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THE LEVEL OF SELF-CONFIDENCE RELATED TO KNOWLEDGE AND SKILLS OF NURSE CLINICIANS PRACTICING IN THE EXPANDED ROLE

by

MYRA E. FITTS

A Thesis
Submitted in partial fulfillment of the requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

AUGUST, 1991

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The Level of Self-Confidence Related to Knowledge and Skills of Nurse Clinicians Practicing in the Expanded Role

by

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Dedication

This thesis is dedicated with love to my parents,

Mr. and Mrs. William D. Fitts, III

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There are many people to whom I would like to express my thanks and appreciation:

Linda Sullivan, Committee Chair, for her patience, encouragement, and expertise and whose assistance made completion of this thesis possible.

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Abstract

The level of self-confidence attained in a particular role affects the ability to perform in that role. Self-confidence is not innate but is developed through the interactions and experiences one has.

The purpose of this study was to identify the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role. Benner's (1984) framework, From Novice to Expert, provided the direction and structure for this descriptive study. Three hundred thirty-three nurse clinicians licensed to practice primarily in four southeastern states participated in this study. Data were collected using the Thibodeau/Hawkins Self-Assessment Scale and were analyzed using descriptive statistics.

The question that guided this research was what is the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role? Data analysis revealed that the overall average of nurse clinician responses was 4.83 on a 6-point scale. Nurse clinicians practicing in the expanded role were very confident when assessing their knowledge and skills. Additional findings of interest included a significant positive correlation between level of self-confidence and

level of education and no significant correlation between level of self-confidence and length of practice. Findings of this study further establish that the confidence of nurse clinicians in the expanded role is at the role mastery level. Nurse clinicians assess their knowledge and skills as highly proficient. Implications for nursing derived from this study involved the need for continued use of Benner's framework by nurse clinician educators and mentors, as well as by novice clinicians. Further, nurse clinicians need an ongoing self-assessment to identify strengths and weaknesses related to knowledge and skills as they achieve role mastery. Recommendations for future research include replicating the study using another procedure of data collection and altering answer choices on the Self-Assessment Scale, continuing to test Benner's theory of role acquisition to determine levels of proficiency in student and novice clinicians, and implementing a qualitative study to describe the lived experience of skill mastery.

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Chapter I

The Research Problem

Confidence is an individual's inner sense that a task can be effectively performed or that a situation containing new, unpredictable, and stressful elements can be managed (Bandura, 1977). The ability to perform and manage specific tasks requires, at the very least, some knowledge of the basic elements of that task. Confidence, therefore, may influence one's ability to perform tasks by linking the knowledge necessary to complete the task with the ability to put that knowledge into action.

Self-confidence, for the nurse clinician, is the trust or belief in one's ability to function as a professional nurse and is an essential aspect in professional development (Flagler, Loper-Powers, & Spitzer, 1988). Self-confidence is important to nurses since the level one attains may affect role performance.

Confidence in oneself as a person and confidence in the ability to assume a role may be linked to the individual's ability to perform effectively in a particular role. Knowledge and skills may be linked to levels of self-confidence which ultimately affect both an individual's conduct in that role and successful role acquisition. To

promote self-confidence in nurse clinicians, thereby enhancing role performance, it is necessary to assess how the clinicians themselves rate their knowledge and practical skills in their role (Thibodeau & Hawkins, 1989). Benner (1984) describes the process of skill mastery, which is said to be the nurse's progression from novice to expert in role performance, as the process which enhances the professional's level of self-confidence. However, little research has been conducted which explores the relationship between knowledge and skills to performance level. Furthermore, there has been only one study that researched the relationship between self-confidence and knowledge and skills.

Introduction to the Problem

Self-confidence is a developmental process which is affected by the experiences and interactions one has throughout a lifetime. The level of self-confidence attained has a direct effect on one's self-image as well as the ability to effectively perform a particular role. One's level of self-confidence, however, is seldom, if ever, constant; it tends to fluctuate as new situations are encountered (Gross & Rocissano, 1988).

Self-confidence as a nurse clinician is believed to be an essential component of professional role development and clinical competency (Flagler et al., 1988). This attribute appears to influence the student as well as the graduate

nurse's experience. By obtaining successes in the clinical area, students tend to have increased confidence in their ability to function in their role as a nurse clinician (Cotanch, 1981). In order to overcome feelings of incompetency and to assume their role as nurse clinicians, students must continue to attempt new role skills and become more adept in them (Cotanch, 1981).

The nurse clinician role is based on behaviors which express attitudes and values from either a nursing or medical orientation and provide direction for the nurse clinician role (Thibodeau & Hawkins, 1989). Self-assessment of an individual's knowledge and skills directly affects role performance.

The role of nurse clinician is one that is slowly assumed, with role mastery being the final stage of successful role acquisition. Benner's (1984) work describes the process of role mastery as one that evolves along a continuum from novice to expert. Benner states that it takes hands-on experience--not just the passage of time, but actual encounters with practical situations--in order for the individual to develop the perceptual know-how of an expert clinician (Benner, 1984; Benner & Wrubel, 1982). This perceptual know-how of the clinician is unconscious and is acquired through experience with similar situations. Benner (1983) states that expertise develops when propositions, hypotheses, and principle-based expectations

are tested and refined by the clinician in actual practice settings. Experience is, therefore, a prerequisite for expertise.

Expertise is impacted by confidence as evidenced by the studies which have been conducted in the areas of preventive health tasks and maternal roles. Preventive health tasks that the individual engages in require self-confidence. Confidence in one's ability to perform breast self-examination is the most important factor that positively affects the practice of self-examination (Celentano & Holtzman, 1983). It can be predicted that confidence in one's skill can lead to the acquisition of and the continuation of any health behavior (Bandura, 1977). Confidence in health-related tasks is associated with this study since both ability and skill have been linked with confidence and may be a prerequisite for skill acquisition and role development.

Maternal confidence, as defined by Gross and Rocissano (1988), is a mother's perception that a variety of tasks or situations related to parenting can be effectively managed. The state of maternal confidence, however, changes as the child passes through the various stages of development. The quickly developing child requires changing behaviors in the mother; therefore, even though a mother may be confident with her ability to care for the infant, she may lose that confidence as the infant becomes a toddler (Gross &

Rocissano, 1988). According to Bandura (1982), the greatest source of confidence comes from previous mastery of an identified task or situation. Therefore, a mother who perceives that a particular parenting skill or task has successfully been mastered would be expected to feel more confident when performing that same skill or task in the future (Gross, Rocissano, & Roncoli, 1989). For the nurse whose role is also ever-changing, adaptation to new situations is also required. Success in a skill or task specific for nurses is acquired only after previous attempts and experiences have taken place.

The issue of skills required in a particular role is relevant to the nurse who progresses from the registered nurse role to the expanded nurse clinician role. This role change demands an increase in knowledge and refinement in skills in order to master the expanded role for nurses and thus effect a smooth role transition.

While there is a paucity of research related to self-confidence as it applies to the nurse clinician role, studies related to self-help practices and maternal roles appear to relate self-confidence to successful role acquisition and performance. The ability to assume and perform a new role, therefore, may be directly related to an individual's level of self-confidence.

