
RESEARCH ARTICLE

Professional Confidence: A Powerful Enabling Mechanism in the Transition to Becoming a Specialist RN: Qualitative Findings from a Mixed Method Study

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Abstract

Although the seminal work of Patricia Benner's *Novice to Expert* clearly identifies the five levels of nursing practice, there is a paucity of research on the learning and transitional processes that occur between these levels. The objective of this paper is to explore the transition to Specialist Registered Nurse (RN) in the learning and professional context. The study utilises a concurrent nested design based on complementarity strategies as part of the mixed method design. The study was undertaken in a large tertiary hospital setting in Australia. Participants were RNs undertaking postgraduate specialist nursing courses ($n = 39$) with a nested cohort of Intensive Care Nursing Course participants ($n = 7$). The quantitative component investigated the influence of learner attributes (e.g. approach to learning, strategic control of study and self-efficacy) on the participants' academic learning outcomes. Questionnaires were distributed to RNs on all specialist courses ($n = 39$). The qualitative component utilised a case study approach to explore and explain the learning and transitional experiences of the Intensive Care Nursing Course participants. The paper reports the key findings from the qualitative component of this study. The transition from RN to Specialist RN involved a qualitative cognitive shift in thinking, the development of competence and transformation in the level of nursing practice. Additional learning and cultural phenomena assisted the RNs' patterns of learning and knowledge acquisition. The emergence of 'professional confidence' was at the heart of the learning and transitional process from a competent to proficient level of nursing practice (specialist RN). 'Professional confidence' emerged as an outcome and a property of learning in the professional context. 'Professional confidence' is a powerful enabling mechanism in the transition to become a Specialist RN. There are several implications for nursing and nursing education derived from this study.

Keywords: mixed method, postgraduate nursing education, professional confidence, specialist RN, nursing competence, clinical nursing

Introduction

Advances in the provision of health care and the proliferation of biomedical technologies have influenced the emergence of specialty areas within the health care sector. Specialisation in nursing and the simultaneous development of the Specialist Registered Nurse (RN) have been recognised throughout the nursing literature; however, there is a paucity of published research examining the processes by which nurses achieve this level of specialist nursing competence. The attributes of a Specialist RN are equivalent to the 'Proficient' level of nursing practice in Benner's (1984) framework. The findings reported here emerged from a doctoral project investigating how RNs make the transition to Specialist RN level (McMullen 2007). Participants in a postgraduate intensive care nursing programme in an Australian teaching hospital revealed that there was a contribution to successful transition from the learning process to positive learning outcomes in a strongly practice-oriented education environment. The transition from RN to Specialist RN involved a qualitative cognitive shift (including the development of higher-order thinking abilities), the development of competence and transformation in level of nursing practice. Additional learning and cultural phenomena assisted the RNs' patterns of learning and knowledge acquisition. The emergence of 'professional confidence' was at the heart of the learning and transitional process from a competent to proficient level of nursing practice. The three facets of 'learning' and 'transitional' aspects of the phenomenon of professional confidence were found to be: (1) the perception of professional confidence for the Intensive Care Nursing Course (ICNC) participants; (2) the positioning of professional confidence; and (3) the implications for nursing education and professional development.

Background/Literature

To date, the concept of 'confidence' has been discussed in the nursing literature as an outcome of nursing education, with several studies identifying factors affecting confidence (White 2009, Van Wissen & McBride-Henry 2010, Perry 2011, Holland *et al.* 2012, Laabs 2012). Confidence is described by Holland *et al.* (2012, p214) as "a dynamic, maturing personal belief that encompasses an understanding of and a belief in the role, scope of practice, and significance of the profession, and is based on their capacity to competently fulfil these expectations, fostered through a process of affirming experiences". There is a lack of consistency in usage of the term, with confidence and self-confidence frequently used interchangeably in the nursing literature (Pelletier *et al.* 1994, Chaboyer & Retsas 1996, Platzer *et al.* 2000, Blake & Ashford 2000, Chaboyer *et al.* 2001, Glaze 2001, Santiano & Daffurn 2003, Perry 2011).

