4)

Patient-Centered Care Interactions

Conversely to family-centered care interactions, participants also identified professional confidence with patient-centered care interactions. Patient-centered care interactions were those interactions involving the pediatric patient, whereas family-centered care interactions involved interactions with family members of the pediatric patient.

Participants recognized professional confidence related to patient care interactions on each of the clinical days. Additionally, participants acknowledged how their positive communication and interactions with their patient impacted the care they were able to provide. Based on these situations, the participants not only reported their patient's health improved, but also their professional confidence. For example, A-5 expressed a source of professional confidence obtained during clinical occurred when she was able to communicate therapeutically by playing a game with her young patient, "...which I think established trust" (A-5, RJA 3: Clinical Day 2), and further allowed the participant to complete essential nursing cares on her patient because she had gained the patient's trust. Likewise, C-6 remarked being able to joke with her patient (C-6, RJA 3: Clinical Day 1). This helped her establish a positive rapport with the patient.

Similarly, C-1 found patient interactions became a source of professional confidence when the participant identified how she worked hard to develop a positive rapport with her patient throughout the clinical day (C-1, RJA 3: Clinical Day 1). As a result, the patient "seemed to be more comfortable with me at the end of the shift" (C-1, RJA 3: Clinical Day 1). Next, C-4 said that patient care became a source of professional confidence when the participant was able to successfully "calm the baby" and "put the

babe to sleep" (C-4, RJA 3: Clinical Day 1). According to the field notes and RJA three, this participant identified being stressed initially with interacting with an infant; however, after successfully being able to comfort the infant, the stress subsided and the participants stress turned to confidence.

Lastly, one participant even recognized when she was using non-therapeutic communication, and how once she changed her method of communication, she was able to develop a positive rapport with the patient, thus improving her confidence in her abilities. For example, A-6 stated, "I was able to practice communicating with a very young, sick child today. She was especially upset because her mom wasn't there. It was nice to have the opportunity to sit with her for a while and offer some comfort. I recognized that I could communicate more effectively and once I did she was less upset" (A-6, RJA 3: Clinical Day 3). In summary, patient interactions became a source of professional confidence in the pediatric clinical environment.

Additionally, after reviewing the reflective field notes and each of the reflective journal assignments, the researcher found many participants identified being professionally confident with caring for pediatric patients prior to entering the clinical environment. Four of the nine participants acknowledged professional confidence on RJA one and two; however, two of these four participants provided conflicting responses. For example, B-4 said in RJA two being stressed about "interacting with a hospitalized baby" (B-4, RJA 2), but also feeling confident in her abilities to interact with an infant (B-4, RJA 2). Similarly, B-2 remarked feeling stressed about working "with children in a hospital setting" (B-2, RJA 2), but was also confident in her abilities to work with children (B-2, RJA 2). However, while neither of these participants outwardly wrote in

their RJA three feeling professionally confident with interacting with children, through analysis of the reflective field notes, the researcher was able to determine through each of these participants' actions in clinical and participation in patients' cares, the participants appeared comfortable interacting with hospitalized children. Furthermore, while participants appeared to only identify professional confidence in RJA one, two, and in RJA 3 in clinical days one through three, it would appear after analyzing the reflective field notes that participants appeared professionally confident in patient-centered care the last two clinical days and, therefore, did not identify it on the last two clinical experiences because they had previously already identified being professionally confident in patient-centered care interactions previously.

Table 4.9 organizes the theme patient-centered care interactions and provides participant quotations supporting the theme patient- care interactions. As displayed in Table 4.9, participants recognized most frequently patient-care interactions as a source of professional confidence on clinical day one and the least frequency was clinical day four and five. As can be seen, participants' professional confidence increased after the first day of clinical in regards to patient care interactions.

Table 4.9.

Source of Professional Confidence: Embedded Clinical Day Quotations for Patient-Centered Care Interactions

Sources of Professional Confidence	Patient-Centered Care Interactions
RJA 1	• I communicate well with children and am very compassionate towards others. I think it will help interact with children and their parents. (B-2) • I also feel quite confident in my therapeutic communication skills, which will be important in talking and communicating with both the pediatric patient ... (C-4)
RJA 2	• Working with/feeling comfortable with around children (B-2) • Talking/communicating with children (B-2) • Interacting with infant (B-4) • Communicating with patients (C-1)
RJA 3: Clinical Day 1	• We also played with and held the patient for a while. (B-2) • … in interacting with the infant. (B-4) • … communicating with my patient. He seemed to be more comfortable with me at the end of the shift (C-1). • … calm the baby (C-4). • Put the babe to sleep (C-4) • Joking back and forth with patient (C-6)
RJA 3: Clinical Day 2	• I communicated therapeutically with my patient and played a game with him which I think established trust. (A-5) • Entertaining my patient while the parents went out (C-6).
RJA 3: Clinical Day 3	• … communicating with a very young, sick child today. She was especially upset because her mom wasn't there. It was nice to have the opportunity to sit with her for a while and offer some comfort. I recognized that I could communicate more effectively and once I did she was less upset. (A-6) • Communicated well with the patient. (B-2) • … interacting with my patient… (C-1)
RJA 3: Clinical Day 4	• … communicating well with my patient and making her feel comfortable. (C-1)
RJA 3: Clinical Day 5	• Comforted/entertained patient (C-6)

Coping Skills to Manage Stress in the Pediatric Clinical Environment

The final source of professional confidence participants identified was feeling confident to use the appropriate coping mechanism to deal with clinical stress in the pediatric clinical environment. Participants commented becoming professionally confident in utilizing coping mechanisms after clinical day three. The most common coping mechanism participants reported was being able to remain calm during stressful situations. Moreover, participants even recognized the value of employing calming techniques and acknowledged when they succeeded applying these techniques in the pediatric clinical environment. For example, on clinical day two, C-4 recognized the need to use "calming techniques before entering [the patient's] room" (C-4, RJA 3: Clinical Day 2), so the participant could effectively care for the patient in the future. Accordingly, on clinical day three the participant remarked being able to remain calm when the patient was experiencing an unexpected clinical occurrence and subsequently, the participant was able to seek out the appropriate clinical action as a result of being calm (C-4, RJA 3: Clinical Day 3). Similarly, A-5 identified being able to manage clinical stress through using coping skills when she "felt anxious, but remained calm in order to keep the mom calm" (A-5, RJA 3: Clinical Day 4). Again, the participant recognized the need to be calm to benefit patient outcomes, and through successfully employing this in the clinical environment, the participant was able to gain professional confidence. Lastly, C-6 acknowledged utilizing coping mechanisms on clinical day five to manage clinical stress when moving her patient. Participant C-6 remarked being "nervous" and "concerned", but "kept calm" and "moved slowly when transferring to the bed" (C-6, RJA 3: Clinical Day 5). As a result, the participant was able to successfully

complete the task, and subsequently, the participant's professional confidence increased through successfully employing coping skills to manage clinical stress. In summary, participants identified the need to utilize coping mechanisms to manage clinical stress in the pediatric clinical environment. Consequently, when participants were able to successfully implement coping mechanisms in the pediatric clinical environment to manage their clinical stress, their professional confidence was increased.

Summary of Findings for Research Question Two

Baccalaureate nursing students who were enrolled in a pediatric clinical nursing course identified sources of professional confidence to include experience with clinical skills, being able to transfer their previous experiences into pediatric clinical, patient and family-centered care interactions, and being able to implement the use of coping skills to manage stress in the clinical environment. Additionally, it was found that as the semester progressed, participants became more independent and professionally confident.

Figure 4.7 summarizes the sources of professional confidence discussed in this section related to research question two. As illustrated, sources of professional confidence stemmed from participants' previous experience, experience with clinical skills, family-centered care interactions, patient-centered care interactions, and using coping skills to manage clinical stress. Furthermore, participants' previous experiences were found to be from their previous nursing courses, hospital work experience and life experiences. Additionally, participants associated their experiences with clinical skills to include observation, assistance with nursing skills, and finally, becoming independent with their clinical skills. After participants were independent with their clinical skills,

they derived further confidence from teaching their peers how to complete the clinical skill.

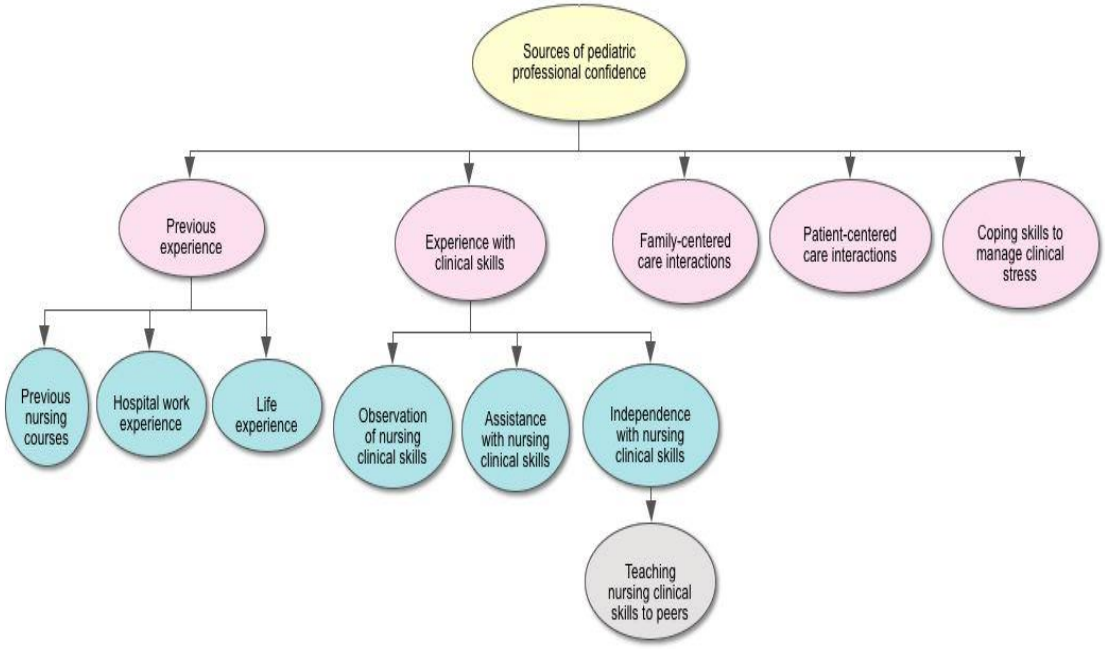

Figure 4.7. Holistic Analyses of Sources of Professional Confidence in the Pediatric Clinical Environment.

Research Question Three: How Does Reflective Journaling Affect Clinical Stress among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

A holistic analysis of each reflective journal assignment was completed in order to answer this research question. This research question will be answered in two different phases. The first phase involved analyzing the participants' responses regarding clinical stress from RJA three, as this was the reflective journal assignment that was completed after each clinical experience. In RJA three, participants identified their source of clinical stress, their feelings in the situation, what they did well in the situation, and finally, their learning from the situation. The second phase was the result of the

overall analysis participants provided in RJA four, which was an overall summary on how reflective journaling affected participants' clinical stress in the pediatric clinical environment. Participants completed RJA four on the last day of their pediatric clinical experience. Each phase will be discussed in detail. It was essential to discuss both phases separately, because the second phase was dependent on the first phase, and each phase contributed to the overall effect reflective journaling had on participants' clinical stress in the pediatric clinical environment.

Phase One: Analysis of Reflective Journal Assignment Three

The first phase of analysis regarding analyzing the research question of how reflective journaling affected participants' clinical stress in the pediatric clinical environment, revolved around the analysis of RJA three, as this was the reflective journal assignment that correlated directly to participants' clinical stress they experienced throughout their clinical day. As previously identified in research question one, the researcher discovered the themes related to sources of clinical stress to be: situations revolving around the participants' clinical inexperience in caring for the pediatric population, family-centered care, being in an unfamiliar clinical environment, caring for patients with a language barrier, and the high emotional demands involved with caring for the pediatric population. While the sources of clinical stress have already been discussed, what was not discussed in research question one was a further analysis of how RJA three allowed the participants to recognize their feelings, acknowledge what they did well when they encountered clinical stress, and further, elaborate on what they learned from the situation. These factors helped contribute to the overall affect reflective journaling had on participants' clinical stress, so they could adequately complete RJA

four. Additionally, these were the components that fully allowed participants to self-examine the clinical stress they experienced.

Feelings associated with clinical stress. Participants recognized an array of feelings in RJA three, all resulting from clinical stress. The most common feelings included being anxious, under-prepared, worried, and helpless. Participants' feelings regarding clinical stress did not appear to change over the course of the semester from clinical day one to five; however, the volume of occurrences was higher on clinical days one, two, and three, and decreased significantly on clinical days four and five. This finding would be expected though, as the sources of clinical stress identified in research question one also decreased as the semester progressed. On the other hand, when participants overcame clinical stress and were able to be successful in clinical, a sense of accomplishment was found.

Table 4.10 includes quotations from participants' feelings regarding clinical stress in the pediatric clinical environment from clinical day one through day five. As displayed in Table 4.10, the feelings participants had that were associated with clinical stress included: anxious, under-prepared, worried, helpless, and conversely, proud or accomplished when they were able to over-come clinical stress to positively manage a situation.

Table 4.10

Feelings Participants Associated with Clinical Stress

Feelings Participants Associated with Clinical Stress	Quotations From Participants
Anxious	• I thought "don't panic" or at least don't look like your panicked. I was nervous and tense. (A-5, RJA 3: Clinical Day 1) • I was nervous because not only is this an unfamiliar environment, but I want to be confident in front of the parents and the language barrier could have presented an issue. (A-6, RJA 3: Clinical Day 1) • I haven't seen a trach in almost a year. I was very nervous about going in to suction for the first time. (B-2, RJA 3: Clinical Day 1) • Trach care and suctioning-I hadn't performed either since med surg. I was terrified I had forgot all previous knowledge (especially scary on an infant). (B-4, RJA 3: Clinical Day 1) • Nervous as all get out. Anxious the baby was going to continue to cry and that I wasn't going to be able to solve the problem. I got anxious that others would respond and think less of my skills. (C-4, RJA 3: Clinical Day 1) • I was internally anxious but tried not to let my patient see I was unsure about his steadiness. (C-6, RJA 3: Clinical Day 1) • I got a little sweaty and my stomach dropped. (B-4, RJA 3: Clinical Day 1) • Nerves within my head. (C-4, RJA 3: Clinical Day 2) • I was anxious and nervous. I tensed up because I don't have a lot of experience with baby's [sp] so I didn't know if something bad was happening or if that was normal. (A-5, RJA 3: Clinical Day 3) • I felt a little nervous just because I didn't want to do anything wrong and I hadn't had a CF patient before…(B-4, RJA 3: Clinical Day 3) • What do I do, What do I do?, Where is the code light?, Looked around nervously to see where RN's were located, Increase in heart rate (C-4, RJA 3: Clinical Day 3) • I felt anxious but remained calm in order to keep the mom calm. (A-5, RJA 3: Clinical Day 4) • I was sweating going into the room (C-4, RJA 3: Clinical Day 5)
Under-prepared	• I thought that I was underprepared…(B-4, RJA 3: Clinical Day 1)
Worried	• I was nervous and concerned (C-6, RJA 3: Clinical Day 5) • My patient doesn't eat. All she does is drink chocolate milk. Mom doesn't make her eat, especially nothing healthy. She doesn't drink water either. I felt shock almost. This little girl isn't getting the nutrients she needs to grow big and strong! (B-2, RJA 3: Clinical Day 3)
Helpless	• I didn't know what to try to help the baby calm down. (B-2, RJA 3: Clinical Day 2)
Proud/Accomplished	• I was very happy and proud of myself after accomplishing this task. (C-1, RJA 3: Clinical Day 2)

Positive action taken by participants during clinical associated with clinical stress. In order to prevent participants from focusing purely on the negative aspect of clinical stress in the pediatric clinical environment, they were also asked to identify what they did well during the situation in which they experienced clinical stress. The holistic analysis of RJA three identified the five following themes regarding participants' positive actions during clinical stress:

1. Gained clinical experience
2. Asked for help
3. Questioned the unknown
4. Responded appropriately
5. Used coping skills to focus under stress

The researcher was able to identify some clinical growth with participants' responses over the course of the semester. For example, on clinical day one, participants had difficulty identifying a positive action they completed during the situation in which they experienced clinical stress, however, as the semester progressed and participants gained clinical experience, they began to identify something related to the situation in which they did something well. The researcher also noted after the first day of clinical, participants began to question things they encountered in the clinical environment. Moreover, the most significant growth in regards to positive actions taken during stressful situations occurred during clinical days four and five, when participants noted being able to respond appropriately in the situation that caused them clinical stress or being able to utilize a coping mechanism to better allow the participants to focus under

the clinical stress. An interesting finding was the theme ‘ask for help’ was only found on clinical days two and three, and not on clinical day one; however, it was noted in the reflective field notes that on the first clinical day, either the instructor or nurse was present with the participants during all patient care interactions.

Table 4.11 displays the theme for each of the positive actions participants identified in RJA three. Participant quotations are displayed for each holistic theme identified for the positive actions participants recognized in situations that caused them clinical stress.

Table 4.11

Positive Action Taken by Participants During Clinical Involving Clinical Stress

Theme Associated with Positive Action During Clinical Involving Clinical Stress	Participant Quotations Associated with Positive Action During Clinical Involving Clinical Stress
Gained clinical experience	• I responded well because I learned from the situation. (A-4, RJA 3: Clinical Day 1) • I tried different tactics to feed her—switching to the pacifier, squirting sugar water on the pacifier and nipple of the bottle. (A-5, RJA 3: Clinical Day 3) • Observed to know what actions to follow if happened again (C-4, RJA 3: Clinical Day 3)
Asked for help	• I went in and asked the mom if she needed help. When there wasn't anything I could do, I asked the nurse for help. (B-2, RJA 3: Clinical Day 2) • I also think I did well in calling for help. (C-1, RJA 3: Clinical Day 3) • Found appropriate staff members (C-4, RJA 3: Clinical Day 3)
Questioned the unknown	• Discussing the situation before hand with [peer] and [instructor]. Having my game face on when we went into the room. Having a general idea what I was planning to do. (C-4, RJA 3: Clinical Day 2) • I feel I did well in asking questions and clarifying what things I wasn't absolutely positive on. (B-4, RJA 3: Clinical Day 3)
Responded appropriately	• I sat the baby up and put on the call light to get some assistance from a nurse to help suction the baby so she sounded better and could breathe better. (A-5, RJA 3: Clinical Day 5) • Moved slowly when transferring to the bed. (C-6, RJA 3: Clinical Day 5)
Used coping skills to focus under stress	• Stayed calm (A-5, RJA 3: Clinical Day 4) • Staying calm and collected (C-4, RJA 3: Clinical Day 5) • Kept calm (C-6, RJA 3: Clinical Day 5)

Learning from the situation involving clinical stress. Participants identified in RJA three, learning occurred from experiencing clinical stress in the pediatric clinical environment. Six overall themes were found through an analysis of the RJA three. The themes participants identified included:

1. Developing skills to focus under clinical stress
2. Plan future clinical actions
3. Learn from clinical inexperience
4. Justify clinical actions
5. Questioned the unknown
6. Self-Advocacy/Inclusion

The researcher noted as participants gained clinical experience, they were able to learn from their inexperience, gain knowledge in clinical situations, increase their confidence, and improve their decision-making skills. Several participants even identified after their first clinical experience, needing to develop the ability to focus better when experiencing clinical stress. This was a common theme during the first three clinical days, when participants' clinical stress was at its highest. For example, on clinical day one, A-5 said her learning from the situation was to "take a deep breath, stay calm and do what is best for the patient" (A-5, RJA 3: Clinical Day 1).

On another note, participants found they were able to learn from their clinical inexperience, thus, increasing their confidence during clinical in the future. For instance, B-2 said next time, "I will be more prepared and more confident when I perform this skill" (B-2, RJA 3: Clinical Day One). Likewise, B-4 noted, "I will definitely be more confident and less stressed because I felt like I gained a lot of knowledge and experience with CF and diabetes today, especially with insulin pumps" (B-4, RJA 3: Clinical Day 3). Consequently, through reflective journaling and reviewing the situation, participants' clinical learning and decision-making abilities were fostered, as they were either able to

justify the clinical action they made or think through the situation so that they could change or plan future clinical actions if the situation repeated itself.

Lastly, one participant identified her learning from the situation was to be an advocate for herself and her learning. The participant noted she expressed interest to be an active participant in her patient's cares to her co-assigned nurse at the beginning of the clinical day. As a result, in RJA three, the participant said, "I also had a really great nurse today who explained everything she did and why and allowed me to participate when it was applicable" (B-4, RJA 3: Clinical Day 3), thus, not only increasing the participants clinical learning, but also nurturing a sense of acceptance and inclusion on the unit. This helped promote the participants socialization to being a nurse.

Table 4.12 illustrates the themes participants found regarding what they were able to learn from situations involving clinical stress. Participant quotations are displayed for each theme identified for learning from clinical stress.