Significance to Nursing

In order to assist the new graduate nurse, and certainly the new nurse clinician, in acquiring his/her role, it is important to assess self-confidence. This study described the level of confidence of nurse clinicians in relation to clinical skills and knowledge as determined by the Thibodeau/Hawkins Self-Assessment Scale. This type of assessment can help identify those areas perceived as weak and/or strong by the individual clinician. These findings can then help the new nurse clinician through this transition period by identifying areas requiring further consultation and validation of skills, thus easing the effect of the role change. This conclusion would provide direction for nurse clinician educators as well as those in the role to help understand the importance of working with the new graduate for a certain length of time to assist in a smoother transition from student to clinician.

Theoretical Framework

Benner (1984) applied the Dreyfus model of skill acquisition to nursing and developed a framework through which the knowledge a nurse has acquired over time is described. Benner's theory, From Novice to Expert, will serve as the theoretical framework for this study.

According to Benner's (1984) theory, in order to acquire or develop a skill an individual advances through five levels of proficiency: (a) novice--there is no

previous knowledge of the situation, (b) advanced beginner--a marginally acceptable performance is demonstrated, (c) competent--an increased level of efficiency is acquired through conscious and deliberate planning, (d) proficient--the situation is perceived as a whole and aspects of the situation are recognized from previous experience, and (e) expert--the situation is zeroed in on without deliberation. The complexity of the various roles in nursing that may be assumed also lends itself to the five levels described above since nurses' knowledge and practical skills evolve through these same stages (Benner, 1984).

Just as expertise is acquired with experience, self-confidence also evolves as one develops proficiency and becomes knowledgeable in relation to role performance. Confidence influences one's performance by linking the knowledge of how to complete a task with the ability to put that knowledge to work. Nurse clinicians practicing in the expanded role also experience similar transitions throughout their development into expert clinicians.

The role of nurse clinician evolves through each of the levels of proficiency with role mastery being the final evaluation of skill development. If self-confidence does indeed enhance role performance, then the level of expertise would be linked with self-confidence. Benner's theory, From Novice to Expert, therefore, applies to this research study

since it describes the process of skill mastery which leads to self-confidence in role performance.

Assumptions

The assumptions for this study were the following:

1. Self-confidence impacts on knowledge acquisition.
2. Self-confidence impacts on skill refinement.
3. Role mastery is an evolutionary process from novice to expert.
4. Advanced skills and knowledge are paramount to the expanded nurse clinician role.

Purpose of the Study

The purpose of this study was to identify the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role.

Statement of the Problem

Self-confidence in nursing is one's belief that he/she can effectively function in the expanded role as a nurse (Flagler et al., 1988). To promote this self-confidence, thereby enhancing role performance, it is necessary to assess how the nurse clinician rates his/her knowledge and practical skills (Thibodeau & Hawkins, 1989). The problem for this study was to determine the level of self-confidence as related to knowledge and skills of nurse clinicians practicing in the expanded role.

Research Question

The question that guided this research was what is the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role?

Definition of Terms

For the purpose of this study, the following terms were defined:

Level of self-confidence: The individual clinician's level of confidence in his/her knowledge and ability to perform skills in his/her role as operationalized by the Thibodeau/Hawkins Self-Assessment Scale.

Nurse clinicians: Registered nurses practicing or who have practiced in the expanded role who can diagnose, treat minor injuries, manage acute and chronic illnesses across the age span, and who are licensed by the State Boards of Nursing in either Alabama, Louisiana, Mississippi, or Tennessee.

Practicing in the expanded role: A nurse clinician who is working or who has worked in the role and is performing/has performed the duties of a nurse clinician as determined by the identified area of preparation and practice on the Demographic Sheet.

Knowledge and skills: Essential skills and knowledge related to the nurse clinician role as operationalized by the Thibodeau/Hawkins Self-Assessment Scale.

Chapter II

Review of the Literature

There has been a paucity of research done related to the level of self-confidence of nurse clinicians. However, some research has been conducted which focused on self-confidence in undergraduate and graduate nurses and self-confidence as related to health and maternal practices. This chapter presents a selected review of the literature including studies relevant to self-confidence.

Thibodeau and Hawkins (1989) sought to determine the level of self-confidence that nurse clinicians have regarding their knowledge and skills and whether their attitudes/values had a nursing or a medical orientation. The researchers believed that in order to enhance a positive self-concept in nurse clinicians it was first necessary to assess how clinicians regarded knowledge and skills and how these related to attitudes/values affecting role performance.

A descriptive, correlational design was used in this study. A random sample of 135 subjects was selected, and each was mailed a brief cover letter, a consent form, a demographic survey, and the scales to complete (the Self-Assessment Scale and the Attitudes/Values Scale).

The Self-Assessment Scale and the Attitudes/Values Scale were developed by the researchers. Each of the tools was pilot tested for validity (face and content) and for reliability using the test-retest method (r = +0.868).

The Self-Assessment Scale is comprised of 65 items that represent basic skills and knowledge related to the nurse clinician role. The subjects were asked to rate their levels of confidence on a scale of 1 to 6 as they related to their ability to perform the skill or to use the knowledge described in each item.

The Attitudes/Values Scale is comprised of 37 items relevant to the role functions of the nurse clinician. Subjects were asked to note the level of agreement with each statement on a scale of 1 to 6. These items reflect the orientation of each subject--toward either a medical or a nursing model of practice.

The results indicated that the clinicians sampled have a high level of confidence in knowledge and skills. They also were found to have a fairly strong nursing orientation in practice (Thibodeau & Hawkins, 1989).

The researchers concluded that skills and knowledge are strongly correlated to self-confidence. This current study sought to further validate these findings with nurse clinicians in an expanded role.

Studying how professional roles are acquired is important since role acquisition is dependent upon the level

of self-confidence one gains throughout the acquisition process. Flagler, Loper-Powers, and Spitzer (1988) sought to determine which clinical instruction behaviors were identified as promoting self-confidence in baccalaureate nursing students.

Data were collected via a survey method using a questionnaire devised by the researchers. Validity and reliability of the questionnaire had not previously been established. This questionnaire was composed of two parts. The first part contained 16 clinical instructor behaviors that subjects were asked to rate, on a scale of 1 to 5, the degree each behavior helped or hindered the students' self-confidence as a nurse. The second part contained two open-ended questions which the subjects were to complete regarding additional behaviors or attitudes that helped or hindered the students' self-confidence as a nurse.

The subjects were junior and senior baccalaureate nursing students attending a Pacific Northwest University. Data were collected over 2 years with a total of 155 subjects participating.

Instructor behavior data were evaluated using descriptive statistics as well as factor analysis. Qualitative analysis was performed on subject responses identifying key words and phrases that described instructor behaviors as either helping or hindering the students' self-confidence as a nurse.

Flagler et al.'s (1988) findings emphasized the importance of demonstrating confidence in the student, being accepting of questions, and giving positive reinforcement. When these behaviors were utilized by clinical instructors in the setting, the student nurses' self-confidence was perceived as enhanced. These clinical experiences influenced the processes of knowledge and skills acquisition and professional development (Flagler et al., 1988). This study supports the proposed study in that it provides evidence that self-confidence indeed develops over time with experience in the clinical arena.

Research by Vanetzian and Higgins (1990) was designed to compare self-evaluations of nursing performance by new graduates with those of their evaluators. The study also sought to determine the length of time new graduates practiced before there was agreement about level of performance between the new graduate nurse and the evaluator.

A panel of new graduates and their evaluators from 41 hospitals in widely varied geographic locations were surveyed with confidentiality maintained by coding names. This longitudinal, descriptive study used a repeated measures design with participants being surveyed twice during the new graduate's first year of employment. The final sample consisted of 38 new graduate nurses and their evaluators.