A comprehensive search of the nursing literature from the past 20 years yielded only eight studies that reported an increase in confidence as an outcome specifically associated with postgraduate nursing education. Of these eight studies, only one employed quantitative methodology, conducted by Santiano & Daffurn in Australia (2003). Although the study's focus was on levels of competence, the participants reported that the postgraduate intensive care course improved competence as a result of an increased knowledge base and confidence (Santiano & Daffurn 2003). The remaining seven studies were qualitative studies conducted in either Australia or the United Kingdom. In each of these studies, interviews and/or questionnaires were used for data collection. Findings reported included increased confidence as a result of completing a post-graduate course (Chaboyer & Retsas 1996, Chaboyer *et al.* 2001, Glaze 2001) and increased self-confidence to challenge the status quo and make their own judgements (Platzer *et al.* 2000). Lack of confidence and increased stress levels were reported as inextricably linked and based on a perceived lack of knowledge and skills (Taylor *et al.* 1999). Lastly, as an outcome of completing postgraduate nursing courses, RNs reporting increased professionalism and a marked

improvement in their clinical confidence, improved self-esteem and improved patient care (Pelletier *et al.* 1998). A longitudinal study by Pelletier *et al.* (1994) reported that the personal effects of postgraduate study lead to increased self-confidence (52.5%), changes to professional thinking including increased confidence (33%), and a cognitive effect on practice (40%). Increased confidence would greatly influence a person's ability to perform satisfactorily at work. The significance of confidence is described by White, who suggests that, once acquired, self-confidence allows for more autonomous practice to be built, benefiting the recipients of care (White 2009). Unlike the phenomenon of 'professional confidence' as extensively detailed in this study, the use of the word confidence in any of these studies was not defined or described (McMullen 2007).

The seminal work of Albert Bandura describes how positive self-efficacy influences resilience to diversity (Bandura 1997). A quantitative study in South Africa conducted by Koen *et al.* (2011) examined a group of 319 registered nurses, and demonstrated a positive correlation between self-efficacy, hope, coping and stress management and resilience. The importance of resilience is highlighted in numerous nursing studies. A recent study has identified resilience as a dynamic process (Grafton *et al.* 2010). Studies by Bandura (1993), Gillespie *et al.* (2007a), Hamilton *et al.* (2006), Jackson *et al.* (2007) and Tebes *et al.* (2004) proposed that resilience is "a process of frequent disruption (adversity) and positive reiteration (adaptation), learning from experience, and the ability to be taught". In addition, these studies suggest that cognitive transformative processes result in increased resilience (Grafton *et al.* 2010, p700). In a grounded theory study of the ability of RNs to understand, adapt to, and negotiate challenges in acute care settings, Hodges *et al.* (2010, p85) described 'the process of building professional resilience as a transformative, intentional desire to persist in an adverse environment of complexity and unpredictability'. The authors stressed the importance of increasing self-knowledge as an essential element in the basis of building professional resilience. The importance of resilience is further supported in this study, as participants reported that with continued nursing practice within the acute care setting they were able to identify changes through developing their mastery in negotiating their workplace, became more adaptable, and were able constructively to manage inherent complexities and adverse events (Hodges *et al.* 2010).

Method

The purpose of this study was to explore and answer the research question: What underlies the transition from RN to Specialist RN and what factors contribute to the success of this process in a formal teaching and learning context?

The research design incorporated the conceptual framework of John Biggs' 3P model of Learning (Biggs 1999). These elements are: (1) the 'given' educational components including the setting, curriculum and learner attributes (**presage**); (2) the actual professional learning as it occurs (**process**); and (3) the outcomes of that learning process (**product**). This framework provided a means of conceptualising and investigating the nature of RN specialist education. To conceptualise engagement with learning, and to assess the quality of learning outcomes, it was necessary to examine the key elements in the learning process.

The study took place in a large tertiary acute care hospital in New South Wales, Australia. At the time of this study, postgraduate qualifications in specialist nursing could be obtained through a hospital-based programme, or via the tertiary sector. These postgraduate courses were 12 months in duration and required full-time employment within the specialty area. Graduates were awarded a graduate certificate, which was formally recognised as part of a Master's Degree in the tertiary sector, and was accredited by the NSW College of Nursing.