Table 4.12

Learning from the Clinical Situation Involving Clinical Stress

Theme for learning from situation involving clinical stress	Participants Quotations Related to Learning from Situation Involving Clinical Stress
Develop skills to focus under clinical stress	• Take a deep breath, stay calm and do what is best for the patient. (A-5, RJA 3: Clinical Day 1) • I will take a step back and realize what else I need to assess dealing with the patient. (A-4, RJA 3: Clinical Day 1) • I will remain calm, and go with my gut. When I'm anxious I need to take a step back and reassess the situation and react accordingly. (A-5, RJA 3: Clinical Day 3) • I believe I will react in the same way, but maybe a little bit calmer. (C-1, RJA 3: Clinical Day 3) • Remain calm (C-4, RJA 3: Clinical Day 3)
Plan future clinical actions	• In the future I will ask for more information from my nurse as well as the patient. I may also have the patient 1st simply walk around their room so I can assess them before returning to the hallway. (C-6, RJA 3: Clinical Day 1) • I will comfort the patient and call for help as well as worrying about cleaning up the mess later. (C-1, RJA 3: Clinical Day 3) • Evaluate the situation before jumping to conclusions (C-4, RJA 3: Clinical Day 3)
Learn from clinical inexperience	• I will be more prepared and more confident when I perform this skill. (B-2, RJA 3: Clinical Day 1) • I will confidently perform the skill and ask my nurse or instructor to help and guide me if I need too. (B-4, RJA 3: Clinical Day 1) • I will be prepared. I will remember this first time and how well it went. I will be prepared and ask questions I have before entering the room. (C-4, RJA 3: Clinical Day 2) • I will be more confident in what I am doing and perform the task without assistance or instruction. I will be more than willing to provide future trach care. (C-1, RJA 3: Clinical Day 2) • I will definitely be more confident and less stressed because I felt like I gained a lot of knowledge and experience with CF and diabetes today, especially with insulin pumps. (B-4, RJA 3: Clinical Day 3) • I will feel confident in my skills and suction out the baby when needed. (A-5, RJA 3: Clinical Day 5) • Walking the family through the steps made me ready to do my job. Seeing family members learning from me was a great accomplishment. (C-4, RJA 3: Clinical Day 5)
Justify clinical actions	• I would just keep encouraging foods that she likes and is familiar with. (B-2, RJA 3: Clinical Day 3) • I believe I will react in the same way…(C-1, RJA 3: Clinical Day 3) • I will handle it the same way. I won't be afraid to ask mom/dad for help if I need it. I will also keep reassuring the patient to help lessen scared feelings. (A-4, RJA 3: Clinical Day 4)
Questioned the unknown	• Before giving meds, I would look up how to give my meds if I didn't know how. (B-2, RJA 3: Clinical Day 4) • I will acknowledge that asking for help doesn't mean that I am incompetent. (A-5, RJA 3: Clinical Day 5) • Ask nurse best positions to move to (C-6, RJA 3: Clinical Day 5)
Self-advocacy/ Inclusion	• I also had a really great nurse today who explained everything she did and why and allowed me to participate when it was applicable. (B-4, RJA 3: Clinical Day 3)

Figure 4.8 illustrates the first phase of how reflective journaling affected clinical stress among participants in the pediatric clinical environment. As depicted on Figure 4.8, sources of pediatric clinical stress included clinical inexperience, family-centered care, unfamiliar clinical environment, language barrier, and the high emotional demands involved in caring for the pediatric population. During these stressful situations, participants felt anxious, helpless, worried, and under-prepared. Conversely, participants felt proud or accomplished when they were able to overcome their feelings of clinical stress. Furthermore, participants were able to learn from the stressful situation how to develop coping skills to focus under the stressful situation, plan future clinical actions, learn from their clinical inexperience, justify their clinical actions, question the unknown, and finally, be a self-advocate for themselves so that they can be included in nursing cares completed on their assigned patient.

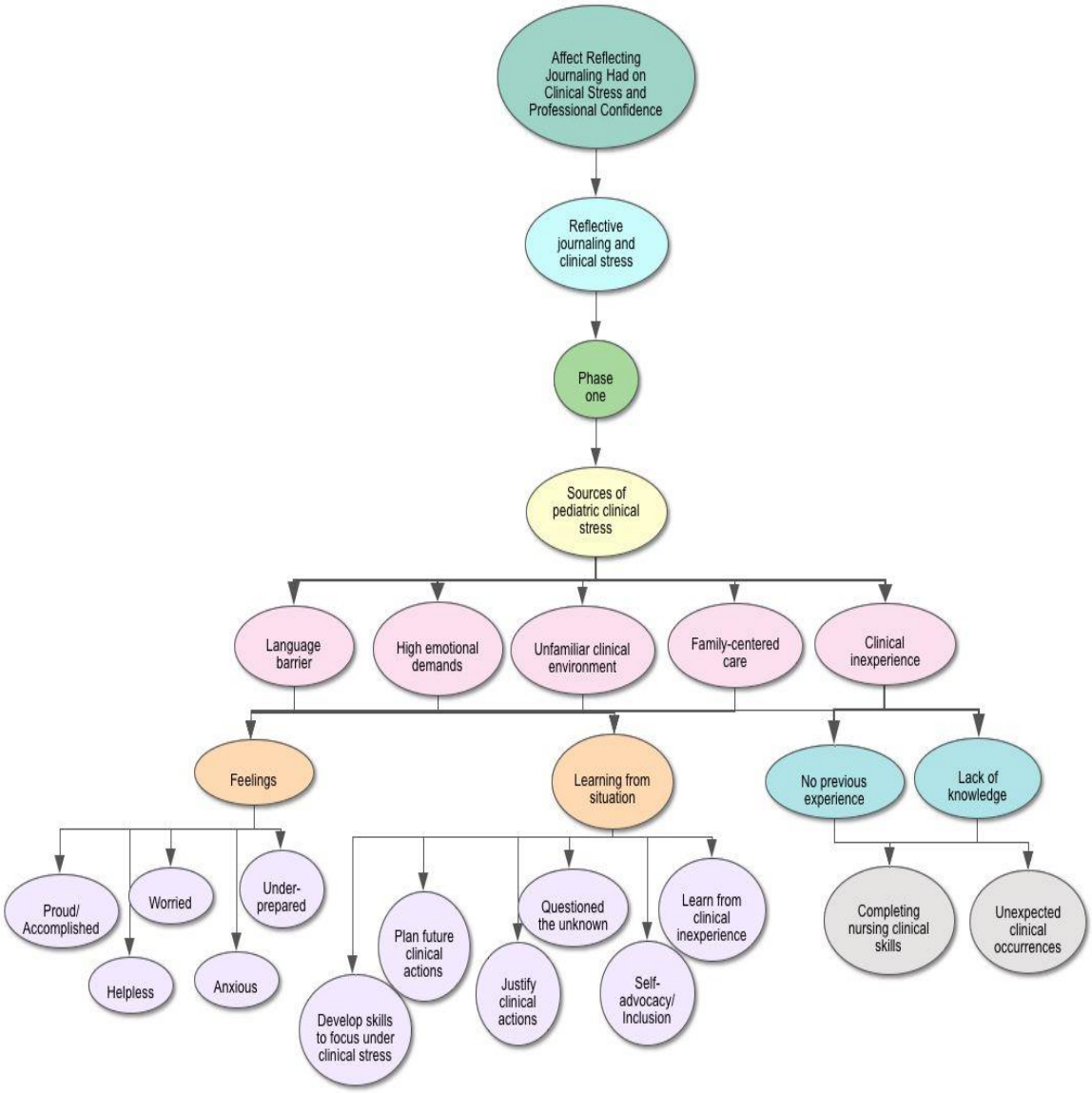

Figure 4.8. Phase One: Holistic Analyses of Sources of Clinical Stress in the Pediatric Clinical Environment

Phase Two: Analysis of Reflective Journal Assignment Four

The second phase of analyzing the affect reflective journaling had on clinical stress in the pediatric clinical environment was to analyze RJA four. Reflective journal assignment four was completed on the last day in the pediatric clinical environment when participants were asked to review their previous reflective journal assignments, followed

by completion of RJA four. All nine participants identified in RJA four that reflective journaling affected their clinical stress in the pediatric clinical environment. Moreover, three common themes evolved from the data in RJA four regarding how reflective journaling affected the participants' clinical stress. These themes included:

1. Identify clinical progress
2. Develop coping skills to manage clinical stress
3. Help plan future clinical actions

Identify clinical progress. Three participants reported in RJA four, reflective journaling affected their clinical stress in the pediatric clinical environment through enabling them to identify their clinical progress. Clinical progress in relation to reflective journaling related back to the participants being able to see progress in their clinical abilities over the course of the semester. For example, C-1 stated how reflective journaling impacted the participant's clinical stress in the pediatric clinical environment through allowing the participant to "see my progress and everything I have learned" (C-1, RJA 4). Similarly, B-4 remarked, "journaling encouraged me to think about my day and anxiety and reflect on why I was nervous and what I ended up being comfortable with by the end of the day" (B-4, RJA 4). Lastly, B-2 noted reflective journaling "helped me see that I can overcome stressful situations, and that looking back they weren't as stressful as I thought at the time" (B-2, RJA 4). In Table 4.13, quotations reported by participants from RJA four are included to demonstrate how reflective journaling assisted the participants to identify their clinical progress in response to clinical stress.

Table 4.13

Impact Reflective Journaling had on Clinical Stress in the Pediatric Clinical Environment: Identify Clinical Progress

Has reflective journaling impacted your clinical stress in the pediatric clinical environment?	If you answered yes to question number 1, how has reflective journaling impacted your clinical stress in the pediatric clinical environment?
Identify clinical progress	• It has allowed me to see my progress and everything I have learned. (C-1, RJA 4) • It has helped me see that I can overcome stressful situations, and that looking back they weren't as stressful as I thought at the time. (B-2, RJA 4) • Journaling encouraged me to think about my day and anxiety and reflect on why I was nervous and what I ended up being comfortable with by the end of the day. (B-4, RJA 4)

Develop coping skills to manage clinical stress. Next, participants identified reflective journaling affected their clinical stress in the pediatric clinical environment through enabling them to develop coping skills to manage their clinical stress. As discussed previously in this chapter, participants realized on clinical day one, clinical stress was a daily reality. Consequently, participants recognized the need to re-evaluate clinical situations so they were better equipped to cope with clinical stress. For instance, participants remarked reflective journaling, "…made me think back to the situation and what made me stressed out or anxious" (A-5, RJA four), and subsequently, "learn ways to cope and be ready for the next clinical day. It also really helped me process" (C-4, RJA 4). Likewise, A-4 remarked, "Journaling helped us evaluate situations that were stressful to us. It made us think back to how we handled that stress" (A-4, RJA 4). As a result, the participants felt better prepared to be able to handle clinical stress in the future. Illustrated in Table 4.14 are quotations participants reported from RJA four, which

requested to state how reflective journaling assisted them to develop coping skills to manage clinical stress.

Table 4.14

Impact Reflective Journaling had on Clinical Stress in the Pediatric Clinical Environment: Develop Coping Skills to Manage Clinical Stress

Has reflective journaling impacted your clinical stress in the pediatric clinical environment?	If you answered yes to question number 1, how has reflective journaling impacted your clinical stress in the pediatric clinical environment?
Develop Coping Skills to Manage Clinical Stress	• It made me think back to the situation and what made me stressed out or anxious. (A-5, RJA 4) • It has helped me learn ways to cope and be ready for the next clinical day. It also really helped me process. (C-4, RJA 4) • I realized how much stress and anxiety goes away once you repeat something and practice it. (C-6, RJA 4) • Journaling helped us evaluate situations that were stressful to us. It made us think back to how we handled that stress. (A-4, RJA 4)

Help plan future clinical actions. Lastly, participants acknowledged in RJA four, reflective journaling affected their clinical stress in the pediatric clinical environment through helping them plan future clinical actions in the pediatric clinical environment. Participants noted how reflective journaling became an essential component to improving their knowledge and decision making abilities, and thus, they were able to make more informed and better clinical decisions in the future. For example, B-1 remarked being able to "write down concerns and use it as a learning opportunity" (B-1, RJA 4). Similarly, A-5 acknowledged how reflective journaling affected clinical stress though making the participant "reflect on what I could do differently for next time and how the situation impacted my clinical decision-making" (A-5, RJA 4). Lastly, A-6 stated, "Honestly, I didn't really care for reflective journaling

at the beginning. It turns out that I think it is a very helpful exercise. I think that it causes you to completely step back and reflect. Thinking about what we would do differently is very helpful for future situations" (A-6, RJA 4). Table 4.15 includes the participants' responses for how reflective journaling affected clinical stress by allowing them to help plan future clinical actions.

Table 4.15

Impact Reflective Journaling had on Clinical Stress in the Pediatric Clinical Environment: Help Plan Future Clinical Actions

Has reflective journaling impacted your clinical stress in the pediatric clinical environment?	If you answered yes to question number 1, how has reflective journaling impacted your clinical stress in the pediatric clinical environment?
Help Plan Future Clinical Actions	• I was able to write down concerns and use it as a learning opportunity. (B-1, RJA 4) • It made me reflect on what I could do differently for next time and how the situation impacted my clinical decision-making. (A-5, RJA 4) • Honestly, I didn't really care for reflective journaling at the beginning. It turns out that I think it is a very helpful exercise. I think that it causes you to completely step back and reflect. Thinking about what we would do differently is very helpful for future situations. (A-6, RJA 4)

Figure 4.9 illustrates the overall impact reflective journaling had on participants' clinical stress in the pediatric clinical environment. As portrayed in Figure 4.9, reflective journaling impacted clinical stress through allowing the participants to identify their clinical progress, develop coping skills to manage clinical stress, and help plan their future clinical actions.

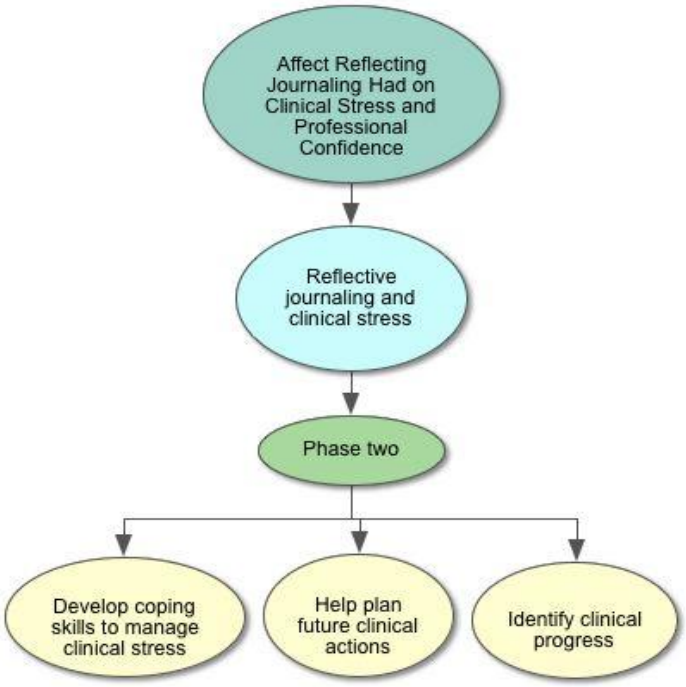

Figure 4.9. Phase Two: Impact Reflective Journaling Provided to Participants' Clinical Stress in the Pediatric Clinical Environment

Summary of Findings for Research Question Three

In summary, all nine-baccalaureate nursing students identified reflective journaling affected their clinical stress in the pediatric clinical environment. Participants reported clinical stresses made them feel anxious, under-prepared, worried, helpless, and proud or accomplished when they were able to over-come their stress. Reflective journaling provided participants with an avenue to be able to learn from the clinical situation and develop skills to focus under clinical stress. As a result, participants were able to make clinical decisions required in the pediatric clinical environment. Finally, reflective journaling allowed participants to acknowledge their clinical progress.

Figure 4.10 summarizes the affect reflective journaling had on clinical stress for both phases. As depicted in Figure 4.10, the sources of pediatric clinical stress from RJA one, two, and three were a clinical inexperience, family-centered care, unfamiliar clinical

environment, language barrier, and the high emotional demands involved in caring for pediatric patients. In RJA four, participants identified reflective journaling affected their clinical stress through being able to develop coping skills to manage their clinical stress, help plan their future clinical actions, and identify their clinical progress.

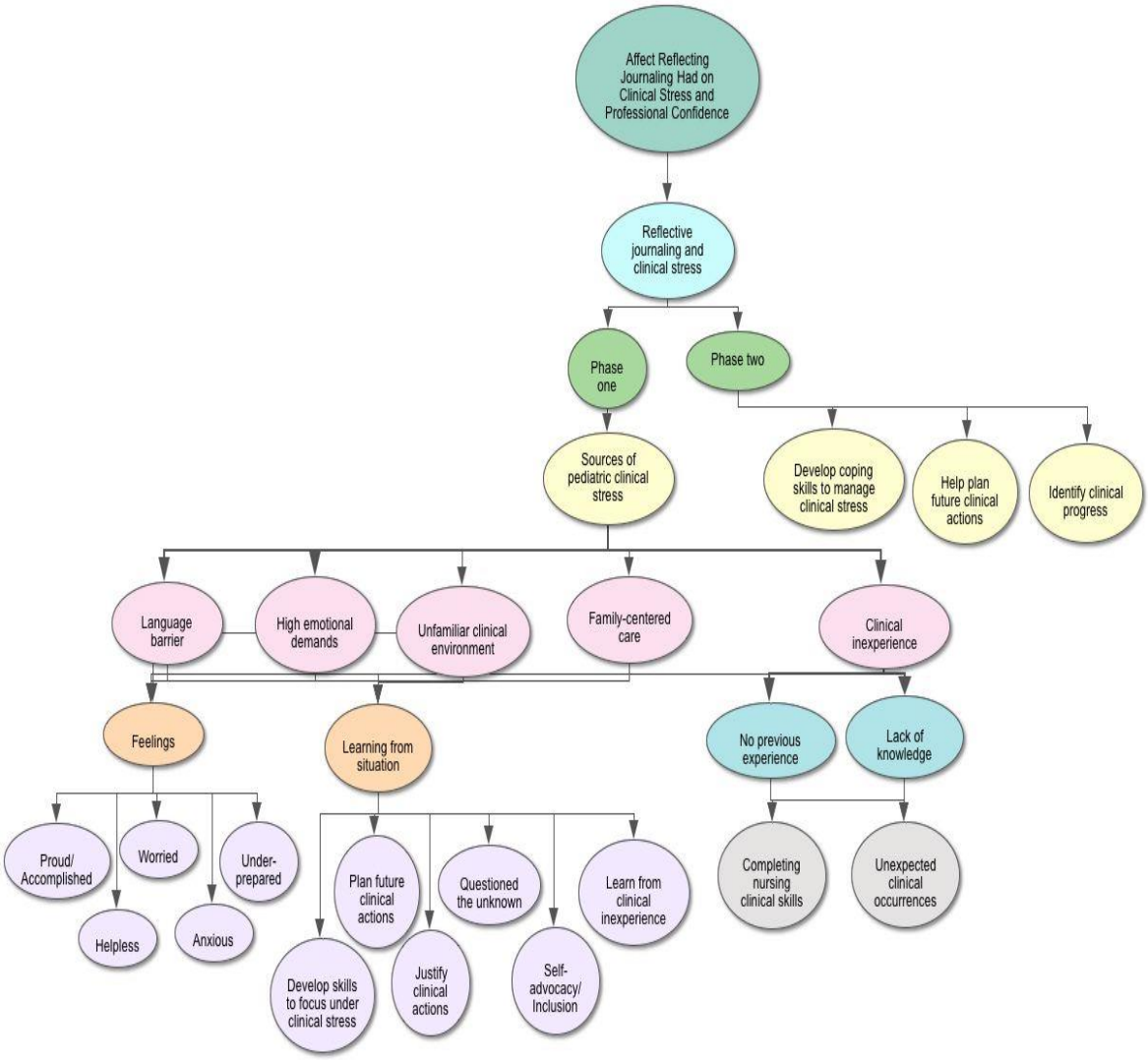

Figure 4.10. Holistic Analyses on How Reflective Journaling Affected Clinical Stress in the Pediatric Clinical Environment

Research Question Four: How Does Reflective Journaling Affect Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

Similar to research question three, this research question was also answered in two separate phases. The first phase presented participants' responses identified in RJA three regarding areas they lacked professional confidence after each clinical experience. Additionally, the first phase also included the sources of professional confidence presented in Research Question Two. Next, the second phase presented participants' responses from RJA four, which queried how participants viewed how reflective journaling impacted their overall professional confidence at the end of the pediatric clinical experience. It was essential to analyze both phases for this research question because the second phase was dependent on the first phase, and thus, both phases contributed to the overall affect reflective journaling provided on participants' professional confidence.

Phase One: Analysis of Reflective Journal Assignment Three

The first phase presented the responses participants provided regarding areas in which they lacked professional confidence after each clinical experience from RJA three. The findings from participants' are summarized into three sections: sources for their lack of confidence, feelings related to their lack of confidence, and finally, what they were able to learn from the situation where they lacked professional confidence. A discussion of each of these follows. The sources of professional confidence presented in Research Question Two will not be re-discussed. However, in accordance with Research Question Two, participants found professional confidence associated with their previous

experiences, experience with clinical skills, family-centered care interactions, patient-centered care interactions, and using coping skills to manage their clinical stress.

Sources of lack of professional confidence. The researcher was able to identify the following themes in RJA three as sources of lack of confidence to care for hospitalized patients in the pediatric clinical environment:

1. Clinical inexperience in caring for the pediatric patient
2. Unfamiliar clinical environment

Interestingly, the themes for lack of confidence nearly mirror the themes identified previously for sources of clinical stress. Figure 4.11 shows the themes found in phase one for lack of professional confidence as well as the sources for professional confidence that were presented in research question two. As illustrated in Figure 4.11, the themes for lack of professional confidence found were clinical inexperience in caring for the pediatric patient and an unfamiliar clinical environment. The themes for lack of professional confidence will be discussed in turn.

