Prebriefing Strategies Reduce Anxiety, Improve Self-Confidence and Clinical Judgment in Novice Nursing Students

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BACKGROUND
Nursing students report high levels of anxiety and low self-confidence prior to their first acute care clinical rotation. Opportunities to practice clinical decision making and clinical judgment in clinical settings are minimal leading to increases in anxiety as well as reduced self-confidence. An eight-hour simulation seminar was implemented for novice nursing students to practice clinical decision making and clinical judgment as well as reduce anxiety/improve self-confidence. The purpose of this experimental, pretest–posttest design study was to determine whether the prebriefing strategy of expert role modeling had an impact on students’ self-assessed anxiety/self-confidence and clinical judgment.

RESEARCH QUESTIONS
Does viewing an expert nurse video decrease anxiety/increase self-confidence and improve clinical judgment scores for novice nursing students?
R1: Does prebriefing with an expert role model video prior to participation in a simulation scenario reduce anxiety and improve self-confidence?
R2: Does prebriefing with an expert role model video prior to participation in a simulation scenario improve clinical judgment through use of self/peer and expert rater scores?

METHODOLOGY
Design
Quantitative, pre and posttest method study design integrated the INASCL 2013 Standards of Best Practice into the simulation seminar. Simulation scenarios were selected from the National League for Nursing Advancing Care Excellence for Seniors (ACES).
Sample and Setting
Convenience sample included a population of novice nursing students at the researcher’s university and included a total of 43 Junior students—6 male and 37 female. Students were randomly assigned into control or treatment groups. This study was conducted at a four-year Hispanic serving state university located in a midsized Western city in the United States. IRB approval obtained from two University Boards.

Theoretical Framework
Bandura’s Social Cognitive Theory undergirded the expert role modeling, anxiety/self-confidence sections. Tanner’s Clinical Judgment Model supported the clinical judgment section of the study.

Instrumentation
Researcher developed demographics tool tested for equivalency of groups: Age, gender, healthcare experience, simulation experience.

Nursing Anxiety and Self Confidence with Clinical Decision Making Scale (NASC-CDM) assessed pre and post simulation activity (White, 2013)
Lasater Clinical Judgment Rubric (LCJR) completed by self, peer and expert raters for each scenario (Lasater, 2007)

Data Analysis
Independent and paired t-tests were assessed to determine means, standard deviations, effect size and power.

RESULTS
Comparing LCJR Mean Scores Between Groups, Power and Effect Size (Expert Ratings)

<table>
<thead>
<tr>
<th></th>
<th>Control Mean</th>
<th>SD</th>
<th>Treatment Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
<th>Power</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noticing</td>
<td>3.38</td>
<td>1.32</td>
<td>7.80</td>
<td>1.53</td>
<td>5.96</td>
<td>.00</td>
<td>0.99</td>
<td>1.63</td>
</tr>
<tr>
<td>Interpreting</td>
<td>3.88</td>
<td>1.13</td>
<td>5.45</td>
<td>0.62</td>
<td>5.66</td>
<td>.00</td>
<td>0.99</td>
<td>1.39</td>
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<tr>
<td>Responding</td>
<td>8.12</td>
<td>2.17</td>
<td>10.68</td>
<td>1.62</td>
<td>4.41</td>
<td>.00</td>
<td>0.99</td>
<td>1.18</td>
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<tr>
<td>Reflecting</td>
<td>4.07</td>
<td>1.08</td>
<td>5.39</td>
<td>0.71</td>
<td>4.76</td>
<td>.00</td>
<td>0.97</td>
<td>1.22</td>
</tr>
<tr>
<td>Total</td>
<td>21.45</td>
<td>5.31</td>
<td>29.32</td>
<td>3.65</td>
<td>5.69</td>
<td>.00</td>
<td>0.98</td>
<td>1.40</td>
</tr>
</tbody>
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Highly significant differences (p = 0.00) between the control and treatment groups in noticing, interpreting, responding and reflecting scales were demonstrated.

Change (Within Groups) Pre to Post Seminar (NASC-CDM)

<table>
<thead>
<tr>
<th></th>
<th>Control Mean Change</th>
<th>t</th>
<th>p</th>
<th>Treatment Mean Change</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Self-confidence</td>
<td>12.47</td>
<td>-3.30</td>
<td>.00</td>
<td>18.27</td>
<td>-4.35</td>
<td>.00</td>
</tr>
<tr>
<td>Total Anxiety</td>
<td>20.01</td>
<td>4.75</td>
<td>.00</td>
<td>15.71</td>
<td>2.97</td>
<td>.01</td>
</tr>
</tbody>
</table>

Both control and treatment group students reported significant reduction in anxiety and improvement in self-confidence following participation in the simulation seminar.

CONCLUSIONS
The complex healthcare systems of today have placed increasing demands on nursing graduates. The acuity of patients is higher, the technology is ever changing and the responsibility of the nurse is greater than ever. Evidence based pedagogy guides best practices for nursing education and simulation. This study provided evidence that student participation in an eight-hour simulation reduced anxiety and increased self-confidence in novice nursing students. In addition, incorporating an expert nurse role modeling video had a positive effect on the students’ use of clinical judgment during a simulation scenario.

SELECTED REFERENCES