Following ethics approval from both the university and the local Area Health Service Human Research Ethics Committees, participants were recruited. The recruitment comprised participant information sessions, participant information sheets and consent delivered by an independent nurse educator. Participation was voluntary with all RNs consenting to participate in the study. The participants were 39 RNs undertaking specialist nursing programmes in Intensive Care, Emergency, Renal, High Dependency, Paediatrics, and Operating Theatre specialties.

The study utilised a mixed method design drawing on both quantitative and qualitative research methods. The quantitative component investigated the influence of learner attributes (presage factors), specifically their approach to learning with the Biggs' Study Process Questionnaire (Biggs 1987), their strategic control of study, assessed with the Strategic Flexibility Questionnaire (Cantwell & Moore 1996), and self-efficacy using the Self-Efficacy Scale (Sherer *et al.* 1982) on the participants' academic learning outcomes. Demographic profile data, questionnaires and grade point average were analysed using SPSS Version 10 (SPSS 1999). Changes of responses over the duration of the course were assessed using sequential, repeated measurements of these attributes. Data revealed relative stability of measures over time, and no difference between the whole group population ($n = 39$) and the target (case study cohort) Intensive Care Nursing cohort ($n = 7$). The findings were also used for triangulation purposes with the qualitative findings from the intensive care nursing course cohort.

While the quantitative methods allowed measurement and analysis of causal relationships between the presage factors and academic outcomes, the qualitative method focused on processes taking place over the span of the course. A case study approach (Stake 1995) was utilised to explore and explain *how* the transition to Specialist RN occurred in the learning and professional context using the seven Intensive Care Nursing Course participants. The focus of the research was the expressed learning experiences of the Intensive Care Nursing Course (ICNC) participants during a 12-month hospital-based course and the 12 months following completion. The key elements of the case were the physical setting (the hospital, classroom and Intensive Care Unit), the ICNC curriculum (the scaffolding for their learning experience, assessments, experiential learning), and individual learner attributes (their aspirations and motives, their personal experiences which could influence learning, learner characteristics, learning experiences and outcomes). The data were gathered from multiple sources, including all academic assessment tasks with accompanying marks/comments from a qualified independent marker; clinical performance appraisals conducted by the Clinical Nurse Educator, Nurse Unit Managers and Clinical Nurse Specialist; reflective journals; open-ended questionnaires; semi-structured interviews (at the commencement, six months into the course, at completion, and six months after completion) and extensive field notes/observations of participants working in the ICU for 18 months. Over 20 hours of interview data were transcribed and utilised in the qualitative analysis. Content and thematic analyses were performed on all qualitative data. Rigour was maintained throughout the data collection and analysis in line with accepted standards of qualitative research (Lincoln & Guba 1985). Utilisation of a research team approach provided investigator triangulation ensuring data validity and credibility, as did extended engagement with the data. Validation was further assured by having the ICNC participants verify the descriptions of individual stories of their own learning journey. The study allowed for the elaboration of the learning process, the RNs' perceptions of these changes, and how these changes reflect the development of the characteristics of a Specialist RN.

Findings

The findings from this study revealed a significant level of transformation in the participants' conception of intensive care nursing and clinical practice. The transition

involved changes in individual beliefs about knowledge and learning as well as the substantive elements of specialised nursing. In the initial open-ended questionnaire and the first interview, ICNC participants used the word confidence in a context closely allied to 'self-efficacy'. The significance of this became apparent when confidence was found to be both an outcome and a property of learning in the professional context. This unexpected discovery challenged the researcher to explore the assumptions of professional practice, and to reflect on what types of characteristics identify a person nursing professionals trust in an ICU setting. The overall concepts that emerged from this study via extensive, comprehensive content and thematic analysis of the qualitative data were: the composite quality of professional confidence; the dimensions of professional confidence; and the positioning of professional confidence in the transition to become a Specialist RN.

Composite Quality of Professional Confidence

From the data it was identified that 'professional confidence' was something participants were deliberately seeking at a personal level. Moreover, the notion of professional confidence was deeply embedded in the nursing culture, permeating conversations, actions and assessments experienced by all the participants. Words such as 'comfortable' and 'happy' were used as synonyms for confidence while antonyms such as 'fear', being 'scared' or 'inadequate' were used to describe their lack of confidence.