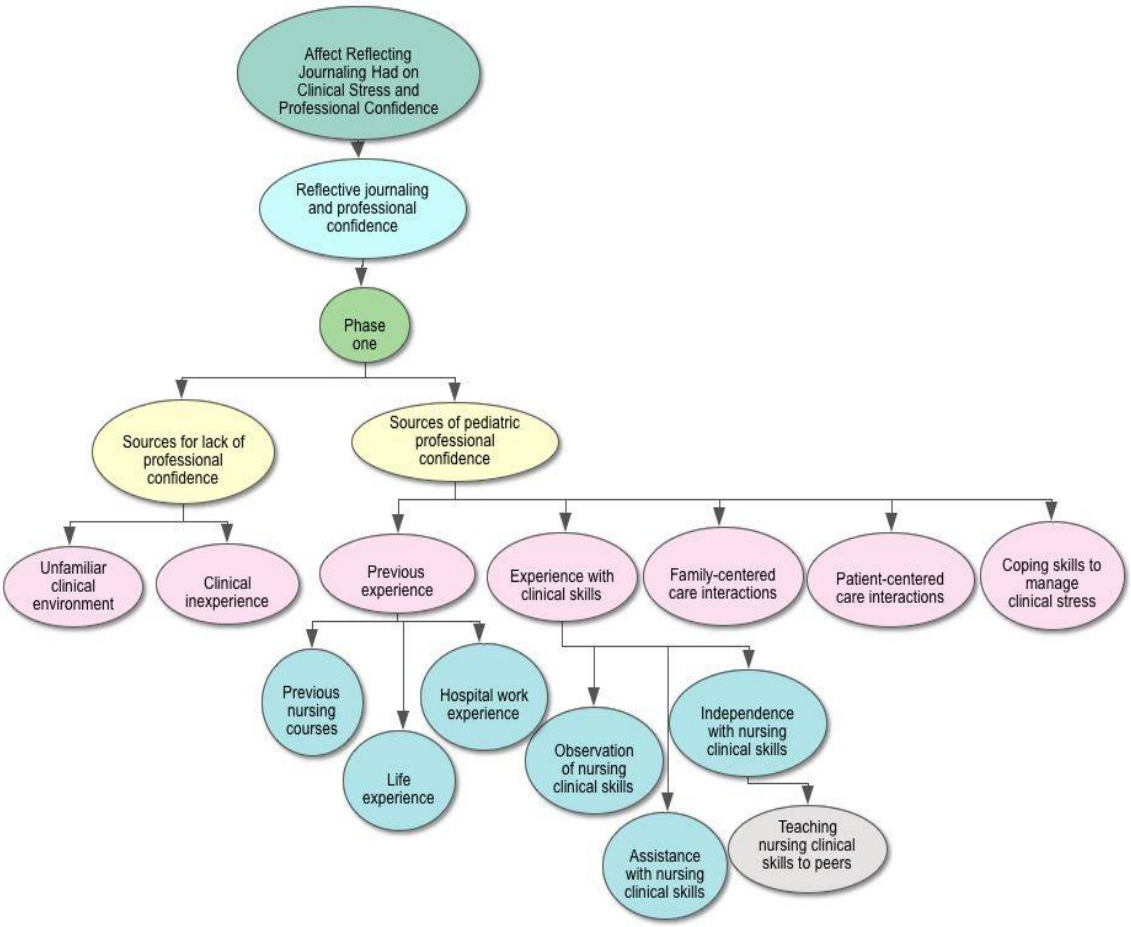

Figure 4.11. Phase One: Professional Confidence and the Pediatric Clinical Environment

Clinical inexperience in caring for the pediatric patient. Participants' inexperience in caring for the pediatric patient was the most common source of lack of confidence in the clinical environment. Participants identified a lack of confidence in the pediatric clinical environment each of the clinical days. The researcher was able to recognize several patterns and sources for lack of professional confidence related to participants' inexperience to care for the pediatric patient. First, the researcher noted participants often initially perceived their inexperience as a source of clinical stress. However, after the initial clinical stress dissipated or the participants were able to gain some clinical experience, their clinical stress progressed into lack of confidence, and

finally, professional confidence with additional clinical experience. For example, on clinical day one, B-2 noted being stressed to suction her patient's tracheostomy. After the participant was shown how to complete the skill, this stress turned into lack of confidence, and ultimately, the participant became "comfortable" working with her patient's tracheostomy by the end of the clinical experience (B-2, RJA 3). Similarly, C-4 noted being stressed about changing an infants diaper and "freaked out" when the infant began to cry (C-4, RJA 3: Clinical Day One) because the participant lacked the clinical experience to know how to handle the situation. However, on the second time the participant experienced a similar situation, the participant did not identify stress associated with the situation, but a lack of confidence (C-4, RJA 3: Clinical Day One). Additionally, with clinical experience, the participant was able to confidently complete diaper changing and provide comfort to pediatric patients. Similarly, on a broader context, the researcher was also able to note on clinical day five, participants identified the fewest volume of occurrences associated to having a lack of confidence in the pediatric clinical environment related to their clinical inexperience.

The researcher was able to note one specific pattern where participants appeared to lack confidence in the pediatric clinical environment related to their clinical inexperience. This was when participants were completing their assessment, vital signs, and bathing of their patient. Through analysis of the reflective field notes, all nine participants asked either the instructor or nurse to assist them in completing their initial assessment, vital signs, and bathing of their patient on the first day of clinical. Additionally, even with clinical experience as the semester progressed, participants continued to identify feeling a lack of confidence on each of the clinical days completing

these items, even with previous assistance and experience. For instance, on clinical day two, A-5 noted, "The only situation I wavered in confidence was when I had to complete an assessment" (A-5, RJA 3: Clinical Day Two). Similarly, C-6 noted getting frustrated with herself when obtaining an assessment and consoling an infant the third clinical day because she "still felt a little uncomfortable taking vitals on such a young baby—I really struggle to hear heart sounds and respirs [respirations] on such a small person" and "I struggled consoling a fussy baby while also trying to take vitals" (C-6, RJA 3: Clinical Day Three), and subsequently, forgot to complete part of the assessment. Forgetting a piece of the assessment frustrated the participant and the participant commented feeling "silly having to unwrap her again" (C-6, RJA 3: Clinical Day Three). However, as the semester progressed, the volume of responses associated with lack of confidence in completing these things decreased, with only one participant commenting feeling a lack of confidence with these on the last two clinical experiences.

Conversely, sometimes participants' initial experience with something was the first time encountering it in the pediatric clinical environment. While participants did not identify being stressed in the clinical situation, they did experience a lack of confidence because they had not previously completed the skill or encountered the type of knowledge required for the clinical situation. Participants acknowledged feelings of self-doubt associated with their lack of confidence in these situations and wanted the instructor or nurse present for reassurance. For instance, B-2 noted a lack of confidence in completing a rectal temperature, only because the participant "… had never done a rectal temperature before..." (B-2, RJA 3: Clinical Day Two). However, with the instructors presence and guidance at the bedside, the participant said, "… I got the hang

of it quickly" (B-2, RJA 3: Clinical Day Two). Next, A-6 and A-4 had a lack of confidence when working with a g-button. Participant A-6 commented a lack of confidence because she hadn't "had the chance yet to work with a g-tube and I was given the opportunity today" (A-6, RJA 3: Clinical Day Three). Participant A-4 noted a lack of confidence in her skills when "…dealing with a g-tube. I have not dealt with any kind of tube since med-surg so it has been awhile. I was not sure how to properly administer meds through it or how to hook everything up or even care for the insertion site" (A-4, RJA 3: Clinical Day Two). Moreover, B-2 noted a lack of confidence related to managing the cares of her patient with diabetes. Participant B-2 said, "My patient this week is newly diagnosed with Type 1 diabetes. I am not familiar with carb counting related to how much insulin to give….." (B-2, RJA 3: Clinical Day Three). Lastly, A-5 noted a lack of confidence when assisting a medical student with asking admission questions. Participant A-5 stated the medical student "seemed so confident and knew exactly what to ask assessment wise without getting stuck. It made me want to brush up on my assessment questions in order to get the most accurate information" (A-5, RJA 3: Clinical Day Four).

Furthermore, while participants acknowledged they felt a lack of confidence related to their clinical inexperience in the pediatric clinical environment, they wanted to be perceived as competent in front of the nurses on the floor and seen as an integral part of the health care team in front of families. Participants wanted to complete all aspects of patient cares and provide education to the families on the plan of care. However, when the nurse would ask the participant to complete something and the participant did not know how, the participant would feel a sense of failure, and further lack of confidence

ensued. For instance, A-5 commented on a lack of confidence "when the nurse would ask me to do things that I didn't know how to do" (A-5, RJA 3: Clinical Day One). Similarly, when families would ask questions the participants did not know the answer to, they would begin to doubt themselves and have a lack of confidence in their abilities. For instance, C-6 noted having a lack of confidence when completing parent education, especially because the parents did not appear to take the participant's education points seriously. The parents were distracted and did not listen to the participant's education (C-6, RJA 3: Clinical Day 2), requiring the nurse to repeat the information to the parents. The participant acknowledged feeling frustration because the family listened to the nurse, when the nurse provided the family with similar information. Similarly, A-6 identified a diminished confidence when the family was asking the participant about the various medications the patient was on and the reason behind it. The participant felt hesitant and doubted the information she provided and noted, "maybe I could have elaborated a little more on the reason for meds when the family asked" (A-6, RJA 3: Clinical Day 2).

Table 4.16 provides quotations the participants identified according to clinical day for the theme clinical inexperience related to their lack of confidence in the pediatric clinical environment. As illustrated in Table 4.16, the volume of participant comments related to lack of confidence in the clinical environment from clinical inexperience decreased as the participants gained clinical experience.

Table 4.16

Lack of Professional Confidence related to Clinical Inexperience

Clinical Day	Quotations from Participants Lack of Professional Confidence: Clinical Inexperience
Clinical Day One	• I had lack of confidence when trying to grab vital signs and he kept pushing me away. (A-5, RJA 3) • I also lack confidence with med administration….(A-5, RJA 3) • I would say suctioning the trach... After working through it with our instructor, I felt more comfortable. (B-2, RJA 3) • Trach care and suctioning-I hadn't performed either since med surg. I was terrified I had forgot all previous knowledge (especially scary on an infant). (B-4, RJA 3) • Changing a diaper; Holding a child when crying. (C-4, RJA 3) • I also lack confidence with med administration and what meds are because its been awhile since I had pharmacology. (A-5, RJA 3) • Knowing what is normal/abnormal regarding chest tubes. (C-6, RJA 3) • Also when the nurse would ask me to do things that I didn't know how to do. (A-5, RJA 3)
Clinical Day Two	• Today I felt a lack of confidence in my skills dealing with a g-tube. I have not dealt with any kind of tube since med-surg so it has been awhile. I was not sure how to properly administer meds through it or how to hook everything up or even care of the insertion site. (A-4, RJA 3) • The only situation I wavered in confidence was when I had to complete an assessment. (A-5, RJA 3) • Just not knowing how to run the pump, and never having done a throat culture before. (A-6, RJA 3) • I had never administered TPN or meds through a g-button. (B-1, RJA 3) • I had never done a rectal temperature before, but I got the hang of it quickly. (B-2, RJA 3) • …. doing a rectal temperature; only because I have never had the opportunity to do so before today. (B-4, RJA 3) • G-tube medication administration with tube feed running; not bolus feeding. (C-4, RJA 3)
Clinical Day Three	• The only situation in which I had lack of confidence would have been administering oral meds to an infant. (A-4, RJA 3) • When I kept forgetting to put up the side rail—this is a simple safety task that I should be doing whenever I leave the bedside. (A-5, RJA 3) • I haven't had the chance yet to work with a G-tube and I was given the opportunity today. (A-6, RJA 3) • …when drawing up a thick liquid med—did not look like it was drawing at first, but it was. Just very clear and was hard to tell at first. (B-1, RJA 3) • I still felt a little uncomfortable taking vitals on such a young baby—I really struggle to hear heart sounds and respirs [respirations] on such a small person. (C-6, RJA 3) • I struggled consoling a fussy baby while also trying to take vitals. I asked for [peers] help and she gave the baby a sucrose covered pacifier. I forgot to do the rectal temp when I changed her diaper and felt silly having to unwrap her again. (C-6, RJA 3) • …is newly diagnosed with Type 1 diabetes. I am not familiar with carb counting related to how much insulin to give... (B-2, RJA 3) • I experienced lack of confidence in my knowledge about diabetes and insulin pumps. The patient ended up doing all pump preparations and care and carb counting. (B-4, RJA 3)

Clinical Day	Quotations from Participants Lack of Professional Confidence: Clinical Inexperience
Clinical Day Four	• …the newness of working with a NG tube when I've only had experience with one in an adult. (A-6, RJA 3) • I experienced a little lack of confidence pulling the IV out only because the site was at a weird angle and the patient was stiffening and pulling close to the body. I did not want to pull without being able to see fully. (B-1, RJA 3) • I experienced lack in confidence when I was listening to the med student ask questions of the mother. She seemed so confident and knew exactly what to ask assessment wise without getting stuck. It made me want to brush up on my assessment questions in order to get the most accurate information. (A-5, RJA 3) • …learn more about diabetes in adolescents and the education needed for patients and families regarding insulin. (C-1, RJA 3) • The only situation in which I experienced a minor lack of confidence was in carb counting. (C-1, RJA 3) • I wasn't sure what to do to check ph of urine so this was a learning experience. While my actions were good, I would have liked more knowledge about what to do. Next time I will remember to ask before going in. (C-4, RJA 3)
Clinical Day Five	• I only lacked knowledge when taking a rectal temp. It was my first time during the semester. (A-4, RJA 3) • I experienced lack of experience when I was giving the baby a bath. I've never given a baby a bath before so I felt a little awkward and like I didn't know what to do. (A-5, RJA 3) • Checking placement of NG tube. I had done this before but was unsure if it was same with infants. (C-4, RJA 3)

Unfamiliar clinical environment. The last source of lack of confidence participants had was being in an unfamiliar clinical environment. There was only one participant who found this as a source of lack of confidence. This participant identified an unfamiliar clinical environment as a source of stress on clinical day one; however, the stress of the unfamiliar clinical environment dissipated after the initial day, and subsequently, turned into lack of confidence on clinical day two. The participant noted a lack of confidence when running the medicine pumps because the participant was not familiar with the pump. However, after the participant was shown how to use the medicine pump, she had increased knowledge and familiarity and, therefore, was able to independently use the medicine pump in future clinical situations.

Feelings associated with lack of confidence. Participants recognized an array of feelings in RJA three resulting from lack of confidence. The most common feelings

included being anxious, incompetent, self-doubt, and conversely, accomplishment when they overcame their feelings and were able to positively impact the patient. Participants' feelings regarding lack of professional confidence did not appear to change over the course of the semester from clinical day one to day five. Participants identified they exhibited feelings of being anxious, whether it be nervousness, sweaty, or apprehension on clinical days one through five. Additionally, participants had feelings of self-doubt on clinical days one, two, and five, but only commented feelings of incompetency on clinical day two. Interestingly, one participant remarked feeling a sense of accomplishment with herself when she was able to overcome her lack of confidence in the clinical environment. Table 4.17 displays quotations associated with participants feelings related to their lack of confidence in the pediatric clinical environment. As displayed in Table 4.17, participants identified their feelings associated with lack of professional confidence were being anxious, incompetent, self-doubt, and conversely, accomplishment when they were able to overcome instances of lack of professional confidence and help the patient.

Table 4.17

Feelings Participants Associated with Lack of Professional Confidence

Feelings Participants Associated with Lack of Professional Confidence	Quotations From Participants
Anxious	• Nervous as all get out. Anxious the baby was going to continue to cry and that I wasn't going to be able to solve the problem. I got anxious that others would respond and think less of my skills. (C-4, RJA 3: Clinical Day 1) • I was very nervous the first time we went in to give meds. I became more at ease when [instructor] taught us all we needed to know at that time. (A-4, RJA 3: Clinical Day 2) • I was very nervous because this was my first time working with an infant. (A-4, RJA 3: Clinical Day 3) • Semi-nervous; Stressed that the baby was so upset; Glad [peer] and [instructor] came to help (C-6, RJA 3: Clinical Day 3) • Really just a little apprehension (A-6, RJA 3: Clinical Day 4) • I was nervous because I was unsure what to do…(C-4, RJA 3: Clinical Day 4) • I was nervous about attempting to feed him but the feeding specialist was very helpful. (C-4, RJA 3: Clinical Day 5) • I was sweating going into the room…(C-4, RJA 3: Clinical Day 5) • The only feeling I felt was slightly nervous. (A-4, RJA 3: Clinical Day 5)
Incompetent	• Frustration and difficulty explaining the problems accurately to where it made a significant point in the parents' minds. (C-6, RJA 3: Clinical Day 2) • As I was telling the family about the meds, I was thinking about how I wished I had my paperwork on me so I could be sure of what I was telling them. (A-6, RJA 3: Clinical Day 2) • I felt like I should've known better…(B-1, RJA 3: Clinical Day 2)
Self-doubt	• I felt slightly down that I didn't get it…(B-1, RJA 3: Clinical Day 1) • I just wanted to be reassured that the way I remembered learning it, was the correct way. (B-4, RJA 3: Clinical Day 2) • Really just concern and I found myself wanting to encourage mom but didn't really have the words. (A-6, RJA 3: Clinical Day 5)
Accomplishment	• It made me feel that I was really helping her feel better emotionally …. (A-6, RJA 3: Clinical Day 3)

Learning from the situation. Participants identified in RJA three, learning occurred from experiencing a lack of confidence in the pediatric clinical environment. The themes found included:

1. Help plan future clinical actions
2. Increased professional confidence
3. Justify clinical actions
4. Question the unknown

The researcher found the number of participants who elaborated about a situation in which they experienced a lack of confidence was highest on clinical days one, two, and three, and decreased on clinical days four and five. Additionally, participants B-4 and C-1 commented not feeling any situation where there was a lack of confidence on the last clinical day. Therefore, as participants gained clinical experience in the pediatric clinical environment, their overall confidence increased. Table 4.18 portrays the themes and quotations the participants noted related to learning that resulted from the situations in which they experienced a lack of professional confidence.

Table 4.18

Learning from the Situation Involving Lack of Professional Confidence

Themes from learning from situation involving lack of professional confidence	Participants Quotations Related to Learning from Situation Involving Lack of Professional Confidence
Help plan future clinical actions	• Just remember the skills that I have and that children love to be held. Also remember that crying it out is useful and that sometimes just giving the child and family assistance it will be appreciated. And that if I feel nervous that I can ask for help from others. (C-4, RJA 3: Clinical Day 1) • Try different ways to calm the baby or distract from kicking. (B-1, RJA 3: Clinical Day 1) • I could have reviewed assessment techniques in my book before coming to clinical. (A-5, RJA 3: Clinical Day 2) • Print information if needed to give to the parents; Bring pedialyte to the room to discourage water; Remind parents that coughing is part of the illness (C-6, RJA 3: Clinical Day 2) • Have sucrose pacifier prepared; Do rectal temp when checking/changing diaper; Ask for help if needed (C-6, RJA 3: Clinical Day 3) • I learned today that the more reassuring the communication, the better! (A-6, RJA 3: Clinical Day 3) • Offering self and offering to get or do anything can let the family know what we are concerned and here to help. (A-6, RJA 3: Clinical Day 5) • I will be calm and ready. Walking the family through the steps made me ready to do my job. Seeing family members learning from me was a great accomplishment. (C-4, RJA 3: Clinical Day 5)
Increased confidence	• I will handle it with confidence. I need to always remember to ask questions if I feel a lack in my abilities. I need to also remind myself that tubes aren't always as scary as they sound. (A-4, RJA 3: Clinical Day 2) • Looking back and realizing I was actually able to answer their questions as to what the meds were for, I should have been more confident. (A-6, RJA 3: Clinical Day 2) • Because I actually got to take the infants temperature rectally, I feel 100% confident in performing it. (B-4, RJA 3: Clinical Day 2) • I will not be nervous and handle it with confidence since I was taught how to do it correctly. (A-4, RJA 3: Clinical Day 3) • I will handle it with a whole lot more confidence because I learned so much about NG care! (A-6, RJA 3: Clinical Day 4) • My confidence in this case even boosted when I was given the opportunity to demonstrate/teach another student. (A-6, RJA 3: Clinical Day 4) • I will be more confident…. (C-4, RJA 3: Clinical Day 4)
Justify clinical actions	• I will handle it in the same manner, contacting an interpreter or accessing a Blue phone, and staying calm and confident in my abilities. (C-1, RJA 3: Clinical Day 1) • I will handle it the same way. Although I will be more educated next time when working with diabetic patients, insulin, and carb counting. (C-1, RJA 3: Clinical Day 4) • The same way I did today. I reviewed the skill and then performed it. I will always ask questions too if needed. (A-4, RJA 3: Clinical Day 5)

Themes from learning from situation involving lack of professional confidence	Participants Quotations Related to Learning from Situation Involving Lack of Professional Confidence
Question the unknown	• I will double check myself or ask the instructor to double check me. (B-1, RJA 3: Clinical Day 2) • Ask questions before I begin then just go for it. I've done it before. (B-1, RJA 3: Clinical Day 4) • … remember to ask questions. (C-4, RJA 3: Clinical Day 4)

Figure 4.12 illustrates the summary of the phase one of professional confidence in the pediatric clinical environment. As depicted on Figure 4.12, phase one found participants identified five themes as sources of pediatric clinical confidence. These themes included: previous experience, experience with clinical skills, family-centered interactions, patient-centered interactions, and coping skills to manage clinical stress. Conversely, sources for lack of professional confidence included clinical inexperience and an unfamiliar clinical environment. When participants lacked professional confidence, they felt anxious, self-doubt, and incompetent. However, when they were able to overcome their lack of confidence, they felt a sense of accomplishment. Participants were able to learn from situations involving lack of confidence. The themes associated with what the participants learned from situations involving lack of professional confidence included: justify their clinical actions, question the unknown, help plan future clinical actions, and develop an increased confidence in the pediatric clinical environment.