Level of performance was operationalized using the Six-Dimension Scale of Nursing Performance (6-D Scale). This scale was developed by Schwirian and Associates in 1978. There are six subscales included in this instrument: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relationships/ communication, and professional development activities. The items in the scale are stated as observable behaviors that are readily understood without further instruction. This scale has been used to appraise nurses' performance by an evaluator and by nurses themselves to self-appraise their performance.

Validity of the 6-D Scale was established by a panel of expert nurses after factor analysis. In the instrument's development study criterion-related validity was assessed as was reliability. Reliability of nurses' self-appraisals ranged from .90 to .98 with evaluators' appraisals from .84 to .91 using Cronbach's alpha. Internal consistency of new graduate responses on five of the six subscales ranged from .71 at 6 months to .82 at 1 year. The evaluator responses ranged from .80 at 1 year to .90 at 6 months and 1 year.

Data analysis was done using nonparametric tests due to the nonrandomized, small sample size. Also, the comparison of responses at the second data collection period and the ordinal level of responses made it necessary to use this type analysis.

Vanetzian and Higgins (1990) found the following:

1. New graduates rate themselves significantly higher than their evaluators rate them on all subscales of the 6-D Scale with the exception of critical care at 6 months.

2. At 1 year, the only significant difference in appraisals of performance was in the critical care area as evaluators rated new graduates' performance higher than the graduates rated themselves.

3. Evaluator's appraisals indicated significantly higher evaluations of new graduate role performance at 1 year than at 6 months on all 6 subscales.

4. Self-evaluation by the new graduates at 6 months and 1 year revealed that they rated themselves significantly higher on only one subscale a year after graduation.

The results showed that one's role is not innate but is assumed after repeated performance. The registered nurse, after completing an appropriate course of study, is expected to perform certain skills as prescribed by the American Nurses' Association. When one seeks further education in order to assume the expanded role for nurses, he/she again must acquire knowledge and skills appropriate to this level of nursing. This research is significant since it shows that role performance determined by evaluator appraisals is acquired over time with experience.

Many preventive health tasks individuals engage in also require self-confidence. For example, breast self-

examination (BSE) requires confidence in one's ability to perform the task. Confidence is important since it positively affects one's ability to practice the task. According to Celentano and Holtzman (1983), there is a direct relationship between BSE frequency and perceived confidence in the ability to perform BSE correctly. Therefore, it can be assumed that confidence increases the likelihood of continued practice of preventive health measures (Bandura, 1977).

A study conducted by Olson and Mitchell (1989) sought to ascertain those factors that encourage or discourage the performance of BSE. Questionnaires on personal experiences with BSE, risk factors, and perceived risks of breast cancer were distributed to a convenience sample of 200. Of the 200 questionnaires handed out, 175 were returned. Data were analyzed with the Pearson's Product Moment Correlations and stepwise multiple regression analysis.

Results indicated that a person's satisfaction with BSE ability and an explanation of the technique greatly predicted the frequency of BSE. There are two types of confidence related to breast self-examination: confidence in the procedure itself and confidence in one's ability to identify an abnormality (Olson & Mitchell, 1989). The researchers concluded that nurse clinicians can help promote BSE frequency by assisting women to feel confident about their abilities to perform BSE. This study on confidence in

BSE is related to the present study since it identifies confidence as a prerequisite for skill acquisition and role development.

The maternal role, as in other roles, requires a period of transition in order for one to become familiar with the "new" tasks required and to become confident in them. Gross, Rocissano, and Roncoli (1989) explored predictors of maternal confidence during toddlerhood among mothers of children born pre-term and full-term. They also sought to determine if mothers of toddlers born pre-term were less confident in mothering skills than mothers of toddlers born full-term.

The sample consisted of 132 mothers of toddlers who were chosen by systematic random sampling of hospital charts. These mothers were defined as biological mothers of children between 12 months and 36 months postnatal age. Full-terms were defined as infants born greater than 36 weeks gestation and who weighed greater than 2,500 grams. Pre-terms were those infants born weighing less than 2,500 grams and less than 36 weeks gestation who were products of single births with no known congenital anomalies.

Maternal confidence was defined as a mother's perception that a variety of tasks or situations related to parenting can be effectively managed. This confidence was measured using the Toddler Care Questionnaire (TCQ). This instrument was a Likert-type self-administered questionnaire

consisting of 37 items that related the tasks relevant to parenting a toddler. Scores ranged from 1 to 5 with 1 denoting very little confidence and 5 a great deal of confidence. Previously, the TCQ had an alpha reliability of .95 and a test-retest reliability over a 4-week period of .87 (Gross & Rocissano, 1988). For this study the alpha reliability of the TCQ was .94 for the pre-term group and .91 for the full-term group. Content validity was established among a panel of experts in early childhood development, self-efficacy measurement, and maternal-child nursing.

The hypotheses for this study were that (a) mothers of toddlers born pre-term would report lower maternal confidence than mothers of toddlers born full-term, (b) the perceived extent of the mother's experience caring for other children prior to having her own would be positively related to maternal confidence in both the pre-term and full-term groups, and (c) the toddler's birth order would be positively correlated with maternal confidence in both the pre-term and full-term groups.

The first hypothesis was examined using a *t* test. No difference was found in TCQ scores between pre-term and full-term groups; thus, the hypothesis was not supported. The second and third hypotheses were tested using Pearson correlation. The TCQ score was found to correlate with prior child care experience in the full-term and pre-term

group, thus supporting the second hypothesis. Birth order was related to the TCQ score only in the pre-term group. There was no significant relationship between birth order and TCQ score in the full-terms.

Gross et al. (1989) concluded that mothers of toddlers born pre-term were no less confident in mothering than mothers of toddlers born full-term and that child-care experience before becoming a mother was the most important predictor of maternal confidence. This research study relates to this current study since it backs up the premise that confidence in a particular role is enhanced by previous experience in that role.

Self-confidence of nurse clinicians practicing in the expanded role appears to be a fairly new concept in the literature. This is evidenced by the limited number of writings available on the topic. The sole study found relating to nurse clinicians and confidence was the research conducted by Thibodeau and Hawkins (1989). Literature was found on confidence as it related to undergraduate (Flagler et al., 1988) and graduate (Vanetzian & Higgins, 1990) nurses, preventive health tasks (Olson & Mitchell, 1989), and mothering skills (Gross et al., 1989). All studies related self-confidence to either role attainment or skill mastery, therefore, providing evidence that supports the present research.

Chapter III

The Method

One's level of self-confidence affects his/her ability to perform in a particular role. This study sought to determine the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role.

Design of the Study

A descriptive study was conducted in order to determine the level of self-confidence nurse clinicians practicing in the expanded role had regarding their knowledge and skills. Descriptive research studies are those "that have as their main objective the accurate portrayal of the characteristics of persons, situations, or groups, and the frequency with which certain phenomena occur" (Polit & Hungler, 1987, p. 528). This study was descriptive since its focus was to identify the level of self-confidence nurse clinicians have related to their knowledge and skills.

Variables. The variables of interest in this study were level of self-confidence of nurse clinicians and perceived knowledge and skill level as determined by the Thibodeau/Hawkins Self-Assessment Scale. Nursing role and

geographic location were controlled variables. The intervening variable was that the nurse clinicians participating in this study would answer the questions truthfully.

Research question. This study addressed the question: What is the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role?