Although participants were asked to describe their confidence in each interview, their references to confidence were not limited to answering this question alone. Confidence was referred to in different frames of reference, such as their perceptions of their learning experience, memorable moments and their feelings about the course.

The frequency of the term 'confidence', and synonyms and antonyms was identified in the interview data with over 230 references. Of these 230 references (35%), 80 were in connection with the ICNC participants' knowledge, skills and understanding of critical care concepts. Confidence was related to participants' experience and/or exposure in the clinical setting in 42 instances (16%), or in relation to their application to nursing practice and competence (11%). In 23 instances (10%) the ICNC participants described their current feeling as one of being confident. Reference was made to confidence taking time to acquire on 11 occasions and, on ten occasions, the ICNC participants referred to confidence as a level or measurement of their abilities as an ICU RN. Statements about confidence increased in frequency (i.e. word usage) over the interview timeframe.

Dimensions of Professional Confidence

Professional confidence was inextricably linked to learning experiences, regardless of the ICNC participants' success or failure within the course or the extent of their progression to an advanced level of nursing practice. The patterns revealed in their experiences formed four distinct dimensions of professional confidence. The dimensions were:

1. **Valuing:** capturing the sense of achievement or personal accomplishment obtained through purposeful and meaningful activities (formal education and experiential learning).
2. **Knowledge base:** capturing personal reserves of knowledge to be drawn upon at any time, instantly retrievable when required. This was relevant, meaningful, comprehensive knowledge, applicable to the here and now.
3. **Sense of control:** being in 'control' of their personal learning and nursing practice.

4. **Resilience:** the ability to withstand negativity, adverse events/ circumstances, to evaluate constructive criticism or feedback, and to develop accurate self-appraisal of nursing performance.

These dimensions of professional confidence were identified in the ICNC participants' behaviours through the interviews and participants' reflective journals. This material was then referenced against the participants' academic and clinical assessments, clinical performance appraisals, and observations documented in field notes.

There was robust fit of the information to the categories identified above, with no convergent or discrepant evidence, suggesting that the data analysis was complete.

Valuing

The participants affirmed they valued and appreciated the course, while identifying that there is no simple relationship between valuing an educational activity and the development of confidence. 'Valuing' indicated a dimension of confidence capturing the complexity and intimately tied to a sense of achievement or personal accomplishment connected with mastering purposeful and meaningful activities.

I hope to increase my knowledge base and that sort of goes side by side with increasing all of my experiences and what I've been exposed to while I'm here.

And become more competent and more confident as well at the same time.

(Todd, initial interview)

Participants' valued achievements in activities which they perceived made a direct contribution to meeting their specific learning needs, trusting in their learning. The ICNC offered face-to-face education, with immediate application of theory to clinical bedside practice, based on essential knowledge and skills. Course participants perceived that the development and evolution of their professional confidence were dependent on the learning process associated with formal nursing education. The crux of this learning process was the establishment of domain-specific cognitive knowledge integrated with clinical nursing experience. This then led to the development of appropriate clinical judgement and nursing competence.

Valuing also encompassed trust in the appropriate process with an ensuing growth in confidence. The ICNC curriculum provided participants with direction, guidance and the opportunity to assume additional responsibilities within the ICU, which would not usually be provided to those not participating in the ICNC. As 'learners' they were given the benefit of the doubt if unable to perform at a particular standard of practice, with medical and nursing staff acknowledging them as 'advanced beginners' who were not expected to 'know everything'. This was likened to a safety net. The ICNC participants did not need to feel embarrassed to ask questions when they were unsure of their actions.

The ICNC participants emphasised the importance of their experiential learning, particularly the clinical experience, as a major component in the development of their practice and professional confidence. Participants valued the multiple opportunities for theory application, which they reported assisted their development of confidence. As an example, Rebecca stated in the interview six months into the course:

Since my experience has improved, I can relate a lot of things to clinical and the theory we do, and it's made everything a lot easier to understand. Nothing is as nerve wracking as it was. Now that we've done paediatrics, I think if I can cope with that, I can cope with anything. So, my confidence has improved a lot.