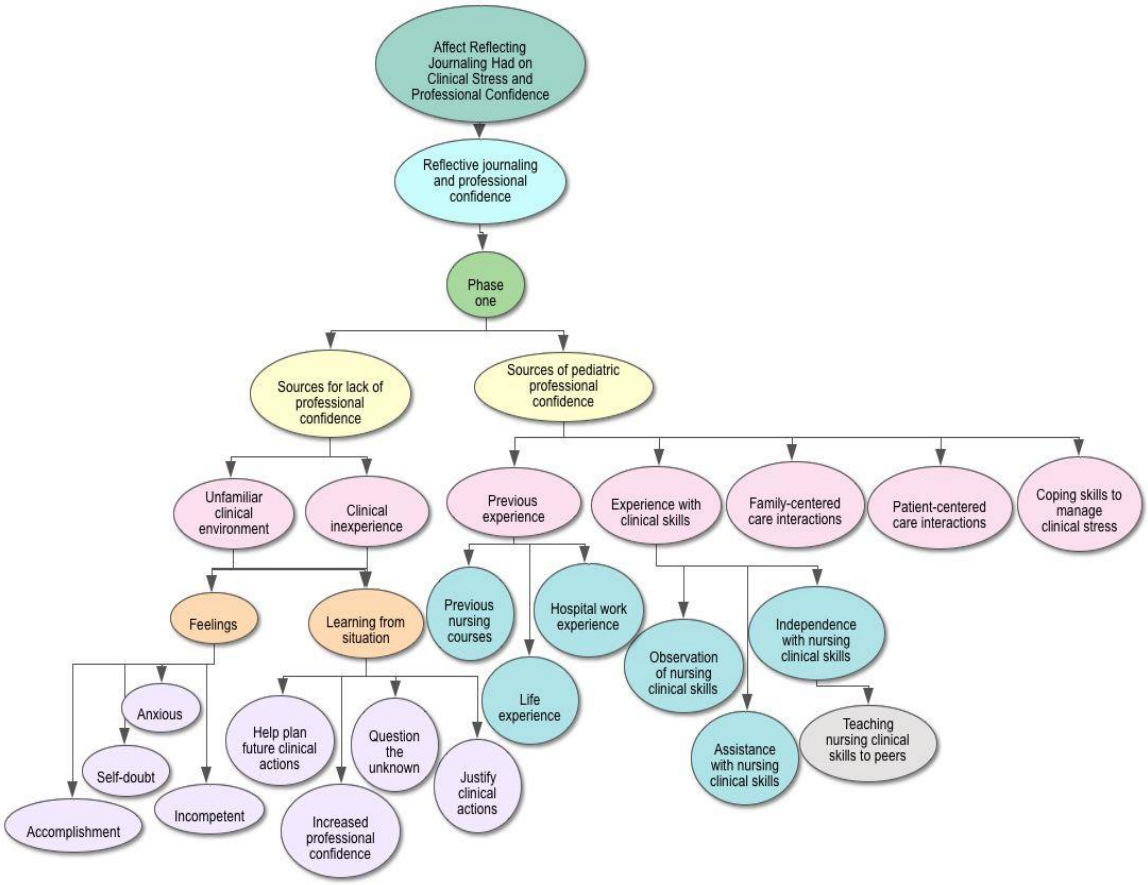

Figure 4.12. Phase One: Holistic Analyses of Professional Confidence in the Pediatric Clinical Environment

Phase Two: Analysis of Reflective Journal Assignment Four

The second phase of analyzing the effect reflective journaling had on professional confidence in the pediatric clinical environment was to analyze RJA four. Eight out of the nine participants found reflective journaling positively affected their professional confidence in the pediatric clinical environment in RJA four. The six themes identified regarding how reflective journaling affected professional confidence include:

1. Learn from knowledge deficit
2. Learn from inexperience

3. Emotional outlet
4. Identify clinical progress
5. Plan future clinical actions
6. Professional growth

Figure 4.13 illustrates the overall impact reflective journaling had on participants' professional confidence in the pediatric clinical environment. As portrayed in Figure 4.13, reflective journaling impacted participants' professional confidence by allowing them to learn from their inexperience, become an emotional outlet throughout clinical, learn from their knowledge deficit, plan for future clinical actions, identify clinical progress, and grow professionally.

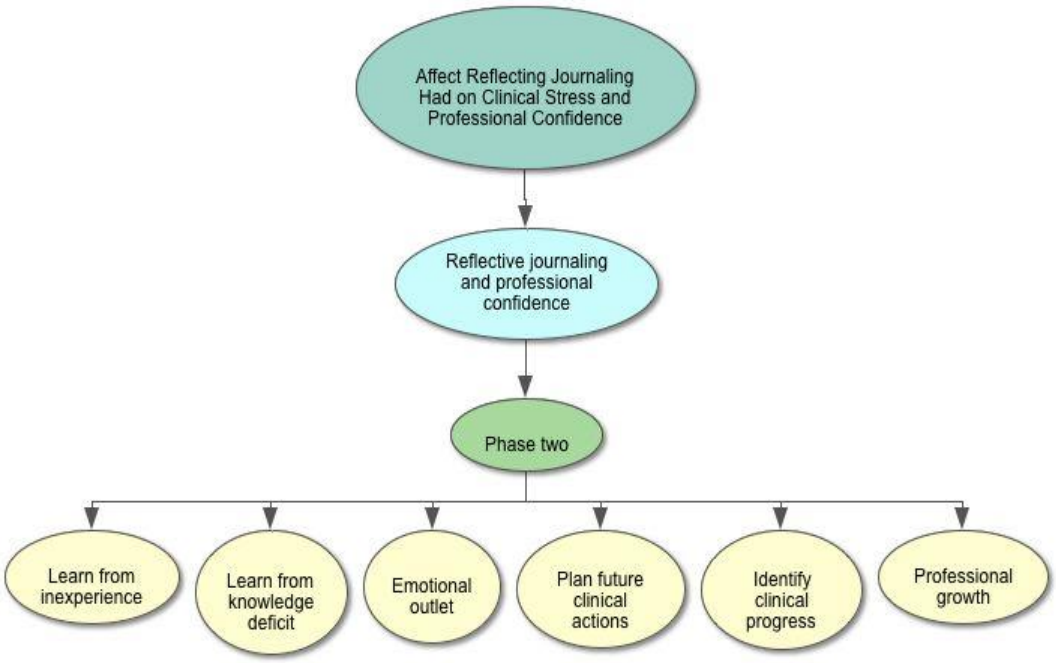

Figure 4.13. Phase Two: Impact Reflective Journaling Provided to Participants' Professional Confidence in the Pediatric Clinical Environment

Participants identified in RJA four that reflective journaling affected their professional confidence in the pediatric clinical environment through enabling them to learn from their knowledge deficit. For example, A-4 remarked how reflective journaling affected her professional confidence by making "us think back to when we felt a lack of knowledge" (A-4, RJA 4). Similarly, C-4 noted how reflective journaling affected professional confidence through helping to "cement the skills I performed in my mind" (C-4, RJA 4). Furthermore, one participant was able to utilize reflective journaling to stimulate professional confidence as an emotional outlet after the clinical day. Consequently, the participants were able to learn from their inexperience and plan for future clinical actions. This resulted in participants identifying their clinical progress and fostered professional growth.

While eight out of nine participants found reflective journaling affected professional confidence, one participant identified professional confidence was not affected through reflective journaling. This participant stated, "If I were to run into the same situation, my confidence will have increased due to familiarity" (B-1, RJA 4).

Table 4.19 lists the quotations from the participants regarding professional confidence identified in RJA four. As displayed in Table 4.19, participants noted how reflective journaling facilitated their professional confidence in the pediatric clinical environment through learning from knowledge deficit, becoming an emotional outlet after clinical each day, allowing participants to learn from their inexperience, improving their future clinical actions, identifying clinical progress, and finally, professional growth.

Table 4.19

Impact Reflective Journaling had on Professional Confidence in the Pediatric Clinical Environment

Has reflective journaling impacted your confidence in the pediatric clinical environment?	If you answered yes to question number 2, how has reflective journaling impacted your professional confidence in the pediatric clinical environment?
Learn from knowledge deficit	• Journaling made us think back to when we felt a lack of knowledge. (A-4, RJA 4) • It also helped to cement the skills I performed in my mind. (C-4, RJA 4)
Learn from inexperience	• Your confidence improves as you allow yourself to become comfortable whether it be asking questions or utilizing your peers for help. (C-6, RJA 4) • After reflecting on what caused me anxiety and realizing it only took practice to become better, impacted and increased my confidence. (B-4, RJA 4)
Emotional outlet	• It helped us think back to our thoughts and feelings and how we handled the situation. (A-4, RJA 4)
Identify clinical progress	• When I think back and read everything I was nervous about, I realize I got though it. It helps my confidence knowing I can do things I was so nervous about. (B-2, RJA 4) • It has allowed me to see my progress and realize how far I cam from day 1. I have learned a great deal about handling health care with children. (C-1, RJA 4)
Plan for future clinical actions	• It made me take a step back and self assess, so when confronted with the situation later I could refer back to the instance and how it made me feel then, as well as what I did to improve the outcome. (A-5, RJA 4) • Yes because it forced me to think about what I would do differently which helps better prepare for next time. (A-6, RJA 4)
Professional growth	• Helped me see my strengths and weaknesses. (C-4, RJA 4)

Summary of Findings for Research Question Four

In summary, eight out of the nine-baccalaureate nursing students found reflective journaling affected their professional confidence in the pediatric clinical environment. Participants reported they often initially felt clinical stress with various situations and experiences in the pediatric clinical environment; however, with clinical experience, their

clinical stress progressed to lack of confidence and, ultimately, they became professionally confident. Participants often commented feeling anxious, incompetent, and self-doubt when they were in a situation where they experienced lack of confidence in their abilities. However, when they were able to overcome their lack of confidence, they felt accomplished. Participants found they were able to learn from these situations and consequently, they were able to improve their knowledge and experience, plan for future clinical actions, identify their clinical progress, and improve their professional growth.

Figure 4.14 shows both phases for research question four regarding the impact reflective journaling had on participants' professional confidence. The figure illustrates the themes for phase one, which included both sources of professional confidence and lack of professional confidence. Additionally, Figure 4.14 shows the affect reflective journaling had on participants' overall professional confidence through assisting the participants in learning from their inexperience and knowledge deficit, providing an emotional outlet, allowing participants to identify their clinical progress, plan future clinical actions, and grow as a professional.

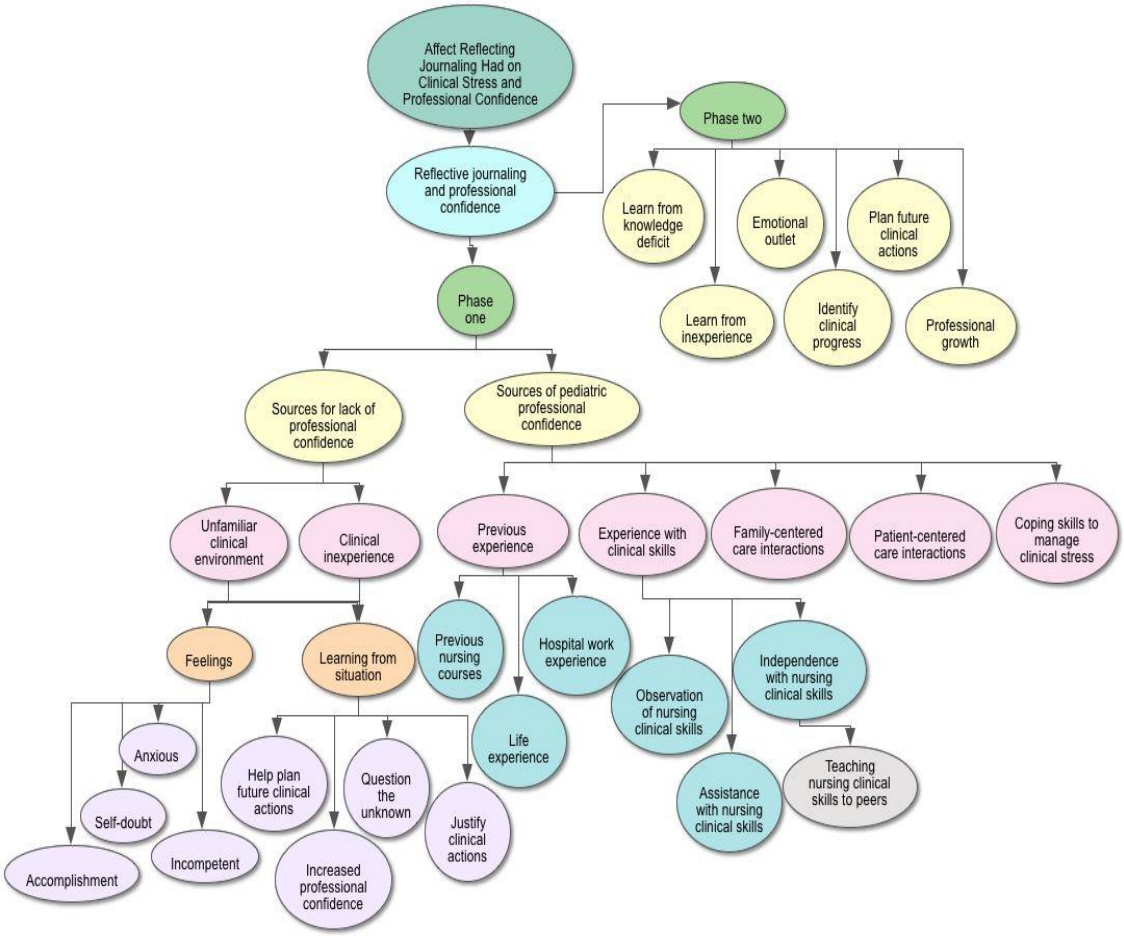

Figure 4.14. Holistic Analysis on How Reflective Journaling Affected Professional Confidence in the Pediatric Clinical Environment

Research Question Five: What is the Impact of Reflective Journaling on Clinical Stress and Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Nursing Clinical Course in a Private Midwestern College?

As previously stated, participants readily agreed reflective journaling positively impacted clinical stress and professional confidence in the pediatric clinical environment. As a result, decreasing clinical stress and increasing professional confidence in the pediatric clinical environment set forth a cascade of events. First, participants were able to develop coping skills, which led them to be able to focus on improving their

knowledge and decision-making abilities. This helped participants improve or change their actions for future clinical situations and fostered professional growth, ultimately, making the participants' successful in the pediatric clinical environment. Table 4.20 displays participants' quotations identifying how reflective journaling resulted in clinical success. As portrayed in Table 4.20, reflective journaling resulted in clinical success because it allowed participants to develop coping skills, improve their knowledge and decision-making skills, plan future clinical actions, and foster professional growth.

Table 4.20

Impact Reflective Journaling had on Clinical Success in the Pediatric Clinical Environment

Theme	Participant Quotations Identifying Impact Reflective Journaling has on Clinical Success in the Pediatric Clinical Environment
Develop coping skills	• If I was stressed, writing everything down helps me re-evaluate and look at what the day was like. Things leading up to, during, and after actions taken. I can learn from these situations. (B-1, RJA 4) • Going into a situation, I'll have an open mind and try not to worry as much. (B-2, RJA 4) • Remember to stay calm and that asking for help is always okay. The unknown can be scary but face it and you will come out better for it. (C-4, RJA 4)
Improve knowledge and decision-making skills	• By learning on what skills I practiced that day, it helps to solidify what I learned. (A-6, RJA 4) • I am now more willing to ask for help and stay calm when I am confused. By replaying a patient and my day with them, I am able to find ways to utilize the information and use it in my future nursing experiences. (C-6, RJA 4) • Thinking back to how I handled other situations will help me improve. It will also be beneficial because improving my clinical knowledge will make me a better nurse. (A-4, RJA 4) • To learn from my mistakes to become the best future nurse I can be. (A-5, RJA 4) • By thinking about what we would do differently (A-6, RJA 4)
Help plan future clinical actions	• It helped me think back and reassess what I've done and then had me think of different ways the scenarios could have been like. (B-1, RJA 4) • It has helped me look back on clinical situations and analyze how I handled it. (A-4, RJA 4) • It makes me think of alternatives to how I could have handled it. (A-4, RJA 4) • By reflecting on previous experiences I could learn from myself what to do and what not to do. (A-5, RJA 4) • I found the importance in asking for help, being a team player and that practice and repetitiveness helps you remember things for the future. (C-6, RJA 4)
Professional growth	• Helped me remember what I did and how to do things; Reassurance of my skill level; Kept me humble (C-4, RJA 4) • I learned that I can overcome any situation. It may not be as scary or as stressful as I thought it would be. (B-2, RJA 4) • I do not think my learning has necessarily improved; rather my confidence in my abilities. (C-1, RJA 4) • Definitely learned a lot about myself and my abilities and how I shouldn't be anxious because I have the knowledge to apply. (B-4, RJA 4) • It makes me think about past and recognize what I have already achieved and I can use that knowledge on situations in the future. (B-4, RJA 4) • It allows me to see that I have accomplished many tasks in the past and that if I had previously handled it properly, I can handle it the same next time. And if I needed to make changes, I now know what to improve upon. (C-1, RJA 4) • I liked looking back and seeing how scared I was and how much I've accomplished. (B-2, RJA 4)

Additionally, Figure 4.15 portrays the overall affect reflective journaling had on participants' clinical stress and professional confidence. Figure 4.15 combines all of the illustrations presented thus far in Chapter Four to illustrate the holistic impact reflective journaling had on clinical stress and professional confidence on nursing students in the pediatric clinical environment.

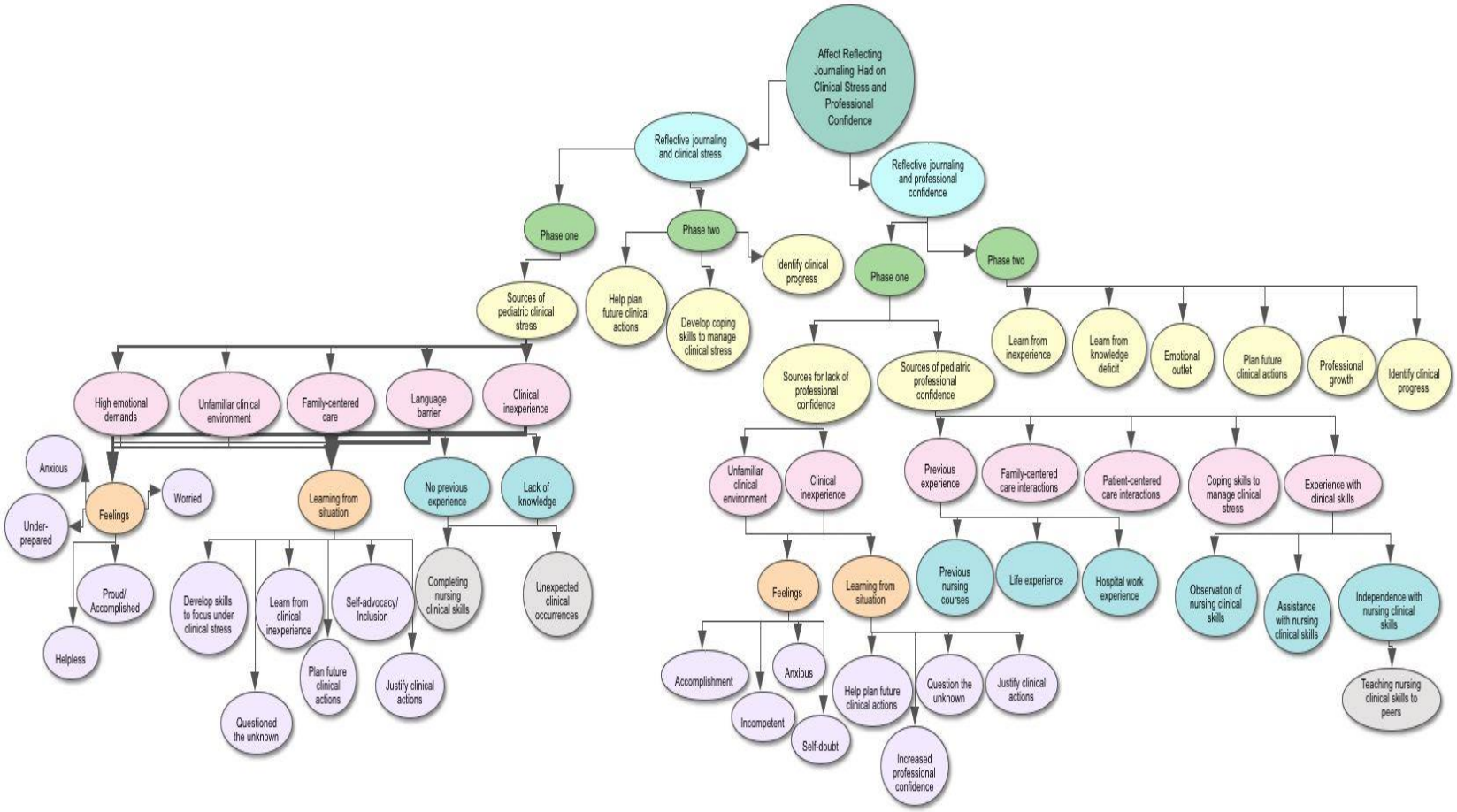

Figure 4.15. Holistic Analyses on How Reflective Journaling Affected Clinical Stress and Professional Confidence in the Pediatric Clinical Environment

Reflective journaling did take some time for the participants to get used to. Several participants even commented in RJA four how they under-valued the impact reflective journaling would provide them throughout their pediatric clinical experience. For instance, B-1 said how "I didn't get doing it so much at first, but it really did help look at the day and helped [me] remember for future reference" (B-1, RJA 4). Similarly, A-4 seemed surprised that reflective journaling assisted in her learning when she noted, "I actually found it beneficial. It helped reflect on the day and how you could improve your nursing and personal skills" (A-4, RJA 4).

