

The Effects of Confidence of Core Basic Nursing Skills and Clinical Competence on Nursing Students' Anxiety before their First Clinical Practice

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Abstract

Background/Objectives: Before the clinical practice, students were attempted to determine how the core basic nursing confidence and clinical performance influenced the reduction of anxiety.

Methods/Statistical analysis: The survey was conducted on 170 second-year students in the department of nursing at the 4-year university in Chungcheongnam-do. The students were voluntarily agreed to the purpose of the study.

Findings: The results showed that the confidence of clinical performance and the ability of clinical performance were statistically significant factors. Confidence was the highest factor, followed by clinical performance. It was found that these factors influenced the anxiety related to clinical practice of nursing students.

Improvements/Applications: In order to alleviate the feelings of vagueness and anxiety before the clinical practice, the ultimate educational goal is to provide a systematic and continuous core technology education to enhance the self-confidence and strengthen the competence as a future nurse.

Keywords: Anxiety, Clinical Competence, Clinical Practice, Confidence of Core Basic Nursing Skills, Nursing Student

1. INTRODUCTION

Core basic nursing is nursing, where the frequency and importance of a nurse's actions during her job performance is high. This refers to a technique that includes 20 items presented by the Korea Nursing Education and Evaluation Institute [1] as essential items to be learned and achieved during the nursing training curriculum. Core basic nursing is a basic and essential practical ability for clinical performance. If performance is not skilled, it degrades the sense of performance, which in turn leads to a reduction in the nurse's practical nursing ability [2]. Because this also affects turnover, nursing educators are trying to come up with ways to improve their ability to perform key basic nursing skills through many of the mastery of key basic nursing skills during the curriculum [3].

The goal of nursing education is to train nurses who can smoothly perform clinical practice by teaching theories and skills required at various clinical sites. The core basic nursing technique corresponds to the basic training content for achieving the goal. Therefore, the core basic nursing skills of nursing students must be included within the required curriculum, and various teaching methods are being tried to improve the core basic

nursing skills [2]. The sense of trust refers to the confidence to perform key basic care treatments to the extent that you believe you can achieve or perform anything you want [4]. Most nursing students learn basic nursing skills before they go to clinical practice and often have the opportunity to use or observe the techniques they learned at clinical practice sites. Under such circumstances, when each individual is already confident about core basic nursing, there are opportunities to experience more and to have a chance to review and review the skills they have already learned, and to have confidence to perform them. Having mastered basic nursing techniques, including core basic nursing care, and gaining confidence can improve the volume of direct trade at clinical sites, lowering the concern for turnover.

Clinical performance is required for nursing college students to become professional nurses in the future, who mean the ability to properly function knowledge, judgment and skills appropriate in clinical situations [5]. An important point in nursing is to facilitate the clinical practice required, and to achieve what has been trained or experienced during the training period [6]. However, many nursing students do not have a variety of practical experience during the clinical practice process and often assist or perform only routine care activities that are simple but low-risk [7]. In addition, poor clinical performance by nursing students has problems in performing the necessary roles as nursing professionals after graduation [8], and the lack of clinical performance is eventually closely related to on-site maladjustment [9]. More than ever, various approaches to improving clinical performance are urgently needed during nursing training for the early turnover of new caregivers, which is such a big challenge for the nursing profession. To improve this problem, the Korea Nurses Association has announced a standardization of nursing practice for improving the clinical practice skills of nursing students, and educational institutions are using a variety of new methods of e-learning education [10], standardization, and practice [11] to alleviate the stress and burden faced by low-end clinical conditions with state-of-the-art instruments or equipment, immature interpersonal relationships with patients and clinical practice.