Knowledge Base

Early evidence from the open-ended questionnaires and the initial interviews indicated that course participants anticipated that 'confidence' would improve as a result of their increasing 'knowledge base'. Accessible personal reserves of knowledge were the key. The RNs did not want to acquire knowledge for its own sake. Rather, they wanted to use domain-specific knowledge to provide rationales and justifications for their nursing practice. As the course progressed, there was a change in attitude and selection of terms used by the students when describing their confidence in relation to their cognitive development.

Initially the RNs were unable to elaborate on how they would improve their confidence, although many predicted that their confidence would improve simply due to their expanding knowledge base. However, in subsequent interviews, participants discussed their confidence in terms of 'understanding, wanting to know the whys of everything' pertaining to their patients, as well as developing confidence in the application of this nursing knowledge to their patients. To be confident they needed to be sure they had knowledge to draw upon as required. The use of the word 'application' reflected an integral element of clinical experience that underpins the relationship between the ICNC participants' understanding of their thinking and nursing practice. They perceived confidence as inextricably linked to their qualitative cognitive shift and improved nursing practice.

Sense of Control

The third dimension of professional confidence related to control. The course participants expressed growing confidence due to feelings of personal control over their study (self-regulation), clinical nursing practice and personal lives.

The ICNC participants' self-regulated learning played an important part in their learning process. The quantitative findings revealed that an adaptive strategic control facilitated the learning process and quality of learning outcomes. There was a feeling of gaining control of their learning as the RNs progressed through the course. Todd explains:

I think by the end of the second submission I finally worked out what was required in terms of the assignments. Because I'd done four assignments instead of two, I actually worked out what was required. . . . I probably just refined the way that I did assignments and made myself a bit more efficient in the way that I did it.

(Todd, interview at completion of course)

Another key factor was time management as a way of gaining control over the participants' study. Difficulties in 'juggling study and family commitments' and frustration with information technology were some early problems. However, study habits improved in terms of time management and maintaining focus six months into the course. This participant was able to focus on her control of her learning:

I think I plan ahead a bit better than what I was before. I'm always looking out for things for assignments, like patients for case studies and things like that, much further ahead than what I was before. And I've always got it at the back of my mind that I've got to do this or get this signed off. I just think I'm probably more focused.

(Rebecca, interview six months into course)

A sense of control over learning and study, as well as having control over their clinical nursing practice, was perceived to be important. External factors such as exposure and/or

repetition of skills or procedures, or care of particular critically ill patients were important in providing a sense of control over a given situation, rather than the fear of the unknown. Conversely, lack of exposure or clinical experience was frequently cited as a contributor to their loss of professional confidence. The importance of having a sense of being in control of their patient care was stressed. This control was accomplished through the application of nursing knowledge, procedural and conditional knowledge and repeated exposure or clinical experience. Lack of exposure was associated with fear and anxiety amongst the ICNC group.

Being in control of their nursing practice was also linked to course-related factors including the clinical environment, feedback and support of their clinical performance. Qualitative findings identified that negative and intimidating clinical environments impacted the participants' professional confidence. Intimidating behaviours from other staff led to the ICNC participants feeling insecure and unable to perform their clinical duties effectively. Instead, participants' confidence improved when they received positive feedback and were offered clinical support. Participants questioned their clinical judgements early in the course, searching for guidance and confirmation of their actions. As the year progressed, they relied less on this feedback and support and became more accountable for their own nursing actions.

The ICNC participants' professional confidence was also affected by the perceived sense of control over their personal lives. Unforeseen circumstances such as unexpected health, family or relationship difficulties interfered with participants' ability to concentrate on their studies and/or restricted them in terms of their clinical duties. This in turn affected their learning process, the quality of their learning outcomes and their professional confidence.

Resilience

This was the fourth dimension of professional confidence. Resilience, in this context, refers to the ICNC participants' ability to maintain their professional confidence despite negative influences and accurately to assess their own nursing abilities. How the participants' 'managed' negativity may largely be connected to the other dimensions of professional confidence.

