A PHENOMENOLOGICAL INQUIRY INTO THE PERCEPTION OF SELF CONFIDENCE IN PRACTICE FOR EXPERIENCED MIDWIVES

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ABSTRACT

Three midwives with 58 years collective experience in a rural regional setting were interviewed concerning their perceptions of self confidence as it related to their professional practice. The research was conducted phenomenologically and data analysed and interpreted to gain an understanding of their everyday perceptions of this attribute. The philosophical foundation for this research was Heideggerian and considered self confidence in light of Heidegger's WORLD and PERSON. The decision trail of the research process is presented and data produced is analysed according to suggestions set out by Colaizzi. Five issues were predominantly important for the midwives, these being that self confidence is a reflection of prior knowledge and previous experience; gave organisation, control and direction for practice; is like an emotion and is very difficult to define; is determined in a great part by life issues; and that words and actions give credence to one's level of confidence, a level that may be considered more by it's absence than presence in everyday practice. Discussion concerning perceptions of self confidence for experienced clinicians reflected the paucity of literature already available on this topic and are centred mainly on Heideggerian philosophy.

CANDIDATE'S STATEMENT

I declare that this report does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge does not contain any materials previously published or written by another person except where due reference is made in the text.

Gloria Buck

March 1997.

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CHAPTER 1

INTRODUCTION

Professional self confidence for experienced nurses or midwives is rarely discussed in the literature. I have become aware of this over the last few years in reviewing literature, mainly from American authors, considering various aspects of the role an advanced nurse practitioner has within nursing. Several appropriate skills and attributes were mentioned in the discussion of this role, for example, leadership, technical ability, assertiveness, or competence but the attribute of self confidence was not mentioned.

I question whether professional self confidence is important to practitioners, if so can it be taught, encouraged or mentored? What is the nature of self confidence and how is it experienced by individuals? Is the concept of self confidence now buried within other language that has similar meaning like self esteem, self reliance, credibility or even competence? In the months prior to submitting the proposal for this research on the theme of professional self confidence, I had discussions about this topic with colleagues, other nurses and midwives. Many thought that competence was more important than confidence. Some thought that they were synonymous and some thought that confidence did not matter as long as 'things were done right'.

The Australian edition of the Collins English Dictionary (1990) describes competence (adjective) as -

> having sufficient skill, knowledge, etc.; capable.
> suitable or sufficient for the purpose (p332).

While no health care recipient or provider would argue against these admirable qualities and their vital importance, to me they are 'cold' descriptions or 'scientific' and do not seem to relate to the holistic nature of one's personality that contributes to the humanistic ideals of many nurses and midwives. I propose that self confidence is the key to competence and ability to have satisfying, fulfilling practice,

a hedge against burnout and that it allows nurses and midwives to practice to their fullest potential. The same Dictionary describes confidence (noun) as

> a feeling of trust in a person or thing
> belief in one's own abilities; self assurance
> trust or a trustful relationship

and confident (adjective) as

> having or showing confidence or certainty; sure:
> sure of oneself; bold, presumptuous; excessively bold (p330).

Following extensive searches and enquiries I have been unable to find a definition or description of self confidence in either nursing or psychology literature. For the purposes of this study the descriptions 'belief in one's own abilities; self assurance' and 'having or showing confidence or certainty' will be used for the most part to set the parameters for the later discussion of this potential phenomenon.

Benner (1984) describes an expert nurse as one who no longer relies on analytic principles to connect understandings of situations and actions, as one who has a wealth of background experience, is able to have intuitive insight into situations and be able to focus accurately on problems and solutions. To have all these skills, confidence in actions would be expected, taken for granted, and yet professional self confidence may be the very attribute that limits proficient nurses becoming expert according to Benner's (1984) use of the Dreyfus model of skill acquisition.

I question then what it is that may be stifling feelings of confidence. Is it a legal discourse with the ever present threat of litigation for sins of omission or commission; an indwelling idea of medical, scientific superiority; insufficient socialisation into the role, art and craft of nursing and midwifery; or is it the current economic clime in which all are required to work? Deteriorating financial situations that have evolved gradually over the last decade and escalated frighteningly so in recent years, have given rise to altered staff - patient ratios, performance pressures and strain on personal coping mechanisms. I question what it feels like to be confident within a pressured work environment and how we can help practitioners meet their fullest potential.