Surprisingly, while all nine participants found reflective journaling positively impacted their clinical stress and eight participants found reflective journaling positively impacted their professional confidence, only eight participants commented they would utilize reflective journaling practices independently after the semester finished. Lastly, while many participants identified they would not change anything in regards to the reflective journal assignments completed throughout the semester, several participants noted some changes could be made in the future. These changes included wanting more time to reflect as the thirty minutes provided during post-conference was not enough, small group reflection, and lastly, different questions each week for the reflective journal assignments.

Conclusion

Nine baccalaureate-nursing students who were enrolled in a pediatric nursing clinical course, in a private Midwestern College, completed four reflective journal assignments over the course of the semester. Their writings were examined as part of a qualitative case study design to fully explore the phenomenon of the real life context, of

the pediatric clinical experiences of baccalaureate nursing students, to determine how reflective journaling impacted clinical stress and professional confidence. Throughout Chapter Four, the researcher discussed the results of each research question independently.

The researcher found sources of clinical stress in undergraduate nursing students who were enrolled in a pediatric nursing clinical course were from their clinical inexperience, family-centered care, being in an unfamiliar clinical environment, caring for patients with a language barrier, and managing the high emotional demands of caring for the pediatric population. As a result of nursing students' clinical stress, they felt anxious, worried, helpless, and underprepared. Conversely, the nursing students felt proud or accomplished when they were able to overcome clinical stress. All nine participants identified that reflective journaling impacted their clinical stress in the pediatric clinical environment. Nursing students found reflective journaling assisted them in developing coping skills to focus under clinical stress, help plan their future clinical actions, and facilitated in the ability for the students to identify their clinical progress over the course of the semester.

Nursing students also found various sources of professional confidence in their reflective journal assignments to include: experience with clinical skills, previous experiences, family-centered care interactions, patient-centered care interactions, and the ability to utilize coping skills to manage clinical stress. Conversely, nursing students' found they lacked professional confidence with their clinical inexperience in caring for pediatric patients as well as caring for pediatric patients in an unfamiliar clinical environment. As a result of nursing students' lack of professional confidence, they felt

anxious, nervous, incompetent, and self-doubt in their abilities. Conversely, when they were able to overcome their lack of confidence and succeed, they felt accomplished. Eight out of the nine nursing students found reflective journaling impacted their professional confidence in the pediatric clinical environment. Nursing students found reflective journaling impacted their professional confidence through allowing the participant to learn from their knowledge deficit and inexperience, become an emotional outlet, plan future clinical actions, identify their clinical progress over the course of the semester, and finally, grow as a professional.

In conclusion, reflective journaling positively impacted both clinical stress and professional confidence in the pediatric clinical environment. This allowed the participants to develop coping skills to manage clinical stress, further allowing participants to improve their learning and decision-making abilities. Ultimately, reflective journaling fostered professional growth, thus, promoting clinical success.

Chapter V: Conclusion, Discussion and Summary

The purpose of this retrospective, qualitative case study was to explore the impact of reflective journaling on clinical stress and professional confidence among baccalaureate nursing students who were enrolled in a pediatric nursing clinical course in a private Midwestern College. This chapter provides a summary of the results according to each of the five research questions with supportive documentation from the literature, followed with implications for nursing education, limitations of the study, and future research.

Research Question One: What are the Sources of Clinical Stress among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

The findings of this research identified five themes participants associated as sources of clinical stress in the pediatric clinical environment. These included:

1. Clinical inexperience in caring for the pediatric population
2. Family-centered care
3. Unfamiliar clinical environment
4. Language barrier
5. High emotional demands of caring for the pediatric population

As part of the discussion and analysis of research question one, each of these themes will be discussed and analyzed in accordance with the literature.

Clinical Inexperience in Caring for the Pediatric Population

The first theme participants identified as a source of clinical stress was related to their clinical inexperience in caring for the pediatric population. Participants recognized

this as the most frequent source of clinical stress in the pediatric clinical environment. Participants' inexperience was associated with their lack of previous experience and knowledge associated with caring for the pediatric population, being unsure how to react with abnormal occurrences in the hospital environment, and completing nursing clinical skills on a pediatric patient.

Lack of experience and knowledge to care for the pediatric population.

Participants' responses identified two reasons associated with clinical stress related to their clinical inexperience: no previous experience with caring for pediatric patients and the vast amount of knowledge required to care for pediatric patients, both from a developmental aspect and from a disease process and management standpoint. Stresses related to both of these have been well documented in the literature (Chen, 2010; Lassche et al., 2013; Oermann & Lukomski, 2001). Furthermore, previous literature has supported clinical stress related to nursing students' inexperience, inadequate preparation, lack of knowledge, and the reality of caring for patients being heightened during the initial clinical experience (Admi, 1997; Audlet; 1995; Beck, 1993; Chesser-Smyth, 2005; Mahat, 1998). Participants in the current study had clinical stress prior to entering the pediatric clinical environment. Additionally, participants especially found caring for hospitalized patients particularly stressful. However, as supported by previous findings, this dissipated after their first day. Furthermore, two of the nine participants had some previous experience with pediatric nursing. While both of these participants identified some previous experience with pediatric nursing, both participants had some apprehension prior to beginning their pediatric clinical rotation. There has not been any previous research completed on the association between previous experience and

pediatric clinical. However, Chesser-Smyth (2005) and Dearmon et al. (2013) found in general, nursing students who have previous work experience in health-care have lower levels of stress.

While participants' stress from lack of previous experience to care for hospitalized pediatric patients subsided after their first clinical day, further stress ensued from their perception of the knowledge deficit and inexperience they possessed in managing the cares of pediatric patients. Participants viewed these as requirements of a pediatric nurse. Participants identified knowledge deficits related to developmental aspects of caring for pediatric patients, disease management, and implementing the plan of care, whether it be administering medications or completing various skills. Additionally, participants viewed clinical stress differently when completing nursing skills on pediatric patients. Some participants viewed basic skills as stressful, whereas others only viewed more complex skills as stressful. Nevertheless, previous experience did relate back to the complexity of the skill the participant perceived as stressful. For instance, as the participant gained more experience in the pediatric clinical environment, the stress associated with skills such as providing comfort and basic cares decreased and turned into clinical stress when completing more complex nursing skills, such as managing the cares and treatments of the hospitalized child. These findings were in accordance with previous research related to clinical stress among nursing students, especially among pediatric nursing courses. For instance, Wilson (1994), Oermann and Lukomski (2001) and Chen (2010) found clinical stress was more prevalent among nursing students who were enrolled in a pediatric nursing course because the nursing students' perceived themselves to lack knowledge and experience to care for the pediatric

population. Furthermore, similar to the participants in this study, stress was highest with technical skills of nursing cares, such as passing medications, completing assessments, administering therapies, and performing procedures on a child (Oermann & Lukomski, 2001; Lassche et al., 2013). This was because nursing students had a fear of harming a pediatric patient or doing something to cause distrust from either the patient or the parents (Chen, 2010). Furthermore, clinical stress was heightened because nursing students often associated clinical skills as an essential component to being a nurse and an inability to perform these skills resulted in anxiety (Chesser-Smyth, 2005).

Participants' lack of previous experience and knowledge to care for pediatric patients also resulted in them feeling stressed when managing or reacting to unexpected or abnormal clinical occurrences in the pediatric clinical environment. Abnormal and unexpected occurrences were expected in the pediatric clinical environment because of the nature of caring for sick children. Participants frequently mentioned being nervous during these situations and often times assumed the worst was going to happen to their patient. The researcher field notes even identified one participant who panicked when the patient had an emesis and the participant did not know the appropriate action to take, thus, causing the participant further clinical stress. Chen (2010) found similar findings among nursing students. Chen (2010) noted nursing students used words such as helplessness and stress associated with the inability to control events such as impending emergencies, threatening situations, or the unknown that could happen at any moment in the pediatric clinical environment. Essani and Ali (2011) also saw similar results for registered nurses with six months of experience in pediatrics. Their clinical stress was associated with their perceived inadequacy in their skills to handle emergency situations,

resulting in psychological distress and a decreased quality of care provided to the patients (Essani & Ali, 2011).

Consequently, because of participants' lack of experience and knowledge, it made them feel inept to properly and adequately care for the pediatric population. As a result, in accordance with previous research (Chen, 2010; Lassche et al., 2013; Oermann & Lukomski, 2001; Wilson, 1994), participants feared their clinical inexperience and knowledge deficit would make them appear incompetent to the parents, make an error, or make the child think they were trying to hurt them instead of help them get better. Furthermore, similar to Wilson (1994), participants wanted to be viewed as nurses and make positive contributions to their patient's care, thus, causing them clinical stress.

Family-Centered Care

Participants also found interacting with the child's parents as a source of clinical stress. Family-centered care was a significant source of stress on reflective journal assignments one and two. Several participants remarked about the protective nature of parents and being stressed about the eyes of the parents watching the students every move when they were caring for their child (B-1, RJA 1; B-2, RJA 1; B-4; RJA 1). Other participants commented on realizing that you don't only have one patient that you are caring for, but several patients and it is "not only about pleasing the child, the parents play a fact in it as well" (A-4, RJA 1). Stress when communicating or interacting with parents of hospitalized children has been documented in the literature. Fisher, Taylor, and High (2012) found nursing students had clinical stress when communicating with parents of hospitalized children. Consequently, this made some students timid when entering the room where parents were present (Fisher et al., 2012).

While four of the nine participants identified being stressed with the parents being present at the bedside watching them complete cares on their child, there were no participants who had clinical stress with this in RJA three. After reviewing the field notes, the researcher attributed this to working closely with each participant, especially during the first clinical day, where the researcher accompanied each participant with all aspects of patient care. The participants were able to observe the instructor utilize appropriate communication techniques, and conversely, they could turn to the instructor immediately for assistance during any aspect of patient care or parent interactions. As a result, clinical stress was eliminated among participants. Melincavage (2011) noted similar findings among nursing students. Melincavage (2011) identified nursing students had anxiety when their instructor was unavailable. Therefore, for the current study, the fact that the instructor was present during all aspects of cares during the first day would support their decreased clinical stress. Furthermore, four of the nine participants did not have parents present at the bedside during the first clinical day, thus, alleviating clinical stress related to family-centered care during the initial day of clinical. However, as s result of not having parents present at the bedside during the initial clinical day, these participants were able to gain experience and become comfortable working solely with a pediatric patient during the first week of clinical, and subsequently, carry this confidence with them the next time they were in clinical working with a child's parent. All in all, because participants in this research study did not experience any clinical stress related to family-centered care during the last two clinical days, the researcher concluded clinical stress related to family-centered care decreased with clinical experience.

While participants did not identify any clinical stress associated with interacting with a child's parents, they did identify clinical stress associated with their inability to be able to respond appropriately in situations involving their interactions with the child's parents. For instance, several participants noted their inability to be able to appropriately comfort a parent. Fisher et al. (2012) found parents of hospitalized children expect nurses to utilize empathy during their interactions, yet nursing students are often timid in their interactions with parents of hospitalized children. However, those students who have a good interpersonal relationship with families showed professional growth in the form of increased competence and confidence, thus, improving their satisfaction and morale with the pediatric course (Chen, 2010).

Unfamiliar Clinical Environment

An unfamiliar clinical environment was often seen in the literature as a common source of clinical stress among nursing students because of the unfamiliarity it presented compared to what students are used to in the classroom, as well as, the different sights, noises, smells, and patients that nursing students are not used to (Beck & Srivastava, 1991; Chen, 2010; James & Chapman, 2009-2010; Hamill, 1995; Pagana, 1988). The findings of this research found two of the nine participants had clinical stress from an unfamiliar clinical environment prior to entering the pediatric clinical environment. Furthermore, only one participant identified an unfamiliar clinical environment as a source of stress after actually being in the clinical environment. This participant commented being "nervous because not only is this an unfamiliar clinical environment, but I want to be confident in front of the parents…" (A-6, RJA 3: Clinical Day 1). Stress from an unfamiliar clinical environment was significantly lower than the researcher

anticipated, especially given that eight out of the nine participants had not previously been in the pediatric hospital where their pediatric clinical experience was completed. While this was lower than anticipated, the researcher was able to deduce clinical stress was probably decreased on the first day related to an unfamiliar clinical environment because the instructor was present with the student during all aspects of cares, thus, showing the participants how to navigate the unit, interact with the patients, and identify where various items on the unit were located. Clinical stress has been shown to be highest on the first clinical day, and subsequently, decreases as students gain experience in the clinical environment (Admi, 1997; Audlet, 1995; Beck, 1993; Kleehammer et al., 1990; Mahat, 1998). Furthermore, clinical stress was heightened when an instructor was unavailable to nursing students in the clinical environment (Melincavage, 2011). Therefore, because the instructor assisted the participants with all aspects of cares on the first clinical day, only one of the nine participants identified an unfamiliar clinical environment as a source of clinical stress on the first day. In all, similar to James and Chapman's (2009-2010) findings, once students became familiar with the clinical environment, their confidence increased, thus, allowing them to independently implement nursing cares. In all, clinical stress related to an unfamiliar clinical environment decreases with clinical experience as well as with lack of faculty support or availability in the clinical environment, especially on the first clinical day.

Language Barrier

An unexpected theme from this research study was clinical stress associated with caring for a patient or family with a language barrier. Four of the five participants who cared for a patient or family with a language barrier during their pediatric clinical

experience identified this as a source of clinical stress. This was consistent with other research identifying nursing students having a low level of self-efficacy when providing transcultural-nursing care (Miskin, Matthews, Wallace, & Fox, 2015), thus, leading to clinical stress. Additionally, Eliason and Raheim (2000) found undergraduate students expressed discomfort working with diverse populations because of their lack of knowledge, skills, and exposure to working with different types of culturally diverse clients.

High Emotional Demands of Caring for the Pediatric Population

The last source of clinical stress participants had was the high emotional demands involved in caring for the pediatric population in the clinical environment. For example, C-1 said on RJA one "how different [pediatrics] is than working with adults. Not only on the physical side, but on the mental side as well". This comment supported that emotional distress is often heightened in response to caring for pediatric patients. The findings of this study were also supported in previous research, both in pediatric nursing and among nursing students in general (Chen, 2010; Horton-Deutsch & Sherwood, 2008; Lassche, 2013). For instance, Chen (2010) identified nursing students in their pediatric rotation worry about the uncertainty that could present when caring for the pediatric population, such as, managing a sudden emergency of an ill child, the fear of the unknown that could happen when caring for a sick child, and even death of a child. Similarly, Horton-Deutsch and Sherwood (2008) noted nursing students are often unprepared for the emotional rigors associated with being a nurse, and especially in regards to pediatric nursing; students are not mentally or psychologically ready to provide

the difficult and painful procedures required of pediatric nurses (Lassche et al., 2013). Thus, causing the students clinical stress and psychological distress.

Interestingly, only one participant had clinical stress associated with the high emotional demands of caring for the pediatric population. This participant found this was a source of stress prior to entering the pediatric clinical environment. There were no participants who had clinical stress associated with the high emotional demands of caring for the pediatric population on any of the third reflective journal assignments, even with one participant caring for a patient during the early stages of hospice therapy. The researcher attributed this to possibly a strong cohesiveness and collegiality between each of the participants in the clinical groups. This allowed the participants to help one another and provide a peer support system. Positive peer relationships have been shown in the past to assist nursing students manage stress in the pediatric clinical environment (Chen, 2010). Another possible reason no participants identified emotional distress after entering the pediatric clinical environment was because while all of the patients were sick, with some patients even having chronic diseases such as cancer, all of the patients cared for in the pediatric clinical environment were stable. Many of the participants even played games with their patients, allowing the participants to have a positive outlook and understand how diseases and illnesses affect children in a different manner than adults, from a developmental, psychological, and physical standpoint. For instance, A-5 commented to the instructor after receiving her clinical assignment how she was anxious caring for a cancer patient. The participant associated cancer with being untreatable and thought it was going to be depressing to have to see a child with some of the visual characteristics associated with receiving chemotherapy. However, after A-5 met the

patient, she realized how relatively healthy the patient was and how the patient truly just wanted to be a normal child. The patient had lots of energy and A-5 spent most of her day playing video games and chasing after the patient. This positive experience helped change and shape A-5's attitude about caring for pediatric patients, specifically caring for a patient with a very serious illness, yet the patient acted like most other non-hospitalized children. Chen (2010) noted nursing students in the pediatric clinical setting wanted to know their patient could be cured and had an improved learning when the clinical environment was not intense and had a "degree of harmony" (p. 149). Similarly, B-2 verbally expressed stress to the instructor about caring for a patient on hospice cares. The participant was stressed the patient would expire during the clinical day. However, when the participant met the patient, she was able to see the patient just wanted to be loved and held like any other child. While the participant knew and understood what hospice cares meant, the participant realized her purpose for the day was to provide the patient comfort through holding. This is similar to Wilson (1994), James and Chapman (2009-2010), and Chen's (2010) findings that indicated nursing students wanted to have a sense they could help their patients and provide a positive contribution to their care. Consequently, clinical stress was decreased because the participant knew she was making a difference with her patient.

Research Question Two: What are the Sources of Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

The findings of this research found five themes the participants associated as sources of professional confidence in the pediatric clinical environment. These five themes included:

1. Experience with clinical skills
2. Previous experience and pediatric clinical
3. Family-centered care interactions
4. Patient-centered care interactions
5. Used coping skills to manage stress in the pediatric clinical environment

As part of the discussion and analysis of research question two, each of these themes will be discussed and analyzed in accordance with the literature.

Experience with Clinical Skills

Participants most commonly identified in RJA three, professional confidence being derived from experience with clinical skills in the pediatric clinical environment. In other words, participants associated professional confidence through their experience with clinical skills in the pediatric clinical environment. These included: observing a clinical skill performed by another individual, completing clinical skills with hands-on-assistance, or independently completing a clinical skill. Clinical skills participants found as increasing professional confidence ranged from basic skills to more complex skills. An analysis is below for all three themes in which participants acknowledged professional confidence in the pediatric clinical environment.

Observation of nursing clinical skills. The researcher found professional confidence among participants was increased when they observed another individual successfully complete a skill they were stressed, anxious, or had self-doubt completing independently. For instance, one participant identified stress from changing a diaper, therefore the participant had a peer model how to complete the skill (C-4, RJA 3: Clinical Day 1). Through successfully observing a peer complete the skill, C-4 was able to learn and, subsequently, change the patient's diaper independently. Similarly, another participant commented on being stressed when administering medications to her patient. The participant acknowledged not knowing how to administer medications through a g-tube, so the instructor administered the medication while the participant watched. At the end of the situation, the participant said, "After being taught about g-tubes I felt confident in administering meds through it. I responded well because I learned from the situation. Next time we went into give meds I felt fairly confident in my abilities" (A-4, RJA 3: Clinical Day 2). Again, similar to the previous participant, this participant observed another individual successfully complete a task. The participant not only learned how to complete the task, but gained confidence because of another individual's success.

The professional confidence these participants found through observation of another individual's success directly mirrors Bandura's Self-efficacy Theory (1997). Bandura (1977) described vicarious observation as those experiences in which an individual observes another individual perform a threatening activity without adverse consequences. In vicarious experiences, individuals judge their self-efficacy in relation to others' successes or failures (Bandura, 1997). Similarly, Chesser-Smyth and Long (2013) and Curtis (2007) showed how vicarious observation increases student confidence

in their abilities to perform in the clinical environment. In the present study, professional confidence through observation of skills was noted to be most frequent during the first two days and zero participants found professional confidence was a source of confidence after clinical day three. This suggested as participants gained clinical experience, their confidence increased, thus, allowing them to take a more hands on approach in clinical because of their increased knowledge from being exposed to new situations. In summary, in accordance with previous studies, vicarious learning experiences are an optimum manner for nursing students to increase their confidence in the pediatric clinical environment, especially during the first couple of clinical experiences when student confidence tends to be at the lowest because of the newness of the clinical environment.

Assistance with nursing clinical skills. Participants also found their professional confidence increased when they were able to complete clinical skills with assistance. Participants viewed assistance as including either verbal or hands-on assistance at the bedside directly from either the instructor or nurse; while assistance was being provided, it was still the participant who was completing the skill. Professional confidence through assistance with nursing clinical skills was noted to be most frequent on clinical days two and three. Therefore, as evidenced by the findings in this research, as participants gained clinical experience, their professional confidence increased, and as a result, they were able to rely less on the assistance of either the nurse or instructor to assist them in the clinical environment. Similar to previous studies (Bradbury-Jones et al., 2010; Chesser-Smyth, 2005; Chesser-Smyth & Long, 2013; Crooks et al, 2005), Bandura's Self-efficacy Theory (1997) was clearly demonstrated in this research study. Assistance with nursing skills, whether it be verbal or hands on assistance at the bedside, represents both the

verbal persuasion and mastery experience component of Bandura's Self-efficacy Theory (1997). This was evident through the instructor or nurse verbally guiding or persuading the participant in completing the skill, yet still allowing the participant the opportunity to complete the task independently. Regardless, self-efficacy is fostered through success (Bandura, 1997), which was encouraged in all aspects of this research study. As a result, similar to James and Chapman (2009-2010) findings, once participant confidence was increased, students were able to independently complete nursing skills.

