Nurse Education Today 39 (2016) 141–146

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Graduating nurses' self-efficacy in palliative care practice: An exploratory study

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ARTICLE INFO

Article history:
Accepted 3 January 2016

Keywords:
Nursing student
Graduate capabilities
Curriculum
Self-efficacy
Palliative care

ABSTRACT

Background: Educational institutions and the health care industry agree that graduates from professional programs need to be "work ready" and capable of delivering competent and confident nursing care. One measure of program success is the student's self-efficacy in meeting expected graduate capabilities. In this study student's self-efficacy is related to palliative care graduate capabilities.
Aim: To explore graduating Bachelor of Nursing Science (BNSc) students' self-efficacy in caring for palliative care patients.
Design: A qualitative design using semi-structured face-to-face interviews.
Setting: A regional Australian university.
Participants: A purposive sample of 10 students in their final semester of study in a Bachelor of Nursing Science degree program.
Method: Semi-structured face-to-face interviews were conducted. Interview questions were informed by published palliative care graduate capabilities. Interview data were transcribed verbatim and coded by capability. The coded data were then analysed to determine evidence of self-efficacy in caring for palliative care patients.
Results: All participants had experiences in caring for palliative care patients. However, the responses did not consistently reflect high degrees of self-efficacy in four documented palliative care graduate capabilities required to care for persons with a life-limiting illness.
Conclusions: The findings support others that have identified gaps between curriculum and health care industry requirements in terms of students' beliefs about their empowerment to deliver nursing care as graduates. Education interventions and approaches to program evaluation require further development to better support students' growth of self-efficacy in undertaking their graduate roles.

Introduction

Educational institutions and the health care industry agree that nursing graduates from professional programmes need to be "work ready" and capable of delivering competent and confident nursing care (Litchfield et al., 2010; Wolff et al., 2010). An important but challenging academic activity is to examine how the whole of the curriculum has prepared students to succeed in health care settings (Forbes and Hickey, 2009; Jayasekara et al., 2006; Nair and Webster, 2010). Jones (2013) concludes that the literature lacks focus on the students' perspective when exploring graduate capabilities. One measure of programme success is the student's own perceptions of their preparedness to practise in their graduate roles. Empowerment is an important graduate attribute that affects students' perceptions of their autonomy in clinical practice (Mailloux, 2006). In a recent review of empowerment in the nursing context, Kennedy et al. (2015, p. 487) concluded that "there is a dearth of literature on how or indeed if nursing students are empowered". While professional programmes aim to empower graduating nurses to participate in the complex environment of health care, the concept of empowerment is complex and often difficult to understand.

This study adopts "empowerment" as a motivational construct embodied by the notion of self-efficacy (Conger and Kanungo, 1988). Bandura (2012, p. 15) describes self-efficacy as "concerned with people's beliefs in their capabilities to produce given attainments". While Bandura (1977) clearly acknowledges that expectancy is not the sole determinant of behaviour, he postulates that efficacy expectations are a "major determinant of people's choice of activities, how much effort they will expend, and of how long they will sustain effort in dealing with stressful situations" (p. 194). Bandura (1977) identifies four major sources of self-efficacy: performance accomplishment, vicarious experience, verbal persuasion and emotional arousal. Exploring nursing students' self-efficacy in terms of these sources has immediate applicability to the various components of their programme of study.

Performance accomplishment "is especially influential because it is based on personal mastery experiences. Successes raise mastery expectations; repeated failures lower them" (Bandura, 1977, p. 195). Successful past performance of clinical tasks builds confidence to complete similar tasks in the future. The vicarious experience of observing others perform a task and delivering care is also an important source of

http://dx.doi.org/10.1016/j.nedt.2016.01.005
0260-6917/

information to support the feeling of empowerment (Conger and Kanungo, 1988, p. 479). Bandura (1977) suggests that participants "persuade themselves that if others can do it, they should be able to achieve at least some improvement in performance (p. 197)". Vicarious experiences gained during coursework and clinical placements help nursing students gain confidence to manage similar situations. Verbal persuasion "attempts to influence human behaviour… people are led, through suggestion, into believing they can cope successfully with what has overwhelmed them in the past" (Bandura, 1977, p. 198). Positive verbal persuasion reinforces their ability to successfully complete a particular task. Emotional arousal can also influence one's expectations of personal competence (Conger and Kanungo, 1988, p. 479). These authors consider that strategies that provide emotional support are effective in strengthening self-efficacy; conversely, stress, anxiety and negative experiences can lower self-efficacy. Clearly, self-efficacy would suffer if the nursing student experiences anxiety, fear of failure or becoming overwhelmed with clinical learning situations.