Clinical practice is a basic training step for nursing students to become nurses, but at the beginning of clinical practice, anxiety increases, which means that nursing students need to have core basic care practitioner confidence, prepared clinical practice skills, and put into clinical practice sites to actively engage in practice. However, a lack of preparation for this will inevitably increase the psychological burden and fear of maladjustment. This state of mind can cause anxiety and lack of confidence, leading to a decline in clinical practice and impacting the turnover of new caregivers [13]. Excessive stress and anxiety during clinical practice can lead to negative hands-on experience due to lack of patience and poor learning as well as interest and desire to practice [14] and, furthermore, negative effects on anxiety about repeated practices and awareness of nursing professionals during the course of study.

Therefore, before carrying out clinical practice, we intend to help students understand how the degree of core basic care practitioner confidence and clinical performance will affect this reduction of anxiety and to prepare strategies for improving the core basic care performance and clinical performance of nursing college students.

2. MATERIALS AND METHODS

2.1. Research subjects

The subjects of the study were students attending nursing major at a four-year university located in South Chungcheong Province. The survey was conducted for second grades of nursing, with 22 male students (12.9 %) and 148 female students (87.1 %).

2.2. Research period

The survey was conducted from September 5 to October 1, 2019. It explained that personal information was kept confidential and that anonymity was thoroughly guaranteed. Parts 170 were used for the final analysis, except for parts 3 that were insufficient.

2.3. Measurement tools

2.3.1. Confidence of Core Basic Nursing Skills

The Core Basic Nursing Practitioner's Assessment of 20 Core Basic Nursing Methods presented by the Korea Nursing Education and Evaluation Institute indicates that a nursing student can be "skilled" and "well done" of five points "not enough" or "somewhat" of three points "not enough" on the basis of a prior study [15] on the degree of confidence in conducting the core basic nursing care during the course. The higher the measurement score, the higher the confidence of the performer. The Cronbach's α value in this study was 0.94.

2.3.2. Clinical Competence

A total of 19 questions developed and analyzed validity were used by Yang Jin-ju and Park Mi-young [16] based on the clinical performance measurement tools and literature review developed by nursing college students. The tool consists of 4 nursing care skills, 4 direct nursing interventions, 3 social psychological nursing skills, 3 patient education skills, 3 basic nursing performance skills, and 2 patient monitoring abilities in the lower 6 areas. Each question is on a five-point Likert scale, from "not entirely" to "very yes" from one point to "very yes," and the higher the score, the higher the clinical performance. Cronbach's α in this study was 0.93.

2.3.3. Anxiety related to clinical practice

The anxiety was measured by a tool adapted by Kim and Sin [17]. Currently, a four-point scale consists of 20 measures of anxiety (STAI-S), which are based on a four-point scale. The higher the score, the higher the level of anxiety. Cronbach's α was 0.91 in this study.

2.4. Data analysis

Data collected for the purpose of the study was analyzed using SPSS 18.0 statistical program using the following analysis methods.

First, average and percentage were calculated on demographic characteristics of the subjects.

Second, average and standard deviation were calculated to analyze the Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety of the subject.

Third, t-test and ANOVA were conducted to explore the differences in the Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety according to demographic characteristics of the subject.

Fourth, correlation analysis was conducted to explore the relation between the Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety.

Fifth, In order to identify the factors that affect the clinical practice-related anxiety of the subject, it was analyzed with Stepwise multiplication.

3. RESULTS AND DISCUSSION

3.1. Demographic characteristics of subjects

The general characteristics of the subjects include sex, religion, residence, level of study, level of interest in basic nursing subjects, degree of major satisfaction, admission type, and graduated high school type.