Limitation. The study was limited to participants who were licensed in one of four southeastern states; therefore, the results of the study are not generalizable to the nation.

Setting, Population, and Sample

The setting for this study was four southeastern states in the United States, including Alabama, Louisiana, Mississippi, and Tennessee. Alabama is located in the East South Central United States as are Mississippi and Tennessee. Its population according to the 1980 Census was 3,893,888 with a 1980 per capita income of $7,488. The state's rural population distribution in 1980 was 40%.

Louisiana is located in the West South Central United States. Louisiana's 1980 census was 4,206,312 and per capita income was $8,458. The rural population distribution from 1980 was 31.4%.

Mississippi has a population of 2,520,638 with per capita income of $6,580 from 1980 statistics. Its rural population distribution in 1980 was 52,790.

Tennessee, the last of the four states being surveyed, has a population and per capita income from 1980 of 4,591,120 and $7,720, respectively. Tennessee's rural population distribution from the same year was 39.6% (Encyclopedia Americana, 1989). Each of these states recognize nurse clinicians as legitimate health care providers and were chosen due to their accessibility to the researcher.

The population included 880 nurse clinicians licensed to practice in the expanded role in either Alabama, Louisiana, Mississippi, or Tennessee. A list of nurse clinicians prepared by the Board of Nursing from each of the four states was obtained which provided the researcher accessibility to the population. The nurses were licensed in one of the four previously mentioned states and were now working or had in the past worked in the expanded role performing the duties of a nurse clinician.

The sample included 333 nurse clinicians licensed in one of the four states mentioned who returned the questionnaire. Consent to participate was evidenced by the returning of the questionnaire (Self-Assessment Scale and Demographic Form, see Appendix A) before the deadline (June 22, 1991) set by the researcher. Confidentiality was

assured to participants in the cover letter that accompanied the questionnaire.

Methods of Data Collection

Permission was obtained by the developers of the Self-Assessment Scale for its use (see Appendix B). After approval by the Committee On Use of Human Subjects in Experimentation at Mississippi University for Women (see Appendix C), a list of nurse clinicians licensed by the four chosen states was accessed by telephone and/or written requests to the State Board of Nursing of the states. A letter of explanation (see Appendix D) and the questionnaire were mailed to the population on June 3, 1991. A reminder postcard (see Appendix E) was mailed to the population one week later. The data were collected from June 3, 1991, to June 22, 1991, with analysis following. The data were then coded and descriptive statistical analysis was performed.

Instrumentation. The Thibodeau/Hawkins Self-Assessment Scale was used to assess the level of self-confidence of nurse clinicians identified in the sample. The instrument was developed by Thibodeau and Hawkins (1989) to assess the level of confidence related to one's ability to perform a skill or to use knowledge as described in each of the 65 items on the scale. The participants rated their level of confidence of each item on a scale of 1 to 6 (least confident to most confident)--the closer the final score to 390 the more confident the nurse clinician was rated. The

tool was pilot tested for both face and content validity and for reliability using the test-retest methods by the developers. The demographic information was adapted from Thibodeau and Hawkins (1988).

Data Analysis

Data analysis was done using descriptive statistics--those "used to describe and summarize the researcher's data set" (Polit & Hungler, 1987, p. 528). The specific statistics used included frequencies and percentages. Mean median, mode, and standard deviations also were performed.

Chapter IV

The Findings

The purpose of this study was to identify the level of self-confidence related to knowledge and skills of nurse clinicians. A descriptive study was employed to quantitatively measure the level of self-confidence attained by nurse clinicians practicing in the expanded role. This chapter presents the results of data analysis using descriptive statistics. The sample is described followed by research findings.

Description of the Sample

The sample for this study consisted of 333 nurse clinicians who currently practice or who have practiced in the expanded role. They were licensed to function as nurse clinicians by the State Boards of Nursing in one of four states: Alabama, Louisiana, Mississippi, and Tennessee.

Four hundred nine nurse clinicians out of 880 (46%) returned the survey within the allotted time frame. Fifty-nine questionnaires of the 880 (7%) were returned to the researcher due to incorrect addresses. The sample consisted of 333 (38%) respondents who completed the questionnaire and demographics appropriately. Each clinician in the sample

reported highest level of nursing education achieved: 58% had a Master of Science in Nursing, 18% had a Baccalaureate degree, 16% were diploma prepared, 7% had an Associate Degree, and 1% had a doctorate (see Figure 1). Nurse practitioner preparation was found to be almost evenly distributed between a Master of Science in Nursing (50%) and a certificate (45%). The remaining 5% were trained on the job or by other means (see Figure 2).

The number of years in nursing ranged from 1 to 47 years, with a mean of 18.23. The number of years as a nurse practitioner ranged from 1 to 20 years, with a mean of 8.83.

The primary areas of nurse practitioner preparation with the greatest representation were Family (48%) and Ob-Gyn (22%) (see Table 1). The primary areas of nurse practitioner practice with the greatest representation were again from Ob-Gyn (27%) and Family (23%), followed by Adult and Pediatrics (14% and 12%, respectively) (see Table 2).

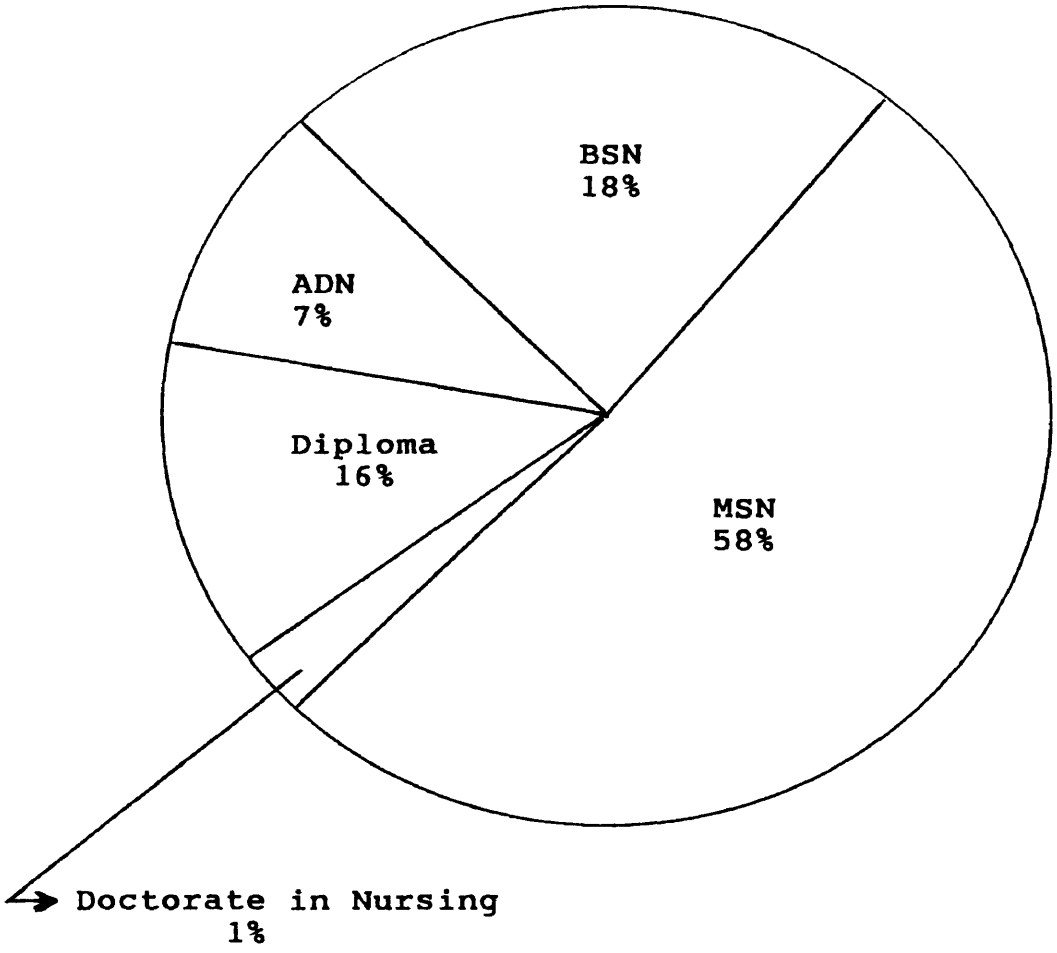

Figure 1. Highest nursing education.