I am particularly interested in the practitioners' own opinion of the place, the meaning, and the importance that confidence has for them in their daily care giving practices and decision making processes. What feelings are aroused when they are certain in their decisions and actions, and how these feelings differ with them personally when doubt or uncertainty creep in? I feel the crisis of confidence may be more acutely felt amongst rural and remote area practitioners. These are often sole practitioners with little immediate backup by another professional available to discuss situations or choices, to offer encouragement, guidance or reassurance, with night shifts and the associated isolation exaggerating the crisis even more.

A broadening concept of the value of self confidence needs to be achieved if practitioners are to understand how their professional lives may be affected positively or negatively by this attribute. I feel that it is important that practitioners, nurse teachers and health care administrators or agencies understand how, or if, policies, guidelines, financial provisions and public expectations may affect the confidence level of individual practitioners.

In this study I will consider one aspect of a global phenomena in nursing, that is, expertise, as it interacts with confidence on midwife practitioners. The understanding gained concerning confidence will bring a new awareness to the individuals as they move through Benner's (1984) stages in clinical nursing practice from novice to expert. The phenomenological approach within qualitative research methodology will be used in this study to consider the perceptions of self confidence as this relates to the practice of experienced midwives.

The very fact that 'phenomenology affords nursing a new way to interpret the nature of consciousness and of an individual's involvement in the world' (Beck 1994 p499) was an encouragement to use this style of research to investigate self confidence. While my subject is neither immediately client orientated, nor about illness, it is for midwives themselves, that they, we, I, might understand consciously the importance of self confidence in practice and so my goal is to describe the human experience of self confidence as it is 'lived'.

The philosophy of Heidegger (1889 -1976) will inform this study of professional self confidence as it is perceived by experienced midwives. The research process will be explained by the use of a 'decision trail' as suggested by Sandelowski (1986) and the methodological process of analysing data produced will follow ideas set down by Colaizzi (1978).

Volunteers were sought for this study following an informal general information session held at my employing hospital, a regional health care provider, to which all the midwives then employed were invited to attend. Each of the prospective volunteers were females as no males were employed as midwives by this institution at the time. Seven midwives volunteered, all of whom met the selection criteria, and three were chosen for the study solely on the basis of the length of time that they had been a midwife in that particular unit. The three midwives chosen had 58 years collective experience and were willing to discuss their own private perceptions of professional self confidence.

Contained in this report is an explanation of the philosophies used as a foundation for the research, an explanation about the hermeneutical interpretations employed, how issues of validity were addressed and the decision trail used. The process of the research procedures undertaken in this study are presented, followed by the results as I found them and a discussion of literature pertaining to the topic of professional self confidence and related matters.

This report begins with an introduction to the basic concepts of phenomenology that are applied in this project. This qualitative methodology is used to give a broader understanding of one aspect of human nature, that is, self confidence.

CHAPTER 2

PHILOSOPHICAL FOUNDATION FOR THE RESEARCH

Phenomenology is an approach to research within the confines of qualitative methodology. Phenomenology is a study of and about being human and what it means to be a human. It is a search for meaning and aids in balancing scientism with understanding, care and compassion (Munhall 1994). It is a study of ordinary daily human experiences in their particular contexts to assist in understanding the meaning that the experience has for that person.

Phenomenology has only one legitimate source of data and that is recollective memories of informants who have lived the reality being investigated (Baker et al 1992). Phenomenological research seeks to yield a greater understanding of concepts, it is neither measurable nor quantifiable but results in explanation and acceptance of circumstance and opinion. In discussing the implications of phenomenology for nursing and nursing research, Ray (1990) says that phenomenology 'offers a means by which a nurse can constantly discover and rediscover her or his awareness of the world' (p175). In this search for meaning and understanding phenomenology does not generate theory or even analyse compartments of human experience but rather 'it is holistic in its orientation, attempting to investigate the totality of an experience for an individual within a given cultural and contextual situation' (Hamill 1994 p510).

Fundamental to the phenomenological approach is textual reflection of the lived experiences and practical actions of the everyday professional lives of the midwife participants. VanManen (1990) states that phenomenology describes how one orients to lived experience and the use of hermeneutics gives an interpretation to the 'texts' of life - an understanding of situational reality, in this investigation, self confidence in professional practice. Phenomenology accepts experience as it is to the awareness of each participant, and accepts that each participant may react in different ways should each be given similar circumstances (Omery 1983). Oiler

(1982) suggests that phenomenology accepts objects and events as they appear, and reality as subjective and perspectival to each person.