Table 1: Sociodemographic characteristics of subjects

		N	%
Sex	Male	22	12.9
	Female	148	87.1
Religion	Christianity	69	40.6
	Buddhism	3	1.8
	Catholic	9	5.3
	No Religion and Other	89	52.4
Residence	Living with one's parents boarding and trace	51	30.0
	Boarding houses	53	31.2
	Live apart from one's own family	61	35.9
	Etc.	5	2.9
Level of study	Be very good at studying	2	1.2
	Be a good student	28	16.5
	Be average	101	59.4
	Be a poor student	33	19.4
	Be very bad at studying	6	3.5
Level of interest in basic nursing subjects	Be very satisfied	34	20.0
	Have a slight degree of	78	45.9
	Be average	45	26.5
	Be a little less satisfied	10	5.9
	Be very low in contentment	3	1.8
Degree of major satisfaction	Very satisfied	36	21.2
	Satisfied	80	47.1
	Be average	43	25.3
	Be unsatisfied	9	5.3
	Be not quite satisfied	2	1.2
Admission type	nonscheduled admission	103	60.6

	regular admissions	43	25.3
	transfer admission	24	14.1
Graduated high school type	General high school	137	80.6
	Special Purpose High School	2	1.2
	Specialized High School	18	10.6
	Autonomous high school	3	1.8
	Qualification examination	7	4.1
	Etc.	3	1.8

3.2. Mean value on Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice

Mean value on Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice are shown in Table 2.

Table 2: Mean value on Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice

	M	SD
Confidence of Core Basic Nursing Skills	3.63	0.75
Clinical Competence	3.48	0.50
Anxiety related to Clinical Practice	2.57	0.48

3.3. Differences in Confidence of Core Basic Nursing Skills according to demographic characteristics

Comparing the level of student confidence according to the demographic characteristics, the level of interest in basic nursing, and the degree of satisfaction of the major were found to vary <Table 3>.

Table 3: Differences in Confidence of Core Basic Nursing Skills according to demographic characteristics

		M	SD	t/F
Sex	Male	3.80	.705	1.150
	Female	3.60	.756	
Religion	Christianity	3.55	.731	.857
	Buddhism	3.33	1.073	
	Catholic	3.64	1.014	
	No Religion and Other	3.71	.720	
Residence	Living with one's parents boarding and trace	3.65	.726	1.401

	Boarding houses	3.76	.757	
	Live apart from one's own family	3.48	.757	
	Etc.	3.70	.762	
Level of study	Be very good at studying	4.40	.707	6.365** (b>d,c>d)
	Be a good student	3.81	.747	
	Be average	3.75	.755	
	Be a poor student	3.15	.517	
	Be very bad at studying	3.11	.538	
Level of interest in basic nursing subjects	Be very satisfied	4.00	.713	4.774** (a>c,a>d)
	Have a slight degree of	3.65	.727	
	Be average	3.44	.724	
	Be a little less satisfied	3.10	.656	
	Be very low in contentment	3.20	.705	
Degree of major satisfaction	Very satisfied	3.92	.735	5.167** (a>d,b>d)
	Satisfied	3.70	.693	
	Be average	3.41	.779	
	Be unsatisfied	2.89	.535	
	Be not quite satisfied	3.25	.070	
Admission type	Nonscheduled admission	3.65	.746	0.125
	Regular admissions	3.61	.778	
	Transfer admission	3.57	.748	
Graduated high school type	General high school	3.63	.741	0.886
	Special Purpose High School	3.62	.318	
	Specialized High School	3.81	.898	
	Autonomous high school	3.60	.500	
	Qualification examination	3.25	.544	
	Etc.	3.08	.982	

*p<0.05, **p<0.01

3.4. Differences in Clinical Competence according to sociodemographic characteristics

Differences in Clinical Competence according to demographic characteristics are Table 4. The level of study that one thinks of, interest in basic nursing, and degree of major satisfaction were found to vary.