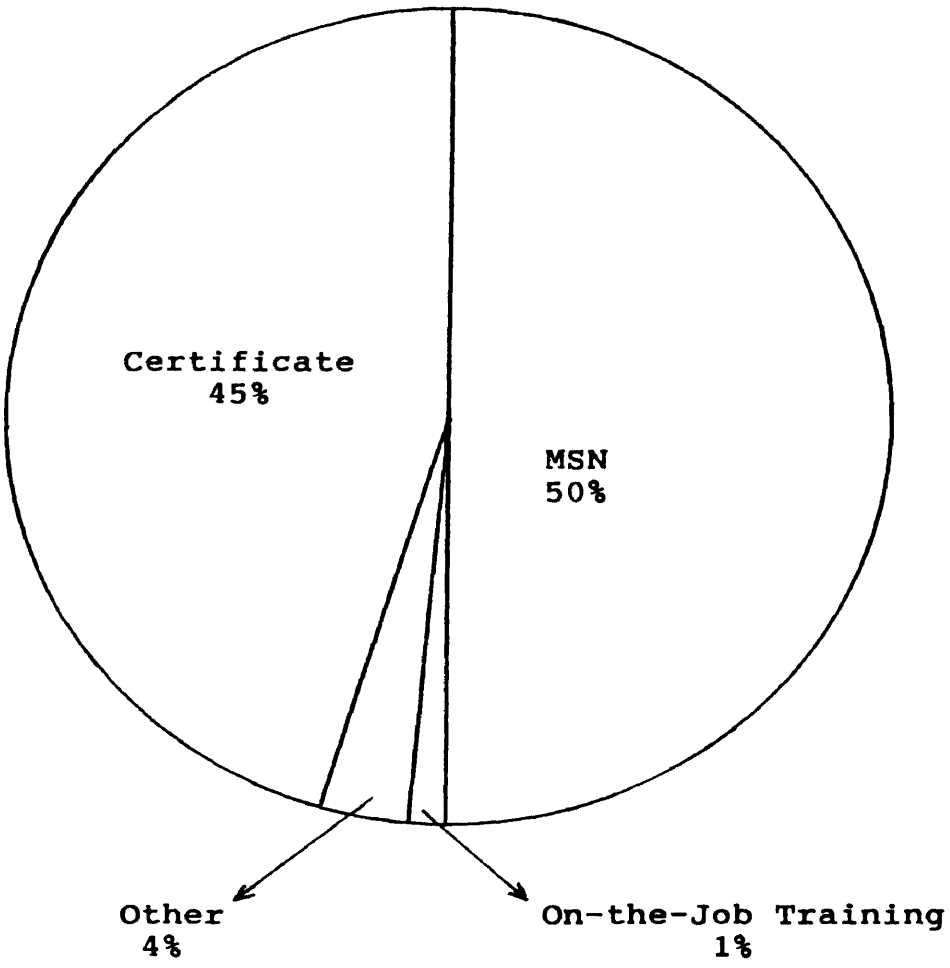

Figure 2. Nurse practitioner preparation.

Table 1

Primary Area of Nurse Practitioner Preparation Using Frequencies and Percentages

Area of Preparation	*F*	%
Adult	32	10
Family	160	48
Pediatrics	32	10
Geriatrics	12	4
School Health	5	2
Occupational Health	3	1
Obstetrics-Gynecology	72	22
Other	17	5

Note. College Health not reported.

Table 2

Primary Area of Nurse Practitioner Practice Using Frequencies and Percentages

Area of Practice	F	%
Adult	47	14
Family	76	23
Pediatrics	41	12
Geriatrics	10	3
College/Health	7	2
School Health	6	2
Occupational Health	13	4
Obstetrics-Gynecology	89	27
Other	44	13

The settings for practice varied and most clinicians practiced in more than one setting (see Figure 3). The geographical location of the clinicians sampled varied almost as much as their practice settings. Although subjects were licensed in one of four southeastern states, they practiced in areas other than the four states. Thirty-seven percent of the respondents came from Alabama and 30% from Tennessee. Mississippi and Louisiana were each represented by 14% and 12% of the sample (see Table 3).