European philosopher, Husserl (1859-1938), introduced the idea of phenomenology at the beginning of this century. He considered that philosophy should inquire into the nature of being and the nature of knowledge (Ray 1985). Heidegger, a onetime student of Husserl, continued on and developed aspects of phenomenological inquiry further considering closely what it is to be a human being, and in being human, to be a person in time, present and past, to be embodied with common practices, shared values, a culture and a language (Leonard 1989).

Heidegger's philosophy centres predominantly on two areas: that of the WORLD and that of the PERSON and uses the word *DASEIN* in explaining them. *Dasein* is a word in the German language that Heidegger used as he focussed on his understanding of being human. *Dasein* does not appear to have a direct translation to the English language but according to Crotty (1996) it means the understanding of the essence of being and the differing characteristics that separates human beings, as beings, from things. 'Things', the inanimate, can be said to have 'character', people have 'character', but 'things' do not have personality, the behavioural and mental attributes that make each person unique and individual. VanManen (1990) cites WH Auden (1967) when discussing the uniqueness of being human and uses the words 'incomparable, unclassifiable, uncountable, irreplaceable' (p6) in an effort to bring understanding of individuality and humanness.

Leonard (1989), in discussing Heidegger's work, also considers *Dasein* and says that it reflects what it is to be a human being, a person in the world in reality and not theoretically. The 'hunt' for the reality of life then must determine how research questions are asked phenomenologically and how these specific questions are answered. The questions would seek practical, experiential, honest replies, recollections of events and feelings and ponderings of or by each participant, not theoretical, idealistic replies that one might be 'expected' to give.

Heidegger considers that each person has a living world and is in a relationship with that world. Heidegger's phenomenologic world is a meaningful set of relationships, practices and a language that each has by virtue of being born into an already established culture. The world for Heidegger, precedes a human being, as though the history of a human being determines the experience of being human (Leonard 1989).

For midwives it is impossible to say that one is 'born' into the culture pertaining to midwifery that is already established but rather people are educated and socialised into the culture. This culture precedes each individual and has been established over historical ages (knowledge, lore and tradition). Such a world is also the result both of time honoured knowledge and relatively recent research and advances in the scientific world, a world now progressively becoming lore and tradition for those who follow after. What is established now, today, has been cultivated historically and has a determining effect on each human this day, this instant.

It must be asked whether it could be assumed that the world also comes with a human being in a present continuous sense that may determine moment by moment decisions and behaviour, or whether history always acts as the determinant of decisions and actions. The impact of phenomenological accounts considering present determinations, the 'now' experience, the immediacy, may be called an intuition at the instant of a situation happening. Considering Heidegger's philosophy 'instant' knowledge, that is intuition, will have as it's background a culture and a history in some form where the world precedes and history determines events and reactions to experiences.

Within Heidegger's phenomenology then the WORLD is A PRIORI, already accepted within the culture, history, and language, consisting of shared skills and practices. This world is all pervasive and often overlooked, taken for granted, and according to Leonard (1989) is 'only noticed at times of disruption' (p45) when being human does not accord with what is expected within the culture, history and language of each situation.

Heidegger's WORLD, culture, language, traditions, and meanings, helps make the human being and constitutes the very being of each human. We cannot be separate from, or to, our world and its history. It makes us, and in turn we make it, in the present continuous sense. Our present is seen in light of our past and our future is seen in light of our present and our past, our situation and our world.

Within the WORLD of midwifery, as constituted by the culture, language, practice, and traditions, midwives and child bearing women and their families are situated. Each comes with their own past history, present circumstance and future needs or expectations - this is the A PRIORI, the accepted world in which midwives work, it is taken for granted, accepted, expected, and only on rare occasions noticed or discussed in depth. As Leonard (1989) said, these occasions are often times when things have gone wrong or disruption has occurred. Midwives themselves have their own language, culture, knowledge and practices that constitutes their WORLD. They too, come with their own history - education, experience and personal circumstance, with which they make decisions, determinations, or take actions, that is, have their world determined for them in light of their past.

This WORLD that determines our choices and creates possibilities for us, allows certain freedoms. Heidegger refers to this as SITUATED FREEDOM, which is a freedom that has as its boundaries located within our language, culture, history, values and reasons (Leonard 1989). We have freedom, but it is not a carte blanche freedom to do what we like, when we like, if we like. Our culture constrains or modifies our actions through law, respect, a sense of community, and for midwives, professionalism. These have provided us with expectations and 'norms'. Within these 'norms' we have our being, our humanness and our situated freedom.