Bandura's seminal work has underpinned recent quantitative nursing studies, using validated self-efficacy measures, to examine undergraduate clinical practice (Chang and Crowe, 2011; Chesser-Smyth and Long, 2013, Oetker-Black et al., 2014; Welsh, 2014). However, Bandura's work has also informed qualitative approaches for exploring concepts related to self-efficacy in nursing care cases (Townsend and Scanlan, 2011). Recent work by Desbiens et al. (2012) employed a literature review to examine the usefulness of Bandura's social cognitive theory and Orem's self-care deficit theory of nursing to explore self-competence in palliative care nursing situations; the authors concluded that further work was required to demonstrate the relevance of a shared theoretical approach. In this study, Bandura's (1977) four major sources of self-efficacy (performance accomplishment, vicarious experience, verbal persuasion and emotional arousal) are used as a framework to explore self-efficacy in a palliative care context. Self-efficacy is considered an important determinant of palliative care nursing (Desbiens et al. (2012). The Palliative Care Curriculum for Undergraduates (PCC4U) is an Australian project that identifies 4 graduate capabilities for nurses to be able to provide a palliative approach to care (Palliative Care Curriculum for Undergraduates, PCC4U Project Team, 2012, p. 10):

1. *Capability 1*: Effective communication in the context of an individual's responses to loss and grief, existential challenges, uncertainty and changing goals of care.
2. *Capability 2*: Appreciation of and respect for the diverse human and clinical responses of each individual throughout their illness trajectory.
3. *Capability 3*: Understanding of principles for assessment and management of clinical and supportive care needs.
4. *Capability 4*: The capacity for reflection and self-evaluation of one's professional and personal experiences and their cumulative impact on one's self and others.

These 4 palliative care graduate capabilities underpin students being "work ready" and capable of delivering competent and confident nursing care.

Bandura's (1977) seminal work provides useful instruction to explore graduating nursing students' self-efficacy in caring for patients. In order to either reap the rewards or suffer the consequences from programme experiences, it follows that students should be able to reflect upon them, or at least be able to identify such experiences during their programme of study. Common or recurring negative reports should identify those parts of the curriculum that require further examination. Arguably, opportunities also exist within the curriculum to develop or reinforce learning experiences that students are unable to clearly articulate. The aim of this study was to explore graduating Bachelor of Nursing Science (BNSc) students' self-efficacy in caring for palliative care patients. By comparing students' reflections on their palliative care experiences with the identified palliative care graduate capabilities we sought to identify if they were "work ready" and capable of delivering competent and confident palliative care.

Method

A qualitative design was adopted to explore graduating Bachelor of Nursing Science (BNSc) students' self-efficacy in caring for palliative care patients. Semi-structured face-to-face interviews were conducted with a purposive sample of 10 BNSc students in their final semester of study at a regional university in Queensland, Australia. Semi-structured interview questions were informed by the PCC4U palliative care graduate capabilities. These capabilities had been specifically addressed during the palliative care unit of study in their BNSc programme. A reference group developed the semi-structured questions shown in Table 1 and the questions were piloted with BNSc students in their final semester of study.

The questions were designed to elicit extended responses describing participants' palliative care experiences during their course of study. The questions were deliberately designed to prompt the participants to provide a narrative that identified learning situations without making explicit probes addressing Bandura's (1977) sources of self-efficacy. This approach allowed the participants to select which experiences they felt to be important rather than artificially force their narratives down a set pathway. This allowed Bandura's (1977) sources of self-efficacy to be applied as an analytical tool without risking any suggestion of circular reasoning or the notion of tailoring the responses to allow easy application of this framework.

Data Analysis

All the interviews were audiotaped and the data transcribed verbatim. The de-identified transcripts were read and analysed using an inductive content analysis. All coding of the data were completed using QSR NVivo 10 software. The data were coded for analysis in 2 steps. First, the data from all interviews were coded by PCC4U capability. Next, the data were descriptively analysed and coded by Bandura's (1977) four major sources of self-efficacy: (1) performance accomplishment, (2) vicarious experience, (3) verbal persuasion and (4) emotional arousal. Data matrices (capability by self-efficacy sources) were developed to examine the published palliative care graduate capabilities versus students' narratives related to self-efficacy in caring for palliative care patients (Miles and Huberman, 1994; Richards, 2005). Each matrix included the narrative for each source of self-efficacy and was assessed to have either a positive, negative or indeterminate student comment.

Analysis of the final matrices focused on looking for patterns to elucidate either evidence or absence of student experiences in terms of Bandura's (1977) sources of self-efficacy. Analyst-constructed matrixes need considerable care to ensure that the data are credible and recognisable to the study participants (Patton, 2002). Two authors compared the coding and analysis until agreement was reached; this occurred at both the first stage (by capability) and at the second stage (by self-efficacy sources). To confirm the quality and credibility of the analytic approach, we sent examples (including the use of Bandura's sources of self-efficacy and the palliative care graduate capabilities) to the participants for review.

Ethical Considerations

Institutional ethics approval (ethics project number: S14619) was obtained for the study. A participant information sheet advised all potential participants about all aspects of the study. All participants were fully informed regarding the study and voluntarily consented to participate.

Findings

The average interview length was 42 min (min. 26 min, max. 61 min) and the data were saturated by palliative care graduate capability by Interview 7. All participants were able to discuss their experiences in caring for palliative care patients and the study findings are presented