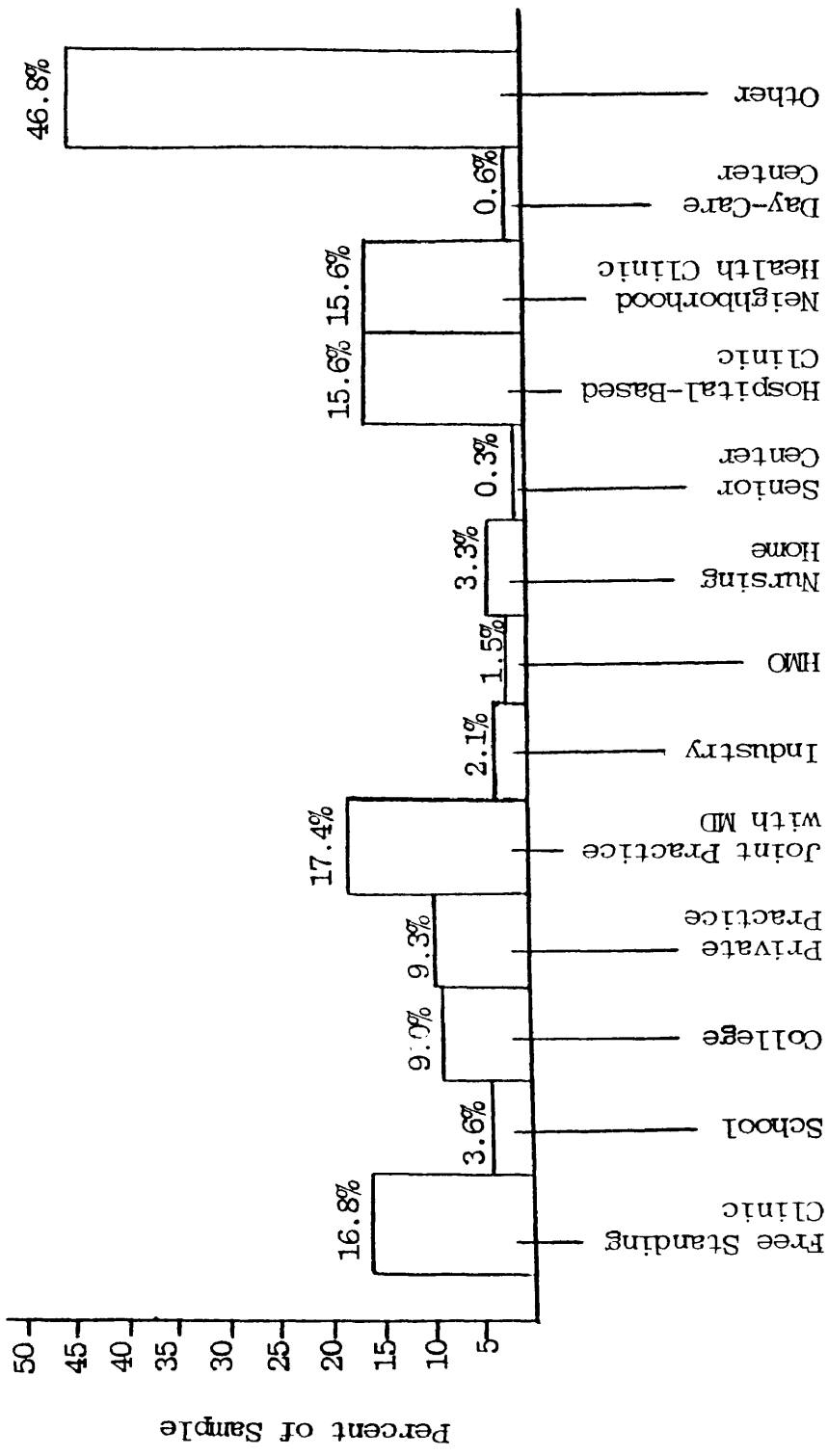

Figure 3. Practice settings.

Table 3

Distribution of Sample by Geographical Location Using Frequencies and Percentages

Location	F	%
Germany and Japan	2	1
Alabama	123	37
Arkansas	2	1
California	3	1
Florida	3	1
Georgia	3	1
Kentucky	1	< 1
Louisiana	41	12
Mississippi	45	14
New York	1	< 1
Oregon	1	< 1
Pennsylvania	2	1
Tennessee	99	30
Texas	4	1
Virginia	1	< 1
Washington	1	< 1
Wisconsin	1	< 1

Results of Data Analysis

The question that guided this research was what is the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role? The instrument used for this study was the Thibodeau/Hawkins Self-Assessment Scale.

Nurse clinicians practicing in the expanded role were found to be very confident with regard to knowledge and skills as determined by the average of 4.83 on a 6-point scale. The original tool had 65 questions to be answered on a scale of 1 to 6, with one being least confident and 6 being most confident. In the transcribing of the questionnaire, a typographical error on Question 30 was missed, therefore necessitating omission of that particular question. In this study, as a result of the omission of Question 30, 64 questions were subsequently analyzed with possible total sums ranging from a low of 64 to a high of 384. The actual scores of this sample ranged from 172 to 382, with a median of 316.

Additional Findings

The researcher was interested in whether educational preparation and years of practice were correlated to level of confidence. Data were analyzed using the Pearson Product Moment Correlation. A significant positive correlation emerged between highest level of nursing education (r = .15, p = .003), as well as highest degree earned (r = .15, p =

.004) and level of confidence. However, no significant correlation existed between the self-assessment scale (level of confidence) and the number of years of practice for the nurse clinician (r = .06, p = .14).

Chapter V

The Outcomes

The purpose of this study was to identify the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role. Benner's (1984) framework, From Novice to Expert, provided the direction and structure for this descriptive study. The question that guided this research was what is the level of self-confidence related to knowledge and skills of nurse clinicians practicing in the expanded role?

Summary of Findings

The results of this study, which utilized the Thibodeau/Hawkins Self-Assessment Scale, revealed that nurse clinicians, in general, were very confident in assessing their knowledge and skills as evidenced by an average score of 4.83 on a scale of 1 to 6. Additional findings of interest included a significant positive correlation between level of confidence and level of education, while no significant correlation emerged between level of confidence and number of years in nursing or years as a nurse practitioner.

Discussion

The results of this study indicate that this sample of nurse clinicians were very confident in their skills and knowledge relevant to practicing in the expanded role. This finding corroborates Thibodeau and Hawkins' (1989) conclusion that nurse clinicians were very confident in assessing their knowledge and skills. In fact, the average scores of both studies were virtually identical. Thibodeau and Hawkins used a random sample (N = 135) from the NPACE directory while this study used a convenience sample (N = 333) primarily from four southeastern states. This finding strongly implies that nurse clinicians, in general, possess high levels of self-confidence regarding their knowledge and skills in the expanded role.

In order for nurse clinicians to acquire or develop skills specific to the expanded role, they must advance through the five levels of proficiency described by Benner (1984). Role mastery is assumed only after each level of proficiency has been successfully completed. Considering the average score of this sample on the Self-Assessment Scale, the researcher assumes that nurse clinicians possess role mastery and a high level of proficiency in the expanded role. On the other hand, there were subjects who scored less than average on the scale, indicating that some nurse clinicians may not be at the expert proficiency level.

Two areas of potential concern to this researcher included the data-gathering instrument and the procedure of mail survey. On the questionnaire, possible answers ranged from 1 to 6. Hence, for a clinician who was not confident at all or for those items queried that were not applicable to the clinician's practice, there was no response choice. The majority of the 76 surveys that were eliminated were done so due to unanswered items with notes in the margin stating the skill was not performed in their setting or the knowledge irrelevant to their practice, or that their specialty did not include that knowledge or skill.

Also, several problems related to mail-out surveys have been identified. First of all, a basic problem with this data collection technique is that the researcher is unable to build a rapport with the population except on paper. Secondly, the response rate tends to be low. Factors affecting the return rate include the "appeal" of the questionnaire to the individual sampled and whether or not a stamped, addressed return envelope was included in the mail-out (Polit & Hungler, 1987). Thus, the results of this study must be interpreted with some caution as generalized to all nurse clinicians' confidence level.

Vanetzian and Higgins' (1990) study revealed that role performance of graduate nurses, as determined by evaluator appraisals at 1 and 6 months, is acquired over time with experience. The results of the present study conflict with

these findings in that education and experience were correlated to confidence in a role; however, there was no correlation between confidence and length of practice. Thibodeau and Hawkins (1989) in their study also found no correlation between level of self-confidence and length of practice as well as with level of education.

The ability to perform preventive health tasks that individuals may engage in has been linked to levels of confidence. Confidence in one's ability to perform breast self-examination (BSE), for example, increases the likelihood of continued BSE practice (Bandura, 1977; Celentano & Holtzman, 1983). Acquiring skills and developing roles both require confidence. Olson and Mitchell (1989) revealed that a person's satisfaction with the ability to perform BSE and having prior explanation of the technique itself greatly enhanced the possibility of future practice. The present study supports these results since nurse clinicians practicing in the expanded role were determined to have high levels of confidence in regard to knowledge and skills and that this confidence was significantly correlated to their level of education.

The findings in this study are significant since they add support to the Novice to Expert Theory (Benner, 1984). Benner espouses the belief that expertise is acquired with experience, which is not to be confused solely with the passage of time (Benner, 1984; Benner & Wrubel, 1982). The

finding that no correlation existed between level of confidence and the length of time these clinicians had been in practice supports Benner's belief. Possible reasons for this finding include prior experiences of the clinician in other roles, impact by the type of practice setting, for example, a varied and large patient load, and assistance from others, such as educators, mentors, and colleagues.