Evidence of resilience was embedded in text that reflected the other dimensions of professional confidence. As confidence developed with increased knowledge, participants expressed how they were less fearful or afraid to 'speak up' or 'stand up' for themselves. They felt more able to clearly articulate their thoughts and opinions due to improved professional confidence. Six of the seven ICNC participants referred to this improved ability to speak up for themselves, question or clarify patient treatments, or provide explanations to patients and their families. In the final interview, for example, Rebecca explained how she "questioned a lot more" and was "not afraid to voice her opinion, no matter who it was". Her professional confidence was not going to be dissolved as a result of intimidation. In her final interview Rose also expressed that 'having more knowledge to back up how you feel' gave her "confidence to speak up if unsure about anything or felt things were not quite right".

These comments indicated considerable change from early data. Initially, references to 'asking lots of questions' reflected the participants' low level of knowledge and recognition of their limitations. After the course was completed, questions were of a different nature, since the participants felt more confident about questioning current nursing practice.

The participants' resilience was also influenced by their control within their nursing practice. As their sense of control increased, they began performing more autonomously with less reliance on the support and guidance of their nursing colleagues. This was

reflected in the increased nursing responsibilities given to the ICNC participants as the year progressed.

Excerpts from Karen's interviews at 6 and 18 months demonstrate the development of resilience.

I can remember exactly the time when my confidence was zero... I was beside myself because I'd had the PRISMA three times and I was starting to feel a bit confident with it and I couldn't understand what I'd done wrong... air got in the lines and the machine had to be disconnected from the patient. Like I'd clamped everything off, I double-checked everything, and so my confidence just went out the door.

Twelve months later, in her final interview, Karen's comments inferred that she had developed resilience against similar negative events. She had developed an inner strength and no longer perceived 'high tech' equipment or complicated patients as threats or obstacles.

I've kind of looked after everything I guess, like ranging from basic patients like to the absolutely complex patients where you think oh my God, I can't believe that I'm doing this and I feel comfortable, it's not foreign, it's not scary. I'm kind of at ease looking after this patient. I know that I can do that and I understand what's happening and I feel confident. I guess when you do the course and you get exposed to like the PRISMA and at the time you've got that knowledge, but it's still scary having to get in there and do it, but I think that with time and practice and exposure that you start to feel comfortable and the more you get in and do things the easier they become.

This exemplar represents the course participants' perceptions of the lessening of fears and anxieties as the year progressed. The ICNC participants expressed their fears, anxieties and insecurities more frequently in the early interviews compared to the interviews held after the course was completed. In later interviews, participants described 'being at ease' or facing 'challenges' which led to feeling 'better' personally, with a sense of achievement as well as confidence.

In this ICU setting, professional confidence embodied a fusion of knowledge, clinical practice and a sense of self in terms of performing as a Specialist RN. Part of this sense of self was the dimension of resilience. The belief in their abilities to perform effectively as a Specialist RN meant that negative connotations associated with the unknown were transformed into positive challenges. Participants could accurately analyse the situation, gain a sense of 'control' and evaluate their own performance.

There was a combination that contributed to the ICNC participants developing resilience to negativity. This included the formal nursing education learning process (establishing a comprehensive knowledge base with experiential learning), learner attributes (development of their cognitive abilities), course-related factors such as exposure and/or repetition (gaining control of clinical situations), support, and positive feedback and positive patient outcomes (a sense of accomplishment). Data indicated that the participants developed sophisticated ways of thinking and improved their level of nursing practice as a direct result of participating in the Intensive Care Nursing Course. They developed a dimension of resiliency within their own professional confidence as a Specialist RN and were able to evaluate any negativity and deal with it appropriately.

Positioning of Professional Confidence

Nursing competence has been defined as a complex combination of knowledge, skills, attitudes and values (Gonczi 1994). Figure 1 illustrates the emergence of professional confidence from the multiple overlapping layers of the development of the Specialist RN. Professional confidence is thus embedded in the core of nursing competence (which characterises the Specialist RN).