Table 4: Differences in Clinical Competence according to demographic characteristics

		M	SD	t/F
Sex	Male	3.38	.498	-.940
	Female	3.49	.502	
Religion	Christianity	3.47	.409	.106
	Buddhism	3.46	.310	
	Catholic	3.57	.774	
	No Religion and Other	3.47	.548	
Residence	Living with one's parents boarding and trace	3.41	.560	2.582
	Boarding houses	3.63	.477	
	Live apart from one's own family	3.40	.453	
	Etc.	3.56	.419	
Level of study	Be very good at studying	3.87	.648	6.307** (b>d,c>d)
	Be a good student	3.64	.442	
	Be average	3.55	.503	
	Be a poor student	3.13	.382	
	Be very bad at studying	3.30	.477	
Level of interest in basic nursing subjects	Be very satisfied	3.76	.572	6.693** (a>c,a>d,b>d)
	Have a slight degree of	3.50	.396	
	Be average	3.33	.490	
	Be a little less satisfied	3.00	.578	
	Be very low in contentment	3.48	.127	
Degree of major satisfaction	Very satisfied	3.83	.554	13.252** (a>b,a>c,a>d)
	Satisfied	3.51	.376	
	Be average	3.26	.436	
	Be unsatisfied	2.86	.510	
	Be not quite satisfied	3.20	.353	
Admission type	Nonscheduled admission	3.47	.526	0.051
	Regular admissions	3.50	.470	
	Transfer admission	3.48	.460	
Graduated high school type	General high school	3.51	.506	1.535
	Special Purpose High School	3.83	.707	

	Specialized High School	3.41	.520	
	Autonomous high school	3.51	.168	
	Qualification examination	3.08	.276	
	Etc.	3.15	.229	

*p<0.05, **p<0.01

3.5. Differences in Anxiety related to Clinical Practice according to demographic characteristics

Comparing the level of anxiety related to clinical practice according to the demographic characteristics, the degree of interest in basic nursing level, and degree of major satisfaction were found to differ<Table 5>.

Table 5: Differences in Anxiety related to Clinical Practice according to demographic characteristics

		M	SD	t/F
Sex	Male	2.39	.439	-1.924
	Female	2.60	.483	
Religion	Christianity	2.58	.447	.352
	Buddhism	2.68	.422	
	Catholic	2.68	.517	
	No Religion and Other	2.54	.511	
Residence	Living with one's parents boarding and trace	2.57	.478	1.251
	Boarding houses	2.50	.496	
	Live apart from one's own family	2.64	.472	
	Etc.	2.34	.408	
Level of study	Be very good at studying	2.65	.212	4.061** (c<d)
	Be a good student	2.53	.492	
	Be average	2.48	.477	
	Be a poor student	2.82	.316	
	Be very bad at studying	2.89	.779	
Level of interest in basic nursing subjects	Be very satisfied	2.33	.530	5.481** (a>d,a>e)
	Have a slight degree of	2.57	.399	
	Be average	2.63	.477	
	Be a little less satisfied	2.88	.495	
	Be very low in contentment	3.31	.633	
Degree of major	Very satisfied	2.35	.544	6.414**

satisfaction	Satisfied	2.55	.377	(a>d,b>d)
	Be average	2.66	.437	
	Be unsatisfied	3.08	.658	
	Be not quite satisfied	3.17	.883	
Admission type	Nonscheduled admission	2.55	.518	0.967
	Regular admissions	2.65	.420	
	Transfer admission	2.50	.414	
Graduated high school type	General high school	2.56	.472	0.468
	Special Purpose High School	2.45	.424	
	Specialized High School	2.51	.544	
	Autonomous high school	2.66	.284	
	Qualification examination	2.82	.684	
	Etc.	2.60	.229	

*p<0.05, **p<0.01

3.6. Relation between Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice

The correlation between Confidence of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice has shown that all three variables have significant correlation<Table 6>.