Self-confidence in undergraduate nursing students was studied by Flagler et al. (1988). Their results indicated that clinical experiences and certain instructor behaviors influenced the process of knowledge and skill acquisition and enhanced the student's level of self-confidence. The present study supports Flagler et al.'s research in that, again, there was a significant positive correlation between self-confidence and education.

Gross et al. (1989), in their study on maternal confidence, revealed that previous child-care experience was the most important factor in predicting maternal confidence. If previous child-care experience was understood to mean learning about the role--as in the educational process for the nurse clinician--then the current study would lend support to Gross et al.'s research since level of confidence is positively correlated to level of education. Conversely, if previous child-care experience were to mean a measure of time, then current results contradict this assumption

because no correlation was found between confidence and length of practice.

Conclusions

The results of this study revealed that nurse clinicians practicing in the expanded role were very confident in assessing their knowledge and skills. This finding was supported by Thibodeau and Hawkins (1989) who had nearly identical conclusions with a different sample. Level of education was positively correlated with level of confidence. However, length of practice was not significantly correlated to confidence level. These findings follow the premise that it is experiences--not merely the passage of time--that promote confidence in roles and skills. This premise is supported by several researchers (Benner, 1984; Benner & Wrubel, 1982; Flagler et al., 1988; Gross et al., 1989; Olson & Mitchell, 1989).

Implications for Nursing

This study sought to determine the level of self-confidence in nurse clinicians in relation to knowledge and skills. Determining the level of self-confidence was thought to be of importance in order to assist new graduates as well as new nurse clinicians in acquiring his/her role. The implications for nursing are important, as nurse educators and nurse mentors can assist in role transitions of nurses and nurse clinicians. Assessment of knowledge and

skills of nurse clinicians by teachers, practitioners, staff development personnel, and researchers can be used to assist and promote role progression and development (Thibodeau & Hawkins, 1989). Areas of strengths and weaknesses can be identified via this assessment scale which can then more easily be addressed by the individual clinicians, thus providing specific areas for the clinician to focus on in the future. Benner's theory, From Novice to Expert, was the framework used to guide this research. The present study supports Benner's premise that actual experiences--not just the passage of time--leads to expertise in a role. Benner's five levels of proficiency which lead to role mastery were maintained. These levels are inherent to nursing, as to other roles, since expertise in a particular role is not innate.

Recommendations for Further Study

Based on the findings of this study, the following recommendations are made:

1. To change answer choice on Thibodeau/Hawkins Self-Assessment Scale to include zero or not applicable and establish further validity and reliability.

2. To replicate the study using qualitative research to determine the lived experience of skill mastery and role development.

3. To continue to test Benner's theory of role acquisition to determine levels of proficiency in student and new clinicians.

4. To replicate the study using a different method of data collection.

5. To conduct other research on self-confidence in order to substantiate these findings.

6. To implement a study focusing on nurse educators and nurse mentors to determine their influence on novice nurse clinicians.

REFERENCES

References

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84, 191-215.

Benner, P. (1983). Uncovering the knowledge embedded in clinical practice. Image: The Journal of Nursing Scholarship, 15(2), 36-41.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Benner, P., & Wrubel, J. (1982, May-June). Skilled clinical knowledge: The value of perceptual awareness. Nurse Educator, 11-17.

Celentano, D. D., & Holtzman, D. (1983). Breast self-examination competency: An analysis of self-reported practice and associated characteristics. AJPH, 73(11), 1321-1323.

Cotanch, P. H. (1981). Self-actualization and professional socialization of nursing students in the clinical laboratory experience. Journal of Nursing Education, 20(8), 4-14.

Encyclopedia Americana. (1989). Vols. 1, 17, 19, 26. Danbury, CT: Grolier.

Flagler, S., Loper-Powers, S., & Spitzer, A. (1988). Clinical teaching is more than evaluation alone! Journal of Nursing Education, 27(8), 342-348.

Gross, D., & Rocissano, L. (1988). Maternal confidence in toddlerhood: Its measurement for clinical practice and research. Nurse Practitioner, 13(3), 19-29.

Gross, D., Rocissano, L., & Roncoli, M. (1989). Maternal confidence during toddlerhood: Comparing preterm and fullterm groups. Research in Nursing & Health, 12, 1-9.

Olson, R. L., & Mitchell, E. S. (1989, November-December). Self-confidence as a critical factor in breast self-examination. JOGNN, 476-481.

Polit, D., & Hungler, B. (1987). Nursing research: Principles and methods (3rd ed.). Philadelphia, PA: J. B. Lippincott.

Thibodeau, J. A., & Hawkins, J. W. (1988). Developing an original tool for research. Nurse Practitioner, 13(7), 56-59.

Thibodeau, J. A., & Hawkins, J. W. (1989). Nurse practitioners: Factors affecting role performance. Nurse Practitioner, 14(12), 47-52.

Vanetzian, E. V., & Higgins, M. G. (1990). A comparison of new graduate and evaluator appraisals of nursing performance. Journal of Nursing Education, 29(6), 269-275.

APPENDICES

APPENDIX A

THIBODEAU/HAWKINS SELF-ASSESSMENT SCALE

Thibodeau/Hawkins Self-Assessment Scale

Rate your level of confidence with regard to your ability to perform the skill listed in each statement by circling one appropriate number below each statement: #1 indicates least amount of confidence; #6 indicates most confidence.

		Least					Most
1.	Know the difference between subjective and objective data.	1	2	3	4	5	6
2.	Know the component parts of a health history.	1	2	3	4	5	6
3.	Obtain a complete health history.	1	2	3	4	5	6
4.	Know age appropriate modifications for the health history.	1	2	3	4	5	6
5.	Evaluate history for completeness, organization, and clarity.	1	2	3	4	5	6
6.	Use communication skills appropriate to age of client.	1	2	3	4	5	6
7.	Use communication skills appropriate to type of data collection.	1	2	3	4	5	6
8.	Recognize and respond to verbal cues presented by the client.	1	2	3	4	5	6
9.	Recognize and respond to nonverbal cues presented by the client.	1	2	3	4	5	6
10.	Differentiate between normal and abnormal heart sounds.	1	2	3	4	5	6
11.	Perform a respiratory system examination.	1	2	3	4	5	6
12.	Perform an abdominal examination.	1	2	3	4	5	6
13.	Perform a musculoskeletal examination.	1	2	3	4	5	6
14.	Perform a neurological examination.	1	2	3	4	5	6
15.	Perform a pelvic examination.	1	2	3	4	5	6
16.	Perform an examination of the head and neck.	1	2	3	4	5	6

17.	Perform an examination of the skin.	1	2	3	4	5	6
18.	Perform a breast examination.	1	2	3	4	5	6
19.	Perform a lymphatic system examination.	1	2	3	4	5	6
20.	Perform a complete physical exam.	1	2	3	4	5	6
21.	Know the observation component of the physical exam.	1	2	3	4	5	6
22.	Know the palpation component of the physical exam.	1	2	3	4	5	6
23.	Know the percussion component of the physical exam.	1	2	3	4	5	6
24.	Know the auscultation component of the physical exam.	1	2	3	4	5	6
25.	Present physical findings in descriptive terms using the POMR (problem-oriented medical record) format.	1	2	3	4	5	6
26.	Relate knowledge of anatomy and physiology to the physical exam.	1	2	3	4	5	6
27.	Describe the role and functions of a nurse practitioner.	1	2	3	4	5	6
28.	Perform a DDST (Denver Developmental Screening Test).	1	2	3	4	5	6
29.	Develop a definition of health congruent with a conceptual model of nursing practice.	1	2	3	4	5	6
30.	Analyze nursing and medical models in the delivery of primary care.	1	2	3	4	5	6
31.	Assume leadership responsibility in collaboration with other providers to establish standards for health care management.	1	2	3	4	5	6
32.	Apply knowledge of change theory in acting as a client advocate.	1	2	3	4	5	6
33.	Apply knowledge of life span physical and psychosocial factors to the delivery of primary care.	1	2	3	4	5	6
34.	Develop protocols for nursing management for selected risk factors.	1	2	3	4	5	6
35.	Evaluate protocols for selected risk factors.	1	2	3	4	5	6