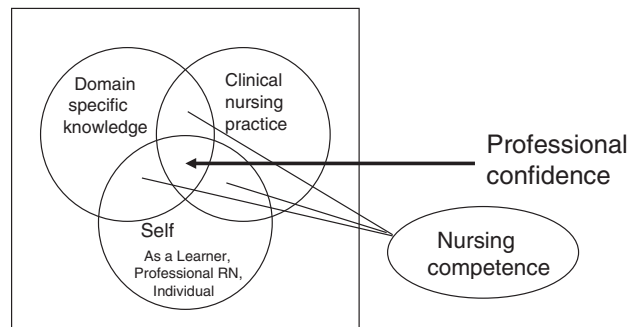


Figure 1 Embeddedness of professional confidence in the Specialist RN.

The ICNC participants referred to their professional confidence within frames of reference that can be categorised as: (1) domain-specific nursing knowledge; (2) clinical nursing practice; and (3) themselves as learners in their professional and personal development. All three areas must intersect in order for the ICNC participant to feel confident as a Specialist RN and for that professional confidence to be recognised by others. The ICNC participants referred to their confidence, rather than competence, when describing their learning process when becoming a Specialist RN. Yet, confidence has hitherto scarcely been addressed, defined or explained in the learning and/or nursing literature.

Analysis and interpretation of the qualitative data confirmed that the ICNC participants sought more than knowledge and skills as outcomes of participating in the course. There was an inextricable link between domain-specific knowledge, clinical application to nursing practice (i.e. experiential learning) and the perception of themselves as Specialist RNs. These entities cannot be viewed in isolation. Professional confidence emerged during the self-reinforcing learning cycle as the ICNC participants made the cognitive shift towards developing nursing competence.

This developing professional confidence was evident in the participants' development of higher-order thinking and advancement in their level of nursing practice. It was also evident in their speech, academic and clinical assessments, and in their actions and demeanour. Professional confidence was acquired through the learning processes associated with formal education, experiential learning and was influenced by their learner attributes and by external factors.

The ICNC participants viewed confidence in terms of their ability to safely, efficiently and effectively perform as intensive care Specialist RNs. The foundation of this professional confidence resided in their perceived achievement in purposeful, meaningful learning activities which they valued, linked to the establishment of a comprehensive domain-specific knowledge base. The participants perceived that they were in control of their study and clinical situations once these other two dimensions were in place. This in turn produced a greater likelihood of resilience when faced with new and difficult

situations – the ‘layering’ effect. Resilience was influenced both positively and negatively by external factors.

The findings of these analyses contributed evidence that professional confidence ‘enables’ learning transition. This transition is contingent on the development and continued presence of a sense of professional confidence as a Specialist RN within the learning and professional context.

Discussion: Nursing Education Implications. The Way Forward

One of the most effective ways of facilitating the transition from novice and/or advanced beginner level of nursing practice to Specialist RN status is through participation in formal, structured, accredited postgraduate nursing courses (Underwood *et al.* 1999, Heath 2002, Aitkin *et al.* 2006). This is supported by several conclusions that emerge from the current data. Firstly, curriculum design and implementation must relate to the concurrent development of “professional confidence” if optimal learning outcomes are to be achieved. Second, the learning outcomes of postgraduate specialist nursing education curricula should reflect the definitions of a Critical Care Nurse Specialist (CACCN 1996) and aim at reflecting proficient levels of nursing practice (Benner 1984). Learning outcomes should therefore be measured both academically and clinically (incorporating the ACCCN Competency Standards) to ensure that safe, competent and proficient nursing practice is achieved as well as practice being embedded in a powerful knowledge base. The curricula must also maintain congruence between the aims, objectives and assessments to ensure that the outcomes match the learning process and expectations of the stakeholders, in particular the students’ expectations. Furthermore, assessment tasks should reflect a comprehensive understanding of the complexity of caring for the critically ill patient.

Due to the clinically focused practice-based nature of specialist nursing, there is evidence from the data that postgraduate specialist nursing courses should consist of a minimum of 12 months with a mandatory clinical component (minimum of 24 hours/week clinical experience in the specialty) to ensure competence transference. This ensures that experiential learning is optimised, leading to the greater probability of making appropriate clinical judgements, developing nursing competence and the development of professional confidence as a Specialist RN. Lastly, curriculum designs and implementation should provide a flexibility that accommodates ‘life’s unexpected incidents’ that might otherwise impede the RNs’ progress (e.g. flexibility in clinical hours, extension of length of course, provision of study leave).