Table 6: Relation between Confidences of Core Basic Nursing Skills, Clinical Competence, and Anxiety related to Clinical Practice

	Confidence of Core Basic Nursing Skills	Clinical Competence	Anxiety related to Clinical Practice
Confidence of Core Basic Nursing Skills	1		
Clinical Competence	.539**	1	
Anxiety related to Clinical Practice	-.529**	-.530**	1

*p<0.05, **p<0.01

3.7. Factors Affecting the Anxiety related to Clinical Practice of Subjects

The results of analyzing variables such as the level of study, level of interest in basic nursing, level of performance that are significantly correlated with the degree of major satisfaction, and ability to perform clinical

practice as possible factors to identify factors that affect the subject's clinical practice-related instability are shown in Table 7. Specific analysis results showed that clinical practitioners' confidence and clinical performance were statistically significant influencing factors. The highest impact factor was confidence (-0.326), followed by clinical performance (-0.309). These influencing factors explained the clinical practice-related anxiety of nursing students 37.6.

Table 7: Factors Affecting the Anxiety related to Clinical Practice of Subjects

	β	t	p	R ²	F	p
Confidence of Core Basic Nursing Skills	-.326	-4.312	.000	0.376	19.731	0.000
Clinical Competence	-.309	-3.826	.000			
Level of study	-.011	-.161	.872			
Level of interest in basic nursing subjects	.086	1.007	.316			
Degree of major satisfaction	.042	.460	.646			

4. CONCLUSION

Clinical practice is an important learning place where nursing students can acquire the knowledge, skills, and actions required as future nurses directly in the field of practice, assess, diagnose, and apply theories and practices to the subject's health problems at the clinical site. Nursing students are part of the student's status, but have experience as a society where they can observe and be educated before they are put into practice, such as anti-socialists. Education at the clinical site is very important for students to judge based on knowledge and skills they have learned as future caregivers and to learn how to implement them in action. However, if clinical practice fails to overcome the stress and burden of patients, careers, or medical staff, students may become more anxious when they become new caregivers, failing to demonstrate confident clinical performance and agonizing over organizational failure or turnover. Promoting proper clinical performance can lead to self-esteem in professional nursing and positive effects in coping with new caregivers with confidence. Improving clinical performance can eventually be an important factor in mitigating pre-clinical anxiety. The field of clinical practice is subject to frequent changes. Students are all unfamiliar with everything and often have new interpersonal skills tested with the patient, caregivers, and medical staff they encounter. Students often feel the gap between knowledge and practice at school, and the content of the field experience is simple, repetitive, and can only be done with routine assistance or very simple liquor, so they sometimes feel frustrated or skeptical about the job. Strengthening clinical performance can be of much help to cope with this anxiety, burden, and stress and enhance the positive and self-efficiency of negative experiences. Among the clinical skills that students can perform on a clinical basis, the core basic nursing skills they practiced at school are typical. The appropriate use of knowledge, judgment and technology in clinical situations can improve clinical performance by selecting and applying key basic care treatments, which can enhance the basic ability to become future professional nurses.

Although there is sufficient learning experience before going to clinical practice for core basic nursing care, awareness of patient safety and rights has been strengthened recently, and opportunities for communication with patients through nursing skills are gradually decreasing in clinical practice due to a significant increase in the number of nursing students due to the expansion of nursing department and lack of related institutions. Although the overall trend of change in society is inevitable, the field of practical training in the practice room has made more changes and innovations than before, and experiences similar practices in the classroom through various equipment, models and simulation practices in a similar environment to the clinical site. Although the changing social atmosphere does not provide students with sufficient knowledge and skills as nurses, it is believed that they will be able to overcome the changes through sufficient practice and a sense of performance gained in similar clinical environments. Students before clinical practice are complaining of a lot of anxiety and are under pressure and stress about whether they can do well, but as time goes by, they gradually decrease and adapt to the practice.

Therefore, the ultimate goal of education is to strengthen the capabilities of future nurses by implementing systematic and continuous core skills education and fostering a sense of performance in order to alleviate the uncertainty of future nursing, especially before clinical practice. Various education methods should be sought to foster future-oriented human resources that can wisely judge and solve health problems by providing sufficient exposure to and encountering various environments and situations, and various cases that may arise from approaching diverse subjects, rather than just basic medical care education.

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