Leonard (1989) goes on to describe these social and cultural expectations (norms) as 'the taken for granted' aspects, skills and practices, of Heidegger's phenomenological world. The taken for granted aspects of being human are the 'ready to hand.....presupposed by the abstract, theoretical, reflective knowledge' (p45) that constitute unconsciously each situation.

For a midwife SITUATED FREEDOM is very much governed by legislative demands and professional standards. Midwives are free to practice their art, craft or science, how ever it is viewed within the bounds of certain legal requirements. For example, one must be registered as a midwife with a governing authority before undertaking any midwifery activity unsupervised. Professional standards form boundaries and guidelines for midwives, and many do allow for freedom of choice within certain situations, provided particular criteria are met. An instance of this is the conduct of a normal spontaneous delivery. The Standards for the Practice of Midwifery (1989), being accepted by the profession through the Australian College of Midwives, state that in the sphere of practice a midwife 'must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn infant' (p4). The 'norms' of the situated freedom for a midwife are that appropriate care will be given knowledgeably, compassionately and with patience, keeping in mind the desires of the woman and aspects of safe practice. These are the hallmarks of the culture and tradition of midwifery, it is taken for granted within the accepted situated freedom of professionalism that this will occur.

Within the WORLD of being human then, the actuality of it is so all pervasive, with situated freedoms being accepted as 'norms', much of being human is taken for granted, assumed, and again it is only when there are aberrations do people become consciously aware of situations and events.

The second part of Heidegger's philosophy concerns the PERSON and he describes the person as self interpreting, as embodied, and as a 'being in time'. Heidegger considers the PERSON as a being for whom things have significance and value in respect to *Dasein,* and in regards to a person, he describes this as 'things show up as mattering' (Leonard 1989 p45). It is through the words 'things show up as mattering', that personhood or being human is given significance and value. Much of being human is taken for granted, with unawareness, habitual or customary actions or behaviours that are contextually relevant and acceptable. Even though much of being human is taken for granted, nothing is without significance, as actions, feelings and purposes are all intertwined.

They all refer to each other and cannot be separated. Our understanding of thoughts, feelings, and actions can often only be obtained if they are interpreted or translated by or to language that most closely describes them. Heidegger used the term HERMENEUTICS for this interpretation, and he described as a hermeneutic circle where one aspect was completely intertwined with another, unable to be separated, one aspect always leading to another and not a separate isolated entity. (Walters 1994). I will return to the discussion of hermeneutics later in this chapter.

Leonard (1989) says that significance and value refer to each other and to understand the behaviour or expressions of another the person has to be studied in context to discover and make visible what each person finds significant and valuable. This significance and value may change with contextual changes and the different understandings may be revealed and appreciated. Understanding the person, the human being, cannot be separated from the context, the world, culture, language, history, and knowledge that the person is situated within. The two, person and world are inextricably woven.

Heidegger also considers the person as SELF INTERPRETING and tells us that given our culture and traditions we are engaged in and constituted by, our interpretive understanding of situations are only made plain when seen in the light of their context or background (Leonard 1989). Human beings interpret themselves and others considering all circumstance, that is the context. Leonard (1989) goes on to say that '[n]othing can be encountered without reference to our background understanding and every encounter entails an interpretation based on background' (p47).

EMBODIMENT is another concept that Heidegger uses in describing being human (Leonard 1989). Embodiment is the culmination of all that we are, our history, language and culture. It is what makes us what we are and is the very basis of our own *Dasein*, our understanding of ourselves as being human. In discussing embodiment, Benner (1985) says that 'the person is involved in a shared history, tradition and social network that he or she both constitutes and is constituted by' (p2). This embodiment or involvement is all encompassing. Each person's world is

composed before they are born. People are born into situations and cultures, traditions and language and then continue to constitute this as their world. Understanding of the person in the world as a totality of being, an understanding which is embodied and this understanding is *Dasein*.

Within the context of midwifery embodiment occurs as practices are engulfed. It is part of the acculturation process. History, tradition, culture, knowledge, skills, language are all present, ready to be learned by the neophyte midwife. Considering all of history, little has changed. Women have children. Families are added to. Pregnancy outcome joys and tradgedies continue to occur. Individual practices or habits may change at times, morbidity and mortality may be lower for us now than in historical times but the embodiment within midwifery, a female oriented profession continues. The epitome of a midwife is one that is caring, compassionate, capable, knowlegable and competent, and these attributes have remained the same in recent history.