Nursing studies identified confidence as an outcome of formal undergraduate and postgraduate nursing education. The discovery of the learning and cultural phenomenon of professional confidence as an enabling mechanism in the RN’s transformation to Specialist RN is a new contribution to the nursing literature. Professional confidence enables the RN to move beyond the competent stage of professional development to the integration of higher-order thinking abilities and advanced nursing competence. Specialist nursing courses need to incorporate essential academic and clinically focused feedback and support mechanisms necessary to aid the RN in his/her transition to becoming professionally confident. The concept of ‘shared guidance’ in self-regulation of teaching/ learning as proposed by Ten Cate *et al.* (2004) offers a means of assisting the RN to develop independence and life-long learning.

Although nurse educators cannot ‘teach’ professional confidence, the outcomes of this study support the findings of the existing literature. This research suggests that the quality of learning outcomes can be optimised through: (1) structured formal education that integrates domain-specific knowledge and relevant clinical nursing experience; (2) curricula

that provide opportunities for consistent clinical exposure and/or repetition of skills and development of technical competence; (3) the inclusion of infrastructures within nursing curricula to provide timely constructive feedback; (4) the provision of clinical and academic support; and (5) a supportive learning and workplace environment. These factors lead to the intensification of the four dimensions of professional confidence, which are essential for the development of the characteristics required of the Specialist RN. The discipline of nursing must develop means of identifying and enhancing RNs' professional confidence and appropriate self-evaluation of their level of professional confidence.

Limitations of the Study

There were several limitations inherent in this study. By utilising one hospital as the location for the study, the participants were necessarily drawn only from that pool. This meant that the demographic profile of the participants was established prior to data collection. The sample was a non-random, purposefully selected sample by the ICU Nurse Educator, drawn from the ICU within one hospital. A case study was chosen as the principal method of the mixed method approach as only one case was needed to closely examine the transitional processes involved in becoming a Specialist RN in the learning and professional context. The case was drawn from within an institution that offers many courses of a similar kind, so the findings of the case study can at least be generalised to the institution. Due to the complexity of the factors involved in the learning process, it was impossible to measure all of the variables involved.

Conclusion

Nursing professionals often refer to the need to have confidence and relate this to 'trusting' a fellow professional. However, much of what happens under the guise of confidence is 'invisible'. This study identified how important it is to detect and define professional confidence, and to explore its relationship to the learning experience.

Confidence emerged as an outcome and a property of learning in the professional context. It is identified and defined in this paper as 'professional confidence'. Professional confidence is a composite phenomenon comprising four discernible dimensions: valuing achievement in purposeful and meaningful learning activities; development of a comprehensive knowledge base; sense of control; and resilience. The composite quality inherent in the four dimensions of professional confidence resides in the fusion of the participants' domain-specific nursing knowledge, nursing practice and sense of 'self' (meaning 'self' as a learner, a Specialist RN (professional identity), and as an individual (i.e. self-esteem, self-concept)). Despite individual differences within the ICNC group, each person demonstrated these four dimensions of professional confidence to varying degrees. 'Professional confidence' thus assists in explaining how higher-order factors in learning operate to enable the transition process to occur. Essentially, someone who displays this composite quality demonstrates a quiet sense of accomplishment, underpinned by sound understandings and fortified through personal control and resilience. This paper provides a picture of how these elements 'came together', developing in a 'layered way' for most of the ICNC participants, ensuring they became trusted members of the ICU.

In terms of the outcomes-driven nature of higher education, the findings of this study suggest that there is merit in examining the processes involved in postgraduate student learning in the professional context. Higher education is challenged to provide evidence of student learning and to offer evidence of improvements in student learning. Implicit in this statement is the need for both students and educators to know more about how learning is approached and regulated, in order to develop learners capable of complex thinking and

decision-making in a rapidly changing, increasingly global society. The findings of this study have made a significant contribution to our understanding of the dynamics inherent in learning at a postgraduate level within a practice discipline such as nursing.

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