36.	Plan nursing management strategies for selected risk factors across the age span.	1	2	3	4	5	6
37.	Apply a conceptual nursing model to nursing management of risk factors.	1	2	3	4	5	6
38.	Evaluate lay literature on health care.	1	2	3	4	5	6
39.	Analyze use of over-the-counter medications as part of nursing management.	1	2	3	4	5	6
40.	Utilize a comprehensive data base in the delivery of primary care.	1	2	3	4	5	6
41.	Initiate or perform laboratory examinations.	1	2	3	4	5	6
42.	Apply knowledge of therapeutic nutrition across the age span in nursing management of clients.	1	2	3	4	5	6
43.	Incorporate knowledge of pharmacologic agents in nursing management of clients.	1	2	3	4	5	6
44.	Ability to clearly state my philosophy of nursing.	1	2	3	4	5	6
45.	Ability to clearly state my philosophy of primary care.	1	2	3	4	5	6
46.	Ability to prepare my resume.	1	2	3	4	5	6
47.	Negotiate for position and salary.	1	2	3	4	5	6
48.	Analyze current licensure and credentialing laws.	1	2	3	4	5	6
49.	Know nurse practice act in state where I practice.	1	2	3	4	5	6
50.	Describe various means of reimbursement for NP services.	1	2	3	4	5	6
51.	Utilize several methodologies in implementing change.	1	2	3	4	5	6
52.	Utilize concepts of power and authority.	1	2	3	4	5	6
53.	Educate clients and other providers as to the role of the NP.	1	2	3	4	5	6
54.	Analyze supports and obstacles to the role of the NP.	1	2	3	4	5	6
55.	Plan strategies to change or diminish obstacles to role implementation.	1	2	3	4	5	6

56.	Plan research as part of role implementation.	1	2	3	4	5	6
57.	Plan a demonstration project for health care delivery to a selected group of clients.	1	2	3	4	5	6
58.	Evaluate total role of NP.	1	2	3	4	5	6
59.	Describe methods of audit and quality assurance.	1	2	3	4	5	6
60.	Incorporate communication theory and group process into role.	1	2	3	4	5	6
61.	Describe assertiveness techniques and evaluate use for NP role.	1	2	3	4	5	6
62.	Utilize nursing model in role implementation.	1	2	3	4	5	6
63.	Analyze financial aspects of the role of NP as employee and/or independent practitioner.	1	2	3	4	5	6
64.	Apply teaching-learning theory to a variety of teaching situations.	1	2	3	4	5	6
65.	Evaluate the effectiveness of my teaching.	1	2	3	4	5	6

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Nurse Practitioner Profile

1. What is your highest nursing education? (Check only one)
   - _____ Associate
   - _____ Diploma
   - _____ Baccalaureate
   - _____ Master's
   - _____ Doctorate

2. Nurse practitioner preparation? (Check only one)
   - _____ Certificate
   - _____ Master's
   - _____ On-the-job
   - _____ Other (please describe):_____

3. Highest degree earned?
   _____ Associate
   _____ Baccalaureate
   _____ Master's in Nursing
   _____ Other Master's
   _____ Doctorate

4. Number of years in nursing: _____

5. Number of years as a nurse practitioner:_____

6. Primary area of nurse practitioner preparation? (Check only one)
   _____ Adult
   _____ Family
   _____ Pediatrics
   _____ Geriatrics
   _____ College health
   _____ School health
   _____ Occupational health
   _____ Ob-Gyn
   _____ Other (please specify):_____

7. Primary area of nurse practitioner practice? (Check only one)
   _____ Adult
   _____ Family
   _____ Pediatrics
   _____ Geriatrics
   _____ College health
   _____ School health
   _____ Occupational health
   _____ Ob-Gyn
   _____ Other (please specify):_____

8. Setting(s) for practice--check all that apply:
   _____ Free standing clinic
   _____ School
   _____ College
   _____ Private practice
   _____ Joint practice with MD
   _____ Industry
   _____ HMO
   _____ Nursing home
   _____ Senior center
   _____ Hospital based clinic
   _____ Neighborhood health center
   _____ Day care center
   _____ Other (please specify):_____

9. State in which you practice._____

Thank you!!!

Adapted from Thibodeau & Hawkins (1989)

APPENDIX B

PERMISSION FOR USE OF SELF-ASSESSMENT SCALE

Permission for Use of Self-Assessment Scale

Permission is hereby granted to

Myra E. Fitts

to use the Thibodeau/Hawkins Self-Assessment Scale in a research study.

Janice A. Thibodeau

Janice A. Thibodeau, RNC, EdD
University of Connecticut

APPENDIX C

APPROVAL OF COMMITTEE ON USE OF HUMAN SUBJECTS IN EXPERIMENTATION

MISSISSIPPI UNIVERSITY FOR WOMEN
Columbus, MS 39701

Vice President for Academic Affairs
P.O. Box W-1603
(601) 329-7142

July 24, 1991

Ms. Myra Fitts
c/o Graduate Nursing Program
Campus

Dear Ms. Fitts:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed study on "Level of Self Confidence Related to Knowledge and Skills of Nurse Clinicians Practicing in the Expanded Role."

I wish you much success in your research.

Sincerely,

Thomas C. Richardson
Vice President
for Academic Affairs

TR:wr

cc: Dr. Blow
Dr. Hill
Dr. Barrar
Dr. Rent

APPENDIX D

LETTER TO PARTICIPANTS

103 E-7 Lummus
Starkville, MS 39759
June 1, 1991

Dear Colleague:

In order to complete the degree requirements as a nurse clinician at Mississippi University for Women in Columbus, Mississippi, I am conducting research to identify the level of self-confidence of nurse clinicians practicing in the expanded role. It would be most helpful if you would agree to participate in my study by completing the enclosed questionnaire and sending it back to me in the enclosed self-addressed envelope. All participants' names will be anonymous.

I realize the demands on your time are great, but I believe that the results of this study will benefit all nurse clinicians by helping them to understand the relationship that self-confidence has with role mastery. While there is no immediate benefit to you, the information obtained through this study may be used to validate the need for attention to be focused on self-confidence as it relates to one's ability to perform a role. Your participation will be most appreciated. Please return the survey within 2 weeks if possible. Your returning the questionnaire signifies your consent to participate in this study. Thank you.

Sincerely,

Myra E. Fitts, RN

P.S.
If you would like to have a copy of the results of this study, please provide your name and address in the return envelope with the questionnaire.

APPENDIX E

POSTCARD

Dear Nurse Clinician:

Thank you for helping me with my research project on level of self-confidence of nurse clinicians. If you have not already completed the questionnaire, please try to do this today. If you have already done this, please disregard this reminder.

Thank you!

Myra E. Fitts, RN
103 E-7 Lummus
Starkville, MS 39759
(601) 323-0637