Neophyte midwives bring their own *Dasein* to the profession and are then cultivated into the tradition and learning within the profession. They are not asked to leave themselves behind, all that they are, nor are they asked to become likenesses of others within the profession. Each are accepted as individuals with their own embodied uniqueness with which to gain knowledge and experience into the art, craft and science of midwifery. Each has their own skill, talent, abilities and weaknesses that make them incomparable, unclassifiable, uncountable and irreplaceable.

The third classification that Heidegger uses to describe being is a person in TIME. Along with the person as self interpreting, the person as embodied, the person in time describes presencing. This aspect explains the present bearing of time, with a past, a history and a future within the character of time (Heidegger 1972). For Heidegger, temporality, the linguistic expression relating to time, is constitutive of, or a determinant of being. Leonard (1989) says that 'the not yet [future] and no longer [the past] are not patched onto the now as foreign but belong to its very content' (p49). A person in time can only be studied within the context of the past and expected future which constitutes their very being. This aspect of 'having-been-ness'

may be crucial in the study of self confidence when the past and future that constitute it are considered.

Hermeneutical interpretation

As I highlighted earlier in this discussion (cf.p.10), language is the prime means of communication in phenomenological research. Phenomenological investigation is the analysis of the narrative a person tells to the researcher. Hermeneutics is analysis not just on what is stated, but how it is stated, about what isn't said, the silences and the contextual relationships within the narration. The metaphors, analogies, stresses and sighs, all form language, all have meaning, portray feeling or emotion, and reveal consciousness of and about life. Each spoken encounter relies on our cultural background for understanding, significance and meaning. Hermeneutic interpretation of the language of the stories gives the ability to reveal matters as they really are, enables meanings to be conveyed to another, the researcher or the readers. A phenomenological investigation considers how we are embodied in a pre-reflective way, linguistically and possibly non-linguistically. Pre-reflectively we are already within a culture previously established which gives meaning to some people within that culture, but not to others, it is the hermeneutical interpretation that enables another to understand.

Odman (1988) describes hermeneutics as 'the theory and practice of interpretation and understanding....the science of linguistic understanding' and further says that hermeneutics goes beyond the observable to 'read between the lines', being used to increase understanding of other individuals and conditions, both present and past, and that 'the process must be mutual and imply an increase of self understanding of the part of the subject' (p63,64). Thus it is through the use of hermeneutics that understanding is able to be given to others following validation and agreement from those investigated of the interpretations made. Phenomenological investigation relies on reflections about situations and meanings attached to the circumstance, *Dasein*, the understanding of being human, is situated within language giving meaning and form to being human. Language use and interpretation is vital to phenomenology.

Leonard (1989) has made many profound statements about Heideggarian phenomenology that are relevant to the study at hand. For instance, Leonard asserts there is

> no privileged position for 'objective' knowing but rather that all knowledge emanated from persons who are already in the world and seeking to understand other persons who are also already in the world....; [that the] researcher and research participant are viewed as sharing common practices, skills, interpretations, and everyday understanding by virtue of their common language....; [and that] understanding human action always involves an interpretation by the researcher of the interpretations being made by those persons being studied (p50).

This is hermeneutics in action and is essentially used to 'understand everyday skills, practices, and experiences...in such a way that they are not destroyed, distorted, decontextualized, trivialized or sentimentalized' (Leonard 1989 p51).

Hermeneutics seeks to develop an understanding that is founded on concerns, commitments, practices and meanings and assumes that the researcher has a common background with the researched, that is, culture and language and has a preliminary understanding of the human action being researched. It is assumed that the researcher has a world and exists in time just as each participant does. An objective of hermeneutics is to discover what agreements there are among those who share common cultures, languages and practices because if accounts are shared they are verifiable (Leonard 1989).

The role of theory in hermeneutical analysis is to elucidate meanings that arise from the examination of lived experiences and this involves the presentation of meanings and practices, the practical knowledge that traditional empirical research methods are unsuitable to attain. Data collection in this hermeneutic inquiry, centres around the everyday practical issue of self confidence in practice for experienced midwives. I would suggest that self confidence is a taken-for-granted, everyday matter, a part of existence, so all pervasive that it goes un-noticed, unrecognised, and unvalued.

Summary

The background for this study has been explained using Heideggerian philosophy which considers *Dasein*, the understanding of being human. The uniqueness of being human is discovered when one's WORLD, culture, language, traditions and context are understood and the totality of being, PERSON, as self interpreting, as embodiment and temporality are considered. This understanding is enhanced by the use of hermeneutical interpretation as a way of explaining Heidegger's concepts of