Independence with nursing skills. Lastly, participants recognized professional confidence when they were able to become independent in caring for the pediatric population, especially in areas where they previously required some form of assistance. Participants recognized their progression with each clinical day and noted feeling a sense of accomplishment when they were able to become fully independent in their cares. The participants' confidence stemmed from being able to utilize previous knowledge obtained from a previous experience they encountered in the pediatric clinical environment and, subsequently, reapply that knowledge independently. For instance, one participant said on the last day of clinical feeling confident when suctioning out her patients nares independently, whereas on clinical day three she required assistance. This participant recognized her growth over the course of the semester, and her confidence was increased knowing she was able to independently complete the skill. Similarly, another participant recognized her growth when working with g-buttons. On clinical day four, the participant identified feeling confident in her abilities when working with a g-button, whereas on clinical day two the participant commented on her lack of confidence related to her inexperience and lack of knowledge. Again, this participant was able to

acknowledge her growth over the progression of the semester and the idea of being independent boosted the participant's confidence.

In all, the researcher found participants did not comment on their independence with their clinical skills on clinical day one, but frequently did on clinical days two through five. Thus, leading the researcher to conclude as participants gained more experience in the pediatric clinical environment, they became more confident in completing nursing clinical skills independently. Additionally, participants found their professional confidence was increased when they were able to master a clinical skill in the pediatric clinical environment and, subsequently, teach their peers the skill they mastered. For instance, A-6 said her confidence was increased when she "got the chance to teach it to a classmate which helped boost my confidence" (A-6, RJA 3: Clinical Day 4). Similarly, C-1 remarked feeling professionally confident "teaching my classmates…on how to suction" (C-1, RJA 3: Clinical Day 2). Finally, one participant even commented that as she gained clinical experience and confidence with independently completing clinical skills, she was able to assist with other patients on the unit (B-4, RJA 3: Clinical Day 4), further bolstering her professional confidence, but also making her feel an integral part of the health-care team.

Similar to previous studies, participants in this research study demonstrated mastery experiences as defined by Bandura's Self-efficacy Theory (1997). Mastery experiences are those situations in which an individual successfully carries out an activity or task (Bandura, 1997; Brown et al., 2003). Additionally, nursing student confidence has been show to be increased through achievement of learning in relation to practice, using previous knowledge in order to build on clinical activities and becoming more

independent in the clinical setting (Bradbury-Jones et al., 2010; Brown et al, 2003; Chesser-Smyth & Long, 2013; Crooks et al, 2005). In the current study, this professional confidence was then transferred over into participants' teaching their peers what they had learned and showing them their clinical success. Similar to the current study, previous research has supported peer-to-peer teaching as a useful tool in nursing education to improve confidence. For instance, El-Sayed, Metwally, and Abdeen (2013) found peer-to-peer teaching not only increased nursing students' confidence in their clinical practice skills, but also improved their problem-solving abilities and communication skills (El-Sayed, Metwally, & Abdeen, 2013). Finally, once participants were able to increase their confidence with independently completing clinical skills on their patient, they were able to make themselves available to complete these skills on other patients on the unit, fostering a sense of inclusion and acceptance on the unit. Conversely, Chesser-Smyth and Long (2013) found nursing students' confidence decreased if they were not valued as an integral part of the health-care team.

Figure 5.1 depicts the progression of nursing student confidence with clinical skills over the course of the semester. In the pediatric clinical environment, participants initially used more observation of clinical skills, whether it was from a peer, instructor, or nurse. As the participant developed professional confidence through clinical experience, they were able to complete nursing skills with some assistance. Finally, through clinical experience over the course of the semester, participants became independent with their nursing skills. In summary, nursing students often place a high importance with wanting to look like a nurse (Wilson, 1994), therefore, being independent in the clinical environment enabled them with this feeling, and increased their professional confidence.

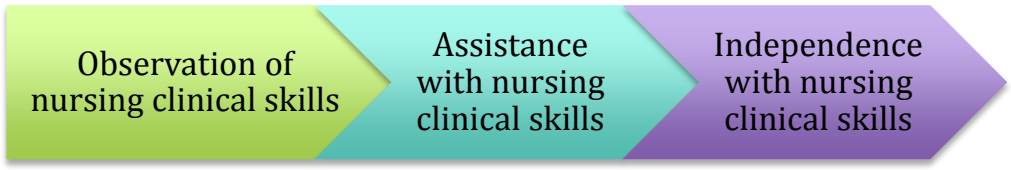

Figure 5.1. Progressions of Clinical Skills in the Pediatric Clinical Environment

Previous Experience and Pediatric Clinical. The next theme participants identified as a source of professional confidence was the association between their experiences from previous nursing course-work, hospital work experience, and life experiences they felt would transfer into the pediatric clinical environment. In other words, prior to entering the pediatric clinical environment, the participants felt confident in the knowledge and skills derived from these experiences and that these would assist them with their pediatric clinical experiences. Perry (2011) and White (2003) also supported these findings, as they found in their research how previous knowledge and experiences were pre-requisites to the development of self-confidence.

Participants commented feeling confident in RJA one and two with their abilities to complete assessments, vital signs, and basic cares such as bathing, feeding, holding or comforting, and changing diapers because of their previous experiences. However, after analyzing RJA three, the researcher found the skills participants recognized feeling confident in prior to entering their pediatric clinical rotation did not translate over to being confident or independent on clinical day one. For example, on RJA one, seven out of the nine participants identified having no previous experience with pediatric nursing,

yet eight out of the nine participants noted professional confidence in completing assessments, vital signs, bathing, and basic cares on a pediatric patient because of previous experiences either in their previous nursing courses, hospital work-experience, or life-experience. However, all nine participants asked the instructor or nurse to assist them when completing their first assessment, set of vital signs, and bath on the first day of clinical. This could have been because the participants were in an unfamiliar clinical environment and it being the first pediatric clinical experience, which both have shown to increase clinical stress (Admi, 1997; Audlet; 1995; Beck, 1993; Beck & Srivastava, 1991; Chen, 2010; Chesser-Smyth, 2005; James & Chapman, 2009-2010; Hamill, 1995; Mahat, 1998; Oermann & Lukomski, 2001; Pagana, 1988), therefore, making participants have a decreased confidence in their abilities to independently complete these skills on the first day.

Family-Centered Care Interactions

The third theme identified as a source of professional confidence in the pediatric clinical environment was family-centered care interactions. Family-centered care interactions involved the communication and interactions with the families of patients. As stated previously in research question one, participants acknowledged having clinical stress before they entered the pediatric clinical environment from the thought of parents being at the bedside watching them while they cared for their child. However, once participants were in the clinical environment, no participants identified stress associated with this. In contrast, the researcher found in the reflective journal entries completed before the participants entered the pediatric clinical environment, many participants felt professionally confident in their abilities to communicate and interact with families.

However, through analyzing the frequency of comments in RJA three, participants identified feeling more professionally confident with family-centered care the last two clinical days of the semester, even when many participants remarked feeling professionally confident in family-centered care prior to entering the pediatric clinical environment. Thus, leading the researcher to conclude even with previous experience, professional confidence associated with family-centered care increased with clinical experience in the pediatric clinical environment.

Previous research has shown nursing students showed symptoms of stress with communicating and interacting with parents of hospitalized children (Fisher et al., 2012). As a result, this made some students timid when entering the room where parents were present (Fisher et al., 2012), which not only negatively affected their confidence, but also their clinical experience and patient outcomes. Furthermore, nursing students often place a high importance on wanting to look like a nurse and appear competent in front of the families (Chen, 2010; Lassche et al., 2013; Wilson, 1994); however, because the participants were in a different clinical environment and clinical stress was present, they were not as confident in their clinical abilities as they initially thought they were prior to entering the pediatric clinical environment.

While participants' professional confidence with communicating and interacting with parents of hospitalized children increased with clinical experience, participants did identify specific situations where their professional confidence was increased through utilizing therapeutic communication skills. For instance, one participant recognized the need to utilize "body language and facial expression" (A-6, RJA 3: Clinical Day 1) when communicating with a parent who didn't speak English. Another participant's

professional confidence was increased when she was able to recognize apprehensiveness and nervousness of her patient's mother, thus, providing the mother with some needed encouragement. Similar to previous research (Fisher et al., 2012), as a result of being able to identify the parents' fragile emotional state, the patient's health outcome was positively affected.

Patient-Centered Care Interactions

The fourth theme participants identified as a source of professional confidence in the pediatric clinical environment was patient-centered care interactions. In contrast to family-centered care interactions, patient-centered care interactions were the communication and interactions that involved the pediatric patient. This research study found many participants identified being professionally confident with caring for pediatric patients prior to entering the clinical environment. For instance, four of the nine participants noted being professionally confidence on RJA one and two with patient-centered care interactions; however, two of these four participants provided conflicting responses. For example, one participant noted feeling stressed about "interacting with a hospitalized baby" (B-4, RJA 2), yet confident in her abilities to interact and care for an infant (B-4, RJA 2). Similarly, another participant was stressed about working "with children in a hospital setting", yet confident in her abilities to work with children (B-2, RJA 2). This lead the researcher to conclude there was a difference in confidence levels between working with healthy children versus hospitalized children. This is similar to Oermann and Lukomski (2001) research, who identified pediatric clinical was stressful and was the course most likely to exhibit an emotional response because of the perceived fragility of the patient. Also, Baxter and Rideout (2006) found nursing students had a

fear associated with communicating with patients, thus, decreasing their confidence in the clinical environment.

Patient-centered care was also identified frequently as a source of professional confidence during the first three clinical days and then appeared to decrease dramatically. Additionally, it appeared through analyzing the reflective field notes that participants were professionally confident in patient-centered care the last two clinical days, therefore did not identify it on the last two clinical experiences because they had already included it as a source of professional confidence in previous reflective journal assignments. Similar to the current study, Ross, Mahal, Yves, Chinnapen, and Rana (2013) noted nursing students' confidence in mental health increased from the beginning of the semester to the end. However, much of the existing research does contradict nursing student confidence increasing with experience (Edwards et al., 2010; Randle, 2003; Taylor & Reyes, 2012).

Furthermore, the findings of this study also suggested sources of participants' professional confidence related to patient-centered care were derived when their actions were able to impact the patient in a positive manner. For instance, several participants noted how developing a positive rapport or trust with the patient was essential to being able to adequately care for the patient (A-5, RJA 3: Clinical Day 2; C-1, RJA 3: Clinical Day 1; C-4, RJA 3: Clinical Day 1). Participants did various things to develop a positive rapport with the patient such as joking, playing video games, and just holding the patient for an extended period (A-5, RJA 3: Clinical Day 2; C-1, RJA 3: Clinical Day 1; C-4, RJA 3: Clinical Day 1). All of these things helped foster a therapeutic relationship and made the patient gain trust in the participant, thus, improving the participants'

confidence. Conversely, another participant recognized when she was utilizing non-therapeutic communication with her patient and once she corrected this, her patient was "less upset" (A-6, RJA 3: Clinical Day 3). Consequently, the participants' professional confidence improved because she was able to identify her error and see a marked change in the patient's behavior. This reiterates nursing students want to improve patient outcomes and often get a sense of feeling like a nurse when they are able to make a positive contribution to their care (Chen, 2010; Hamill, 1995; James & Chapman, 2009-2010; Wilson, 1994).

Used Coping Skills to Manage Stress in the Pediatric Clinical Environment

The last source of professional confidence participants had was feeling confident when they used an appropriate coping mechanism to deal with clinical stress encountered in the pediatric clinical environment. The most frequent coping mechanism participants utilized was remaining calm during stressful situations. Professional confidence was increased when participants were able to remain calm during situations, thus, improving their critical thinking and decision-making abilities and making them successful during the stressful situation. For instance, one participant recognized in clinical day two the need to utilize a coping mechanism to manage stress during a particular clinical situation when the "nerves within [the participant's] head" took over (C-4, RJA 3: Clinical Day 2). Subsequently, when the participant used calming techniques during a stressful clinical situation on clinical day three, the participant's professional confidence was increased because the participant was able to think clearly and seek out the appropriate clinical action (C-4, RJA 3: Clinical Day 3). Similarly, another participant recognized anxiety when moving her patient, but "kept calm" (C-6, RJA 3: Clinical Day 5). As a result of

keeping calm, the participant was able to utilize critical thinking, make the appropriate decisions, and be successful with her actions, thus, improving professional confidence. On another note, the findings noted participants did not identify using coping mechanisms to manage stress until clinical day three. Therefore, the researcher was able to conclude it required some clinical experience before having an ability to identify the need to use and implement coping mechanisms in the pediatric clinical environment. Similar to the current findings, stress and lack of confidence have shown to impede a nursing student's problem solving abilities, leading to impaired thought processes, which are required to make independent decisions in the clinical environment (Chesser-Smyth & Long, 2013; Hamill, 1995; James & Chapman, 2009-2010; Melincavage, 2011; Papazisis et al., 2008). However, anxiety and stress can be decreased through implementing mindfulness techniques (Beddoe & Murphy, 2004).

Research Question Three: How Does Reflective Journaling Affect Clinical Stress among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

The findings of this research were presented in Chapter Four in two phases. The first phase presented participants' responses from RJA three regarding their feelings during the stressful situation, what they did well in the stressful situation, and the learning obtained from the situation. The second phase presented detailed participants' responses from RJA four, which was an overall summary on how reflective journaling affected the participants' clinical stress in the pediatric clinical environment. The discussion for Chapter Five for this research question will follow the same format as Chapter Four. Each of the two phases will be discussed in detail below.

Phase One: Analysis of Reflective Journal Assignment Three

As previously stated, participants found sources of clinical stress to include: clinical inexperience in caring for the pediatric population, family-centered care, being in an unfamiliar environment, caring for patients with a language different than their own spoken language, and the high emotional demands involved with caring for the pediatric population. As part of RJA three, participants were also asked to identify their feelings within that stressful situation, acknowledge what they did well when they encountered clinical stress, and elaborate on what they learned from the situation. Each of these factors helped contribute to the overall effect reflective journaling had on clinical stress, so participants could complete RJA four at the end of their pediatric clinical experience.

Feelings associated with clinical stress. Participants recognized an array of feelings resulting from clinical stress. The most common feelings were anxious, worried, helpless, and underprepared. Participants' feelings did not appear to change over the course of the semester from clinical day one to five; however, the volume of occurrences cited in the reflective journal assignments did significantly decrease as the semester progressed. This was anticipated though, as determined with research question one, clinical stress was shown to decrease with clinical experience. Additionally, the feelings identified as part of clinical stress in the current study were not significantly different than those previously found in the literature. Symptoms of clinical stress and anxiety have a documented physiological response and are associated with activation of the autonomic nervous system, including symptoms such as sweating, tensing, trembling, rapid heart rate, upset stomach, nervousness, skin disturbances, apprehension, worried, and sleep disturbances (Bandura, 1997; Evans & Kelly, 2004; Kleehammer et al., 1990;

Shipton, 2002; Speilberger, 1972). Similar to previous research, when participants overcame clinical stress, a sense of accomplishment was noted (Evans & Kelly, 2004).

Positive action taken by participants during clinical situation associated with clinical stress. In order to prevent participants from purely focusing on the negative aspect of the clinical stress, they were also asked to identify positive actions they took during stressful situations. The themes identified included: participants gained clinical experience, asked for help, questioned the unknown, responded appropriately during the stressful situation, and used effective coping skills to focus under the clinical stress they experienced in clinical. Similar to the current research, Haffer and Raingruber (1998) found through journaling, participants were able to identify their clinical progress, learn from their inexperience, question what they did not know, and develop ways to focus under stress.

The findings also suggested participants had difficulty identifying positive actions they took during stressful situations on the first clinical day; however, as the participants gained more clinical experience in the pediatric clinical environment, they began to identify positive actions. One reason for this could be because the first clinical day has been shown to be the most stressful (Admi, 1997; Audlet; 1995; Beck, 1993; Chesser-Smyth, 2005; Mahat, 1998) and confidence increases with clinical experience (Ross et al., 2013), thus, making the participants less likely on the first day to feel positive about their performance in the pediatric clinical environment.

Learning from situation involving clinical stress. The findings of this research found six themes related to learning that occurred from experiencing clinical stress in the pediatric clinical environment. The themes included: developing skills to focus under

clinical stress, ability to plan future clinical actions, learning from their inexperience, justifying clinical actions implemented on their patent, question the clinical unknown, and inclusion on the unit. Similar to the current results, previous literature has shown reflective journaling to allow nursing students to utilize questioning as a method to enhance critical thinking, develop ways to focus more effectively under stress, gain an increased awareness of their clinical actions, and improve their knowledge through linking classroom to clinical experiences (Asselin, 2011; Forneris & Peden-McAlpine, 2007; Haffer & Raingruber, 1998; Glaze, 2002; Horton-Deutsch & Sherwood, 2008; Karpa & Chernomas, 2013; Langley & Brown, 2010; Lasater & Nielsen, 2009).

The one theme not found in the literature was self-advocacy. One participant recognized feeling stressed caring for her patient because of not having any experience caring for a patient with cystic fibrosis (B-4; RJA 3: Clinical Day 3). The participant expressed her stress to the nurse, who subsequently, "explained everything she did and why and allowed me to participate when it was applicable" (B-4, RJA 3: Clinical Day 3). As a result, the nurse not only decreased the participant's clinical stress, but also enhanced learning and fostered a sense of being included as part of the nursing team. Nursing student acceptance by nurses has been shown to be an essential component to decreasing clinical stress in the clinical environment (Chesser-Smyth, 2005; Hamill; 1995; Melincavage, 2011). Nursing students identify part of the learning process is being an active participant in patient care alongside nurses (Evans & Kelly, 2004; James & Chapman, 2009-2010).

Finally, several of the themes identified as situations in which participants' learned from their clinical stress were also similar to those themes previously found as

positive actions participants took during a stressful situation. This was because several of the participants recognized the need to implement strategies to better focus under stress on the reflective journal preceding to when they actually implemented the skill as a positive action. For instance, A-5 said on clinical day one, her learning from the situation involving clinical stress was learning she needed to "take a deep breath, stay calm and do what is best for the patient" (A-5, RJA 3: Clinical Day 1), where as, on clinical day four, A-5 said she "stayed calm" (A-5, RJA 3: Clinical Day 4) as the positive action taken when encountering clinical stress.

Phase Two: Analysis of Reflective Journal Assignment Four

The second phase of analyzing the affect reflective journaling had on participants' clinical stress in the pediatric clinical environment was to analyze RJA 4. The findings of analyzing RJA 4 found all nine participants found reflective journaling affected their clinical stress, thus, allowing the researcher to conclude reflective journaling decreased clinical stress. Furthermore, the researcher concluded reflective journaling affected participants' clinical stress in a positive manner through helping them identify their clinical progress, facilitate the development of coping skills to help manage clinical stress, and help plan their future clinical actions when they encountered clinical stress. Each of these will be analyzed in turn below.

Identify clinical progress. Three of the nine participants found reflective journaling affected their clinical stress through enabling them to identify their clinical progress over the course of the semester. For instance, one participant noted reflective journaling allowed the participant "to see my progress and everything I have learned" (C-1, RJA 4). Similarly, another participant remarked, "Journaling encouraged me to think

about my day and anxiety and reflect on why I was nervous and what I ended up being comfortable with by the end of the day" (B-4; RJA 4). Lastly, the third participant found reflective journaling "helped me see that I can overcome stressful situations, and that looking back they weren't as stressful as I thought at the time" (B-2, RJA 4). Similar to the current study, clinical progress has been identified as a benefit of reflective journaling (Haffer & Raingruber, 1998).

Develop coping skills to manage clinical stress. Participants recognized on clinical day one, that clinical stress was a daily reality; therefore, they needed to develop coping skills to manage the clinical stress in order to be successful. As a result, four of the nine participants commented in RJA four how reflective journaling enabled them to develop coping skills to manage the clinical stress they encountered in the pediatric clinical environment. One aspect of developing coping skills was it allowed participants the opportunity to re-evaluate situations so they could evaluate the situations that caused them clinical stress, so in the future they would be able to implement coping mechanisms to be successful. For instance, one participant remarked, "Journaling helped us evaluate situations that were stressful to us. It made us think back to how we handled that stress" (A-4, RJA 4). Another participant said how reflective journaling "made me think back to the situation and what made me stressed out or anxious' (A-5, RJA 4). In accordance with the results of the current study, prior studies have also found reflective journaling as an effective modality to assist nursing students in decreasing stress (Asselin, 2011; Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010).

Reflective journaling also allowed participants an opportunity to deal with some of the emotional aspects they encountered during their clinical experience. For instance,

one participant commented how reflective journaling enabled the participant to "learn ways to cope and be ready for the next clinical day. It also really helped me process" (C-4, RJA 4). As echoed here by this participant, emotional turmoil was a source of clinical stress, and therefore, developing coping skills to manage the emotional distress helped decrease the participant's stress. Existing literature does support emotional distress as a source of clinical stress, as well as, reflective journaling to be an effective tool in assisting nursing students with managing the emotional distress they encountered in the clinical environment (Asselin, 2011; DeSwardt et al., 2012; Horton-Deutsch & Sherwood, 2008; Pfund et al., 2004). In summary, as demonstrated in these findings, reflective journaling was an effective method to assist participants in developing coping skills to manage their clinical stress in the pediatric clinical environment.

Help plan future clinical actions. The last manner reflective journaling affected participants clinical stress was through assisting participants plan their future clinical actions. Participants noted how reflective journaling became an essential component to improve their knowledge and decision-making abilities; therefore, they were able to make more informed clinical decisions in the future. For example, one participant said reflective journaling affected clinical stress through allowing the participant to "reflect on what I could do differently for next time and how the situation impacted my clinical decision-making" (A-5, RJA 4). Another participant found being able to "…write down concerns and use it as a learning opportunity" (B-1, RJA 4). Lastly, one participant identified not caring for completing the reflective journal assignments early on, but found it "…a very helpful exercise. I think that it causes you to completely step back and

reflect. Thinking about what we would do differently is very helpful for future situations" (A-6, RJA 4).

Reflective journaling has been shown to assist nursing students in rethinking about their course of actions in clinical and identifying alternative methods for approaching patient care, thus, increasing critical thinking and decision-making (Forneris & Peden-McAlpine, 2007; Lasater & Nielsen, 2009). As a result, students had practice insights they could implement in future clinical practice (Asselin, 2011; Glaze, 2002; DeSwardt et al., 2012). Therefore, similar to previous studies, reflective journaling affected participant clinical stress through fostering the acquisition of new knowledge, improving clinical decision-making skills, and helping to plan more appropriate clinical actions in the future.

Research Question Four: How Does Reflective Journaling Affect Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Clinical Nursing Course in a Private Midwestern College?

The findings of this research were presented in Chapter Four in two phases. The first phase presented participants' responses from RJA three regarding the areas they identified as lacking professional confidence, feelings associated with the situation in which they lacked confidence, and the learning obtained from the situation. The second phase presented in Chapter Four detailed the participants' responses from RJA four, which was an overall summary on how reflective journaling affected their professional confidence in the pediatric clinical environment. The discussion for Chapter Five for this research question will follow a similar format to Chapter Four. Each of the two phases is discussed in detail below.

Phase One: Analysis of Reflective Journal Assignment Three

As part of RJA three, participants were asked to identify situations they felt they demonstrated a lack of confidence, their feelings associated with this situation, and what they learned from the situation. Each of these factors helped contribute to the overall effect reflective journaling had on professional confidence, so participants could complete RJA four at the end of their pediatric clinical experience.

Sources of lack of professional confidence. Participants' responses elicited two sources for lacking professional confidence in the pediatric clinical environment:

1. Clinical inexperience in caring for the pediatric patient
2. Unfamiliar clinical environment.

Interestingly, both of these themes were also found as sources of clinical stress. Conversely to clinical stress, which decreased as participants gained clinical experience in the pediatric clinical environment, professional confidence increased as participants gained clinical experience. Thus, making clinical stress and professional confidence an inversed relationship. Figure 5.2 illustrates the relationship between clinical stress, professional confidence and clinical experience. As portrayed in Figure 5.2, as clinical experience increased in the pediatric clinical environment, clinical stress decreased and professional confidence increased.

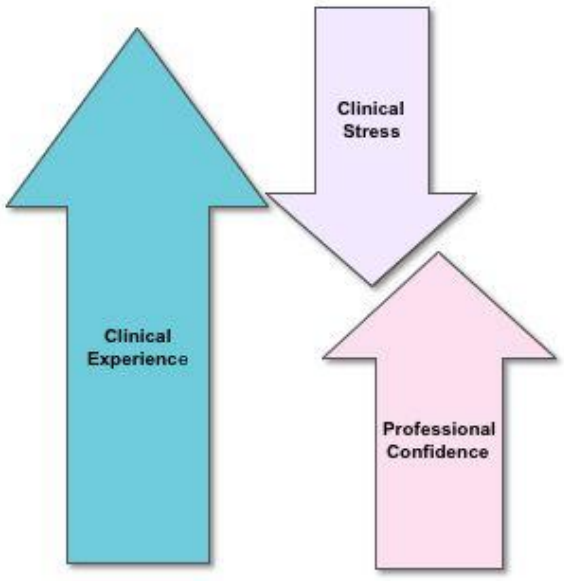

Figure 5.2. Inversed Relationship between Clinical Experience and Clinical Stress and Professional Confidence

Additionally, while professional confidence increased over the progression of the semester, participants continued to identify situations throughout the semester where they perceived themselves to lack professional confidence in the pediatric clinical environment. Furthermore, in many instances when clinical stress subsided, it subsequently, turned into lack of confidence, until finally, the participant became professionally confident. Figure 5.3 illustrates the relationship participants had between clinical stress, lack of professional confidence, and professional confidence. Figure 5.3 portrays how participants initially identified clinical stress in situations, but with clinical experience, their clinical stress progressed into lack of confidence, and ultimately, professional confidence.

Figure 5.3. Progression of Professional Confidence in the Pediatric Clinical Environment

Clinical inexperience in caring for the pediatric patient. Inexperience in caring for the pediatric patient was the most common source of lack of confidence participants had in the pediatric clinical environment. This was evident on each of the clinical days. Furthermore, the researcher found participants often went through the *Progression of Professional Confidence* identified in Figure 5.2, with first identifying clinical stress in a situation, to then lacking professional confidence to, ultimately, becoming professionally confident. For example, one participant identified this progression of professional confidence when the participant was initially stressed to suction her patient's tracheostomy (B-2, RJA 3). After the participant was shown how to suction, her stress turned into lack of confidence (B-2, RJA 3), until finally, the participant became "comfortable working with her patients tracheostomy by the end of the clinical experience" (B-2, RJA 3).

On the other hand, there were some instances in which participants did not experience clinical stress, yet they still recognized a lack confidence in the situation because of their clinical inexperience. These participants still managed to progress through the *Progression of Professional Confidence* illustrated in Figure 5.2, with the exception they bypassed the clinical stress stage and moved directly to the stage where

they lacked professional confidence. The researcher did find on clinical day five, participants had the fewest volume of occurrences associated to having a lack of confidence in the pediatric clinical environment, further substantiating clinical experience fostered professional confidence.

Unfamiliar clinical environment. The last source one participant had as lacking professional confidence was related to being in an unfamiliar clinical environment. Similar to clinical inexperience, this participant also went through the *Progression of Professional Confidence* identified in Figure 5.2 associated with an unfamiliar clinical environment. For instance, this participant first identified clinical stress associated with an unfamiliar clinical environment on clinical day one; however, the stress associated with an unfamiliar clinical environment dissipated after the initial day and, subsequently, turned into lack of confidence on clinical day two. Ultimately, the participant became independent and professionally confident with clinical experience.

Prior studies regarding nursing student confidence and clinical experience have found conflicting findings. For instance, Ross et al. (2013) found nursing students' confidence in mental health nursing was increased with their clinical experience. On the other hand, much of the existing literature does contradict nursing student confidence increasing with experience (Edwards et al., 2010; Randle, 2003; Taylor & Reyes, 2012). For instance, Edwards et al. (2010) and Randle (2003) found nursing students' self-esteem decreased as they progressed through their training. Similarly, Taylor and Reyes (2012) could not determine a statistical significance between nursing students' self-efficacy scores over the course of the semester. Therefore, because the findings of this current study found professional confidence increased as participants progressed through

the semester, it further contributed to the existing literature related to professional confidence and clinical experience.

While participants in this study lacked confidence in their clinical abilities, they did want to be perceived as competent in front of the nurses and viewed as an integral part of the health care team in front of families. Participants wanted to complete all aspects of patient cares and take on the role of being a nurse. However, when a barrier was presented, participants' felt a sense of failure, self-doubt, and a further lack of confidence in their abilities. Similar to the current research study, previous research has also identified nursing students often placed a high emphasis on wanting to look like a nurse, appear competent in front of families, and make a positive contribution to patient care (Chen, 2010; Hamill, 1995; James & Chapman, 2009-2010; Wilson, 1994). Therefore, when an obstacle was put forth preventing this from occurring, students regressed in their confidence, began to de-value their self-worth, and had psychological distress (Chen, 2010; Chesser-Smyth, 2005; James & Chapman, 2009-2010; Wilson, 1994).

Feelings associated with lack of confidence. Participants recognized an array of feelings resulting from experiencing a lack of professional confidence in the pediatric clinical environment. The most common feelings participants had were anxiousness, nervousness, sweaty, apprehension, incompetent, self-doubt, and conversely, accomplishment when they were able to positively impact the patient. The participants' feelings did not appear to change over the course of the semester from clinical day one to five. In other words, participants identified they exhibited feelings of anxiousness, whether it be nervousness, sweaty, or apprehension related to their lack of professional

confidence, whether it be on clinical day one or five. Additionally, participants had feelings of self-doubt on clinical days one, two, and five, but only commented on feelings of incompetency on clinical day two. The only determination the researcher could make according to the reflective field notes in relation to feelings on incompetency on clinical day two, was this was the first time the participants were expected to demonstrate some clinical autonomy in the pediatric clinical environment because on the first clinical day, either the nurse or instructor assisted each participant with all of the cares for their patients. Surprisingly, the feelings identified, as a result of lack of professional confidence, were also similar to those previously identified as feelings associated with clinical stress. Therefore, the researcher was able to conclude the participants' lack of confidence became a source of clinical stress. In accordance with the findings in the present study, Chesser-Smyth and Long (2013) also found stress to be one of the top factors that hindered nursing student confidence in the clinical environment.

Finally, a sense of accomplishment was found when participants were able to positively impact their patient. For instance, one participant remarked, "it made me feel that I was really helping her feel better emotionally…" (A-6, RJA 3: Clinical Day 3). Similar to James and Chapman (2009-2010), the participant attributed a positive affirmation when being able to make a positive contribution to her patient's care. This was seen as practicing real nursing and nurtured a sense of having an improved self-worth (James & Chapman, 2009-2010).

Learning from situation involving professional confidence. The findings of the current study found the learning participants had associated with professional confidence included: helping them plan their future clinical actions, increased

professional confidence, justified clinical actions, and questioned the unknown. Previous literature has also proven reflective journaling facilitates the ability of nursing students to improve their knowledge through linking classroom information into clinical experiences, thus, promoting the development of reflective questioning and critical thinking skills (Asselin, 2011; Forneris & Peden-McAlpine, 2007; Lasater & Nielsen, 2009). Furthermore, reflective journaling has also been linked to providing students with an increased awareness for their actions, consequently, allowing them to either confirm or adopt a change for their actions in the future (Asselin, 2011; DeSwardt et al., 2012; Forneris & Peden-McAlpine, 2007; Glaze, 2002; Langley & Brown, 2010). Finally, reflective journaling has shown to increase nursing student confidence (Langley & Brown, 2010). As a result, the results of the current study validated previous literature on reflective journaling and professional confidence.

Phase Two: Analysis of Reflective Journal Assignment Four

The second phase of analyzing the effect reflective journaling had on participants' professional confidence in the pediatric clinical environment was to analyze RJA four. Reflective Journal Assignment four found eight out of the nine participants found reflective journaling positively affected their professional confidence in the pediatric clinical environment. This was done through assisting participants to learn from their knowledge deficit and inexperience, provide an emotional outlet for situations encountered in the clinical environment, identify their clinical progress, plan their future clinical actions when they encountered a situation involving lack of professional confidence, and foster professional growth. Each of these is discussed independently.

Learn from their knowledge deficit. The findings of this study supported reflective journaling affected professional confidence through enabling participants to learn from their lack of knowledge in the pediatric clinical environment. For instance, one participant remarked reflective journaling "helped to cement the skills I performed in my mind" (C-4, RJA 4). Another participant noted, "Journaling made us think back to when we felt a lack of knowledge" (A-4, RJA 4). Consequently, through reflective journaling, participants' professional confidence was increased because they were able to improve their knowledge. Reflective journaling has been proven to assist nursing students with knowledge development, thus, fostering critical thinking skills and clinical decision-making (Asselin, 2011; Epp, 2008; Forneris & Peden-McAlpine, 2007; Glaze, 2002; Langley & Brown, 2010; Lasater & Nielsen, 2009). Furthermore, knowledge has been shown to increase students' confidence and empower them to feel they could handle situations (Baxter & Ride-out, 2006). In summary, the findings of this study were consistent with previous studies that determined reflective journaling affected professional confidence through facilitating the acquisition of new knowledge.

Learn from inexperience. Next, participants found reflective journaling affected their professional confidence through enabling them to learn from their inexperience in the pediatric clinical environment. For example, one participant found reflective journaling allowed the participant the ability to reflect, " on what caused me anxiety and realizing it only took practice to become better, it impacted and increased my confidence" (B-4, RJA 4). Another participant noted, "Your confidence improves as you allow yourself to become comfortable whether it be asking questions or utilizing your peers for help" (C-6, RJA 4). These comments echoed how reflective journaling facilitated the

participants to learn from their clinical inexperience. As a result, they were able to become more confident in the clinical environment with each clinical day.

On the other hand, one participant remarked reflective journaling did not affect professional confidence because "[i]f I were to run into the same situation, my confidence [would] have increased due to familiarity" (B-1, RJA 4). While this participant did not view reflective journaling to affect professional confidence, again, this comment substantiates reflective journaling affected professional confidence through allowing participants to learn from their inexperience through increased clinical experience. This is consistent with Ross et al. (2013) who found nursing student confidence increases with experience.

Emotional outlet. Previous research has supported nursing students are often unprepared for the emotional rigors associated with being a nurse, especially in the pediatric clinical environment (Chen, 2010; Horton-Deutsch & Sherwood, 2008; Lassche, 2013). The findings of this research found one participant identified reflective journaling affected professional confidence through enabling the participant to manage "thoughts and feelings" (A-4, RJA 4) experienced in the clinical situation. While the number of participants who recognized reflective journaling as an emotional outlet was lower than the researcher anticipated, the researcher attributed this to the low number of participants who also identified a source of clinical stress from emotional distress in the pediatric clinical environment in RJA three. In other words, most participants did not identify a need to deal with their emotional state as part of their reflective journal assignments. While only one participant found reflective journaling to affect professional confidence through enabling the participant to manage her "thoughts and feelings" (A-4, RJA 4) in

the clinical situation, previous research has shown reflective journaling does benefit nursing students with managing their emotions and feelings (Asselin, 2011; DeSwardt et al., 2012; Horton-Deutsch & Sherwood, 2008). This is especially important to consider when working in the pediatric clinical environment because pediatric clinical has shown to evoke stress because of the perceived fragility of the patients (Oermann & Lukomski, 2001).

Identify clinical progress. Existing research has also supported reflective journaling to be an effective method for nursing students to identify their clinical progress (Haffer & Raingruber, 1998). This is especially important in pediatric nursing clinical courses because pediatric clinical has been previously identified as the most stressful clinical during nursing school (Oermann & Standfest, 1997). In the present study, two of the nine participants found reflective journaling affected professional confidence through assisting them with identifying their clinical progress. One participant said it allowed "me to see my progress and realize how far I came from day 1. I have learned a great deal about handling health care with children" (C-1, RJA 4). Similarly, another participant found reflective journaling affected professional confidence through "knowing I can do things I was so nervous about" (B-2, RJA 4).

Participants were also able to increase professional confidence through reviewing their previous reflective journal assignments and seeing all of the skills or situations they experienced a lack of professional confidence, now knowing they were professionally confident in many of these situations and skills. This was an important component to identifying their clinical progress because previous research has shown nursing student confidence has been increased through achievement of learning in relation to practice,

using previous knowledge in order to build on clinical activities, and becoming more independent in the clinical setting (Bradbury-Jones et al., 2010; Brown et al, 2003; Chesser-Smyth & Long, 2013; Crooks et al, 2005). Thus, through being able to see their accomplishments and independence in clinical situations over the course of the semester, professional confidence was increased.

Plan future clinical actions. Next, participants found reflective journaling affected their professional confidence through assisting them in planning future clinical actions. As a result of learning from their inexperience and knowledge deficit, reflective journaling made the participants "take a step back and self-assess, so when confronted with the situation later I could refer back to the instance and how it made me feel then, as well as what I did to improve the outcome" (A-5, RJA 4). Another participant found "it forced me to think about what I would do differently which help[ed] better prepare [me] for next time" (A-6, RJA 4). The findings of this research were also supported in prior studies who identified reflective journaling assisted nursing students in clinical through forcing them to rethink about their course of action and identify alternative methods for approaching patient care, thus, fostering critical thinking and decision-making abilities (Forneris & Peden-McAlpine, 2007; Lasater & Nielsen, 2009). As a result, students were able identify practice insights they could implement in future clinical practice (Asselin, 2011; Glaze, 2002; DeSwardt et al., 2012).

Professional growth. Finally, participants identified reflective journaling affected their professional confidence in the form of promoting professional growth. Professional growth was evident in the literature through encouraging students to identify their strengths, weaknesses, attitudes, and perspectives in the clinical environment

(Asselin, 2011; Brookfield, 1998; Horton-Deutsch & Sherwood, 2008; Langley & Brown, 2010), so they could gain an awareness of their thoughts, feelings, and actions (Asselin, 2011; Horton-Deutsch & Sherwood, 2008). Similar to previous research, reflective journaling affected participant's professional confidence through allowing the participant to be able to "see my strengths and weaknesses" (C-4, RJA 4). As a result, they were able to impact the care they provided their patients. In summary, the findings of this study were consistent with previous studies that found reflective journaling affected professional confidence through promoting professional growth.

Research Question Five: What is the Impact of Reflective Journaling on Clinical Stress and Professional Confidence among Baccalaureate Nursing Students Enrolled in a Pediatric Nursing Clinical Course in a Private Midwestern College?

As previously determined, participants readily identified reflective journaling positively impacted clinical stress and professional confidence in the pediatric clinical environment. Participants noted gaining an understanding of how reflective journaling assisted them over the course of the semester when they stated reflective journaling "really did help look at the day and helped [me] remember for future reference" (B-1, RJA 4). Other participants said they found reflective journaling to be beneficial (A-4, RJA 4), therapeutic (C-4, RJA 4), and "calming and helpful in decompressing from the day" (C-4, RJA 4). As a result, participants were able to improve relationships with their patients and families, increase clinical learning, make more informed clinical decisions, have professional growth, and become successful in their pediatric clinical experience.

Previous research has indicated high levels of stress and low levels of confidence impede nursing students' physical and mental health, memory, thought processes and problem-solving abilities, which affects the development of new knowledge and success in the clinical environment (Audlet, 1995; Beck et al., 1997; Beck & Srivastava, 1991; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Goff, 2011; Hamill, 1995; Hughes, 2005; James & Chapman, 2009-2010; Lundberg, 2008; Melincavage, 2011; Papazisis et al., 2008). Furthermore, many students become so focused on their ineptitudes and anxieties in the clinical environment they are unable to focus their attention to their patient (White, 2003), leading to undesirable patient outcomes. Similar to the present study, reflective journaling has been proven to be an effective method to assist nursing students in decreasing clinical stress and increasing their confidence (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010). This was because reflective journaling made the participants develop coping skills, improve their knowledge and decision-making abilities, help plan future clinical actions, and foster professional growth, thus, promoting clinical success in the pediatric clinical environment.

Figure 5.4 illustrates the cycle reflective journaling had on participants' clinical success in the pediatric clinical environment. As illustrated in Figure 5.4 reflective journaling impacted participants' clinical success through decreasing clinical stress and increasing professional confidence, therefore allowing participants to gain coping skills to manage clinical stress. As a result, participants' knowledge and decision-making skills were improved, which assisted them in planning future clinical actions. Next, reflective journaling fostered professional growth. All in all, reflective journaling promoted

clinical success in the pediatric clinical environment. This figure was made a cycle in order to reflect the continuous need to do reflective journaling as a life-long process in future situations that cause clinical stress and lack of professional confidence.

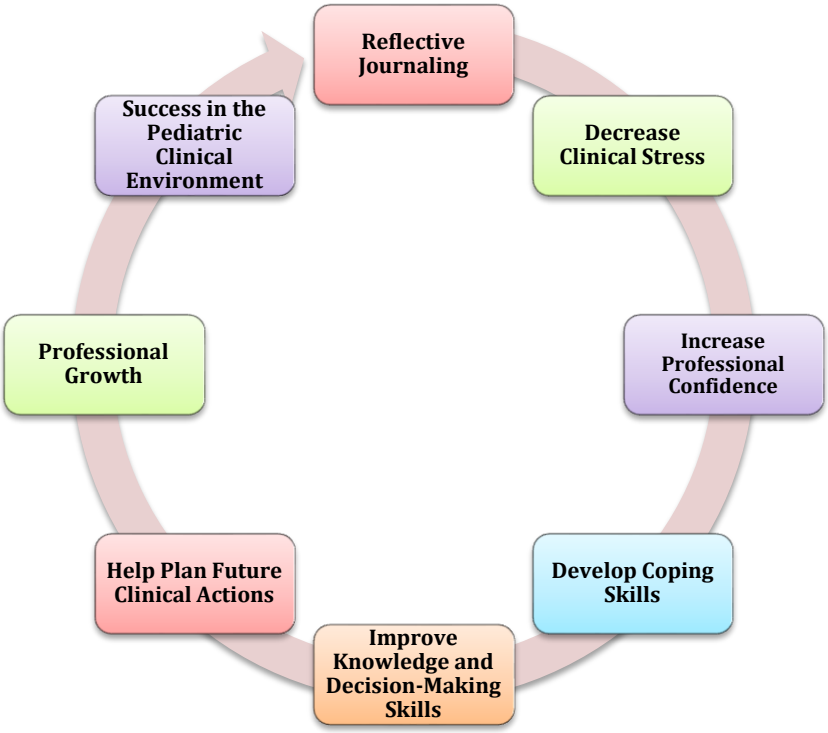

Figure 5.4. Enenbach Model of Reflective Journaling Impacting Clinical Success in the Pediatric Clinical Environment

Implications and Recommendations for Nursing Education

The findings of this study present a number of implications and recommendations for nursing education. This study provided support for the use of reflective journaling in the pediatric clinical environment to help decrease clinical stress and increase professional confidence. Furthermore, reflective journaling was shown to assist participants in developing coping skills to focus under clinical stress, so in return, they could improve their knowledge and decision-making abilities in the pediatric clinical

environment. As a result, participants were able to justify their clinical actions and plan their future actions accordingly. Consequently, professional growth and success in the pediatric clinical environment was fostered. Therefore, with the knowledge gained through this research, nursing implications and recommendations exist for nursing education, nurses working with nursing students in the clinical environment and, the profession of nursing. Each is discussed below.

Nursing Education

The first implication for nursing faculty is to utilize reflective journaling as an effective teaching modality in pediatric nursing clinical courses. Pediatric clinical has been shown to be stressful for nursing students (Chen, 2010; Oermann & Lukomski, 2001; Wilson, 1994). As a result of clinical stress, nursing students' memory, concentration, confidence, and problem-solving abilities are impaired, thus, decreasing their learning in the clinical environment (Audlet, 1995; Beddoe & Murphy, 2004; Chesser-Smyth & Long, 2013; Hamill, 1995; Melincavage, 2011; Papazisis et al., 2008). Therefore, nursing faculty must use reflective journaling to assist nursing students in managing clinical stress and increasing their professional confidence. Reflective journaling has been shown through this study, as well as the literature, to assist nursing students with decreasing stress, increasing confidence, managing the emotional distress encountered in the clinical environment, and increasing their critical thinking and decision-making abilities (Asselin, 2011; DeSwardt et al., 2012; Epp, 2008; Forneris & Peden-McAlpine, 2007; Ganzer & Zauderer, 2013; Glaze, 2002; Haffer & Raingruber, 1998; Horton-Deutsch & Sherwood, 2008; Langley & Brown, 2010; Lasater & Nielsen, 2009; Pfund et al., 2004).

Second, in accordance with previous research, (Beck & Srivastava, 1991; Chen, 2010; James & Chapman, 2009-2010; Hamill, 1995; Pagana, 1988), one of the sources for clinical stress among nursing students was due to being in an unfamiliar clinical environment. As a result, nursing faculty must provide nursing students with adequate orientations to clinical units. Furthermore, nursing faculty must make themselves available to assist nursing students in unfamiliar units, especially during the first few clinical experiences, when stress is heightened and confidence is at its lowest level. This may require nursing faculty to modify student clinical assignments so they can be more available during those first clinical experiences. Lastly, faculty can utilize simulated pediatric experiences to assist nursing students with managing clinical stress and increasing professional confidence prior to entering the pediatric clinical environment.

Third, the current research study supported Bandura's Self-efficacy Theory (1997). Therefore, nursing faculty need to incorporate opportunities for vicarious and mastery learning experiences in the pediatric clinical environment. Vicarious learning opportunities may be most useful during the first couple of clinical days when clinical stress is highest and confidence is at its lowest point. However, as the semester progresses, faculty must provide nursing students with more independent opportunities to demonstrate their mastery experiences. Moreover, incorporating opportunities for students to teach their peers will further increase their confidence in their nursing skills.

Fourth, one of the benefits reflective journaling provided to nursing students in the current research study was allowing the students to identify their clinical progress at the end of the semester. Many times nursing students tend to focus on their own anxieties and ineptitudes (White, 2003), rather than their successes and accomplishments.

Therefore, nursing faculty should have nursing students review their reflective journals at the end of the semester so they are able to visually see their progress over the course of the semester.

Fifth, similar to previous studies (Chen, 2010; Oermann & Lukomski, 2001; Oermann & Standfest, 1997) pediatric clinical was shown to be a stressful clinical experience. Therefore, extra attention and faculty support needs to be provided to nursing students during this clinical rotation. Cook (2005) and Bond (2009) found nursing student anxiety was decreased when they perceived nursing faculty to display inviting behaviors such as showing respect, acting friendly, offering to work with students to provide patient care, and supporting students in the clinical environment.

Sixth, an unexpected finding of this research was determining the association between clinical stresses and caring for patients or families, who did not speak the same language as the participant. Fleming, Thomas, Burnham, Charles, and Shaw (2015) found students in the health care field did not have higher levels than the average population with regards to ethno-cultural empathy, therefore instruction was crucial in assisting students to improve communication and understand the differences between individuals of varying backgrounds so an effective health care delivery system can be encouraged (Fleming et al., 2015). Therefore, reflective journaling could be used as an effective modality to foster cultural awareness and facilitate an understanding of one's biases and dispositions related to caring for diverse patients and families.

Seventh, nursing faculty need to remove barriers associated with reflective journaling. Prior studies have shown barriers to reflective journaling impede the positive benefits reflective journaling provided to individuals (Glaze, 2002; Horton-Deutsch &

Sherwood, 2008; Karpa & Chernomas, 2013; Pierson, 1998). While the researcher found definite benefits from implementing the reflective journal assignments, one participant identified initially not "get[ting] doing it so much at first" (B-1, RJA 4), thus, likely preventing this participant from utilizing the maximum benefits during the initial clinical experiences. Therefore, nursing faculty should teach students the benefits reflective journaling provides to their clinical learning. Students may be more apt to effectively incorporate reflective journaling into their practice if they understand how it could make them successful.

Finally, eight out of the nine participants acknowledged they would incorporate reflective journal practices in their future. This is important to note because novice nurses have identified clinical stress and lack of confidence in the pediatric clinical environment (Essani & Ali, 2011), therefore building reflective skills during nursing education helps promote a habit of utilizing reflection in the future (Karpa & Chernomas, 2013), enabling students to manage clinical stress and improve professional confidence as they enter into professional practice as registered nurses. This would, ultimately, set forth a cascade of events, such as improving mental and physical health, patient outcomes, avoiding nurse burnout, and preventing these nurses from leaving the nursing profession.

One area for improvement from one participant was having more time to reflect after the clinical day. Dedicating adequate time to reflective journal has also been shown as a barrier in the literature (Karpa & Chernomas, 2013). Therefore, nurse educators must keep in mind the benefits reflective journaling provides to nursing students, especially in courses such as pediatric nursing clinical, which have previously shown to

evoke more stress than other nursing courses (Oermann & Standfest, 1997). Furthermore, participants noted wanting different questions each week for the reflective journal assignments as well as small group reflection. Including small group reflection would foster positive peer relationships and interactions, which has previously been shown to assist nursing students in managing stress and increasing confidence in the clinical environment (Brown et al., 2006; Chen, 2010).

Nurses Working with Nursing Students

Nursing student acceptance by nurses has been shown to be an essential component to decreasing clinical stress in the clinical environment (Chesser-Smyth, 2005; Hamill; 1995; Melincavage, 2011). Nursing students identify part of the learning process is being an active participant in patient care alongside nurses (Evans & Kelly, 2004; James & Chapman, 2009-2010). Similar to previous research, the results of this study found nursing student acceptance by nurses was important to make them feel like an integral part of the health care team. However, students still wanted nurses to realize they were students, and possessed a knowledge deficit and inexperience when caring for pediatric patients. For instance, participants frequently wanted assistance from either a nurse or instructor when they were doing skills. Therefore, an implication for nurses working with nursing students in the clinical environment is to be non-judgmental as well as foster a sense of inclusion and acceptance when working with nursing students on units. This will not only foster clinical learning, but also make nursing students feel like an integral part of the health care team.

Nursing Profession

As a result of decreasing clinical stress and increasing professional confidence, nursing students are more apt to not only be successful in pediatric clinical, but these students are more likely to continue to remain enrolled in their nursing course-work and consider pursuing a career in pediatric nursing after graduation. Stress has shown to cause students to leave the nursing profession (Lees & Ellis, 1990), thus impacting the already critical nursing shortage in the United States. Furthermore, nursing student stress and lack of confidence in the clinical environment can negatively impact specialty-nursing areas such as pediatrics, obstetrics, mental health, and community health nursing because if individuals feel stressed and do not feel efficacious in their clinical abilities in an area, they are unlikely to pursue a career in that specialty after graduation (Bell et al., 1998), impacting the volume of nurses entering these specialty fields. Finally, confident nursing graduates lead to confident registered nurses in the clinical environment (Beck & Srivastava, 1991), leading to positive patient outcomes.

Limitations

There were several limitations to this research study. First, the researcher conducted this study in a private college because this was where the researcher's experience and expertise were as a full-time faculty member. Additionally, the researcher was also the instructor who worked with the students and gathered data in the pediatric clinical environment. The researcher attempted to eliminate all bias in the data gathering and data analysis process through triangulation, reflective field notes, and using an audit trail; however, because of the close nature in working with all of the patients and participants in this study, the potential for bias did exist. Finally, this research study was

conducted in one pediatric nursing course, at one baccalaureate institution. Therefore, there is a limited generalizability to other nursing education programs.

Recommendations for Future Research

This study has found several recommendations for future research. First, due to the limited generalizability of this research, further research needs to be completed using a broader range of pediatric nursing clinical courses. Next, the present study found clinical stress to be associated with caring for patients or families with diverse backgrounds. While the researcher did not inquire anywhere in this research study the participants' previous experiences in caring for diverse populations, Dunagan, Kimble, Gunby, and Andrews (2014) noted students' previous cultural experiences are strong predictors of their cultural knowledge. As a result, if the students in this study had a negative previous experience caring for a patient who was culturally diverse, they would be more likely to have stress in the future associated with caring for a culturally diverse patient. Therefore, further research should be completed on the relationship between nursing students caring for patients with a language barrier, clinical stress, and the role reflective journaling plays in assisting students to recognize their biases in caring for these patients.

Last, while the current study was able to contribute to the existing literature regarding professional confidence, there are very few research studies using the term professional confidence, opposed to the term self-confidence and self-efficacy. Furthermore, the researcher frequently found the terms and definitions of self-efficacy and confidence to be used reciprocally, further creating confusion between the terms. One reason for this was because educators were more familiar with the term self-

confidence versus the term self-efficacy (Lundberg, 2008), thus, using confidence more frequently and interchangeably with self-efficacy. Therefore, future research should be conducted using the term professional confidence versus self-efficacy or self-confidence.

Conclusion

The nursing shortage and changing health care system have forced nursing education to not only identify methods to produce a larger volume of nursing graduates into the workforce, but also create nursing graduates with the proper knowledge, critical thinking, and decision-making skills to function in the complex health care environment. In nursing education, the clinical environment is where nursing students learn to apply knowledge, practice skills, and become an effective and safe practitioner. While the clinical environment provides nursing students with ample learning opportunities, it also is a large source of stress (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988). Stress in the clinical environment is harmful to nursing students because it sets off a cascade of events resulting in decreased confidence, physical and mental health problems, decreased learning, and ultimately, causing nursing students to possibly leave the profession (Beck & Srivastava, 1991; Hamill, 1995; Mahat, 1998; Pagana, 1988).

Pediatric nursing courses have also shown to evoke a higher amount of stress, anxiety, and worry than traditional nursing courses because students perceive a lack knowledge, confidence, and experience in their abilities to care for children and their families (Bancroft, 2008; Chen, 2010; Lassche et al., 2013; Oermann & Lukomski, 2001; Oermann & Standfest, 1997; Wilson, 1994). This perceived lack of knowledge, confidence, and experience is noteworthy because it can have a significant impact in clinical learning, patient outcomes, and nursing students desire to enter the specialty of

pediatric nursing. Reflective journaling has been shown as an effective modality to decrease nursing student stress, increase confidence, and improve thinking so they are able to better function and learn in the clinical environment (Ganzer & Zauderer, 2013; Haffer & Raingruber, 1998; Langley & Brown, 2010).

There was no existing literature supporting the use of reflective journaling to decrease clinical stress and increase professional confidence in pediatric nursing clinical courses. Consequently, the purpose of this qualitative study was to explore reflective journaling as a method to decrease clinical stress and increase professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College. The central research question of this study was to determine the impact of reflective journaling had on clinical stress and professional confidence among baccalaureate nursing students enrolled in a pediatric nursing clinical course in a private Midwestern College. The results found participants readily identified reflective journaling decreased clinical stress and professional confidence in the pediatric clinical environment. As a result of decreased clinical stress and increased professional confidence, nursing students were able to gain coping skills to manage clinical stress, improve their knowledge and decision-making skills, improve their future clinical actions, and finally, stimulate professional growth. All in all, reflective journaling promoted clinical success in the pediatric clinical environment, and therefore, should be used as a powerful and effective teaching modality in pediatric nursing clinical courses.

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Appendix A

Example of Code-Sheet Used for Sample Selection

Name	Group 1: A	Name	Group 2: B	Name	Group 3: C
Student 1	A-6	Student 1	B-4	Student 1	C-5
Student 2	A-3	Student 2	B-7	Student 2	C-4
Student 3	A-1	Student 3	B-5	Student 3	C-7
Student 4	A-5	Student 4	B-6	Student 4	C-1
Student 5	A-7	Student 5	B-2	Student 5	C-6
Student 6	A-4	Student 6	B-3	Student 6	C-2
Student 7	A-2	Student 7	B-1	Student 7	C-3

Appendix B

Institutional Review Board Approval Letters

April 22, 2015

Dear Ms. Enenbach,

Congratulations! The Institutional Review Board at College of Saint Mary has granted approval of your study titled *Exploring Reflective Journaling, Clinical Stress, and Professional Confidence in Undergraduate Pediatric Nursing Clinical.*

Your CSM research approval number is **CSM 1502**. It is important that you include this research number on all correspondence regarding your study. Your study is in effective through May 1, 2016. If your research extends beyond that date, please submit a "Change of Protocol/Extension" form which can be found in Appendix B at the end of the College of Saint Mary Application Guidelines posted on the IRB Community site.

Please submit a closing the study form (Appendix C of the IRB Guidebook) when you have completed your study.

Good luck with your research! If you have any questions or I can assist in any way, please feel free to contact me.

Sincerely,
Vicky Morgan
Dr. Vicky Morgan
Director of Teaching and Learning Center
Chair, Institutional Review Board * irb@csm.edu

Appendix C

Institutional Review Board Approval Letters

June 15, 2015

Principal Investigator: Ms. Laura Enenbach
Assistant Professor
Clarkson College

Dear Prof. Enenbach:

Clarkson College's Institutional Review Board has received your expedited application for the proposed research project, "Exploring Reflective Journaling, Clinical Stress, and Professional Confidence in Undergraduate Pediatric Nursing Clinical." The Clarkson College IRB #2015.06.05 was assigned to the approved application.

Please add the words "This research has been approved by the Clarkson College Institutional Review Board, IRB #2015.06.05" to the consent form (as applicable).

Best wishes on the successful completion of the project. If for some unforeseen reason this project extends beyond one year, you will need to complete additional paperwork to the IRB.

Please feel free to contact us if you have any questions regarding the process or need any other assistance from Clarkson College's IRB in the future.

Sincerely,

Patricia Brennan, Ph.D.
IRB Chair
Clarkson College

101 South 42 St. Omaha, NE 68131-2739 PH 402 552 3100 TF 800 647 5500

Clarkson College
Prepare to be the best.

Appendix D

Dean Approval Letter

February 4, 2015

Dr. Lois Linden
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

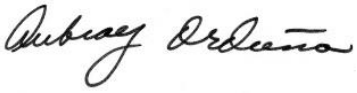
Dear Dr. Linden;

I am writing this letter to give my written permission for Ms. Laura Enenbach, MSN, College of Saint Mary doctoral student to conduct her dissertation research at Clarkson College using the Undergraduate Nursing students.

Ms. Enenbach has my permission to conduct said research study pending, and only upon approval by, the Institutional Review Board of both College of Saint Mary and Clarkson College. I have copied Dr. Brennan, Chair of Clarkson College IRB on this communication.

If you or Ms. Enenbach have any questions or concerns, please feel free to contact me.

Sincerely,



Aubray Orduna, EdD, MSN, RN
Dean of Nursing
Clarkson College
402-552-6118
Orduna@clarksoncollege.edu

Appendix E

Reflective Journal Assignment One: Online Discussion Forum

1. How do you feel about entering the pediatric portion of the nursing curriculum?

2. What previous knowledge or experience do you have caring for children?

3. What previous knowledge or experience do you have with pediatric nursing?

4. What concerns do you have about entering pediatric clinical?

5. What skills/abilities do you have that you feel confident in prior to entering pediatric nursing clinical?

6. What do you expect to learn from this course?

7. What can I do to facilitate your learning?

8. Do you have any questions/concerns?

Appendix F

Reflective Journal Assignment Two: First Day Pre-Clinical Assignment

1. Identify as many words as you can to describe how you are feeling right now.

2. What makes you most stressed or anxious about completing clinical today?

3. Identify two or more skills/abilities that you feel confident in prior to beginning pediatric clinical today.

Appendix G

Reflective Journal Assignment Three: Written Journal During Post-Conference

Clinical Date:_____

Directions: Answer each of the following questions completely.

1. Name all (if any) of the situations in which you experienced stress or anxiety in clinical today?

2. Name all the situations (if any) in which you experienced lack of confidence in your knowledge or abilities today?

3. What do you feel you did well in clinical today and/or what skills/abilities were you confident in completing during clinical today?

4. Is there anything that could have prevented you from experiencing stress, anxiety, or lack of confidence in these situations?

Student Journal Guidelines for Reflective Journal Assignment Three *

Step 1: Look back at an experience or event that caused you stress, anxiety, or lack of confidence during your clinical day today. "Review it in your mind as if you were watching a video" (Baxter & Rideout, 2006, p.122). If there was not a situation that caused you to experience stress, anxiety or lack of confidence, describe an instance in which you would have changed your actions or response to how you reacted in a situation during clinical today.

Step 2: Describe in detail what happened in the clinical situation in which you experienced stress, anxiety, or lack of confidence.

Step 3: Describe your thoughts, feelings, and physical symptoms as you encountered and responded to this particular clinical situation.

Step 4: Describe what you feel you did well when encountering and responding to this situation.

Step 5: When you encounter this situation or a similar situation in the future, how will you handle it?

∗ Adapted from Baxter and Rideout (2006)

Baxter, P., & Rideout, E. (2006). Second year baccalaureate nursing students' decision making in the clinical setting. *Journal of Nursing Education, 45*(4), 121-127.

Appendix H

Reflective Journal Assignment Four: Final Evaluation of Reflective Journaling

Directions: Spend 15 minutes reviewing your First Day Pre-Clinical Assignment and each of your written reflective journal assignments that you completed during post-conference in the order of the date written. Think about the stress, anxiety, confidence, professional growth, and decision-making abilities you experienced from your first day until currently. After you have reviewed each of these previous assignments, answer the following questions.

1. Has reflective journaling impacted your clinical stress in the pediatric clinical environment?

   a) Yes No

   b) If you answered yes to question number 1, how has reflective journaling impacted your clinical stress in the pediatric clinical environment?

   c) If you answered no to question number 1, is there anything specific that prevented you from engaging in effective reflective journaling?

2. Has reflective journaling impacted your confidence in the pediatric clinical environment?

   a) Yes No

   b) If you answered yes to question number 2, how has reflective journaling impacted your professional confidence in the pediatric clinical environment?

   c) If you answered no to question number 2, how could have reflective journaling been better utilized to improve your confidence in your skills/abilities in the pediatric clinical environment?

3. How has your learning (if any) improved through reflective journaling?

4. How has reflective journaling impacted your ability to see or react to clinical situations in the future?

5. Will you employ reflective journaling practices after this semester?

   Yes No

6. Is there anything that could have been done differently to make reflective journaling more beneficial to your learning?

7. Any other comments you would like to share regarding reflective journaling?

Appendix I

Pediatric Clinical Environment Field Note

Date:

Census:
0-4 patients:
5-8 patients:
9-12 patients:
13-16 patients:
17-20 patients:
21-24 patients:

Climate on unit:
Beginning of the clinical day:
Staffing (short staffed vs. adequately staffed):
Morning/afternoon clinical vs. afternoon/evening clinical:
Busy vs. steady vs. calm:

End of the clinical day:
Busy vs. steady vs. calm:

Reflective Field Notes by the Researcher:

Appendix J

Student Assignment Field Note

Clinical day 1:
Morning/afternoon or afternoon/evening clinical
Age patient:
Diagnosis and existing conditions:

Reflective Field Notes by the Researcher:

Clinical day 2:
Morning/afternoon or afternoon/evening clinical
Age patient:
Diagnosis and existing conditions:

Reflective Field Notes by the Researcher:

Clinical day 3:
Morning/afternoon or afternoon/evening clinical
Age patient:
Diagnosis and existing conditions:

Reflective Field Notes by the Researcher:

Clinical day 4:
Morning/afternoon or afternoon/evening clinical
Age patient:
Diagnosis and existing conditions:

Reflective Field Notes by the Researcher:

Clinical day 5:
Morning/afternoon or afternoon/evening clinical
Age patient:
Diagnosis and existing conditions:

Reflective Field Notes by the Researcher:

Appendix K

Audit Trail Completion Letter

May 26, 2016

Laura Enenbach requested an Audit Trail be conducted for her qualitative dissertation, "Exploring Reflective Journaling, Clinical Stress, and Professional Confidence in Undergraduate Pediatric Nursing Clinical". The Audit Trail was conducted on February 20, 2016.

In my opinion, the study followed the established processes for qualitative studies, remaining consistent with the intended purpose statement, research questions and planned procedures approved by the Institutional Review Board. NVivo 10 and manual coding were used to assist in organization of themes that emerged from the qualitative data analysis. The themes identified flowed directly from the documents that were in journal format. The procedures utilized were clear, transparent, and well documented.

In summary, I attest that the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as auditor as part of my role as Doctoral Committee Chair.

Sincerely,
Lois Linden
Lois Linden, EdD, RN
Associate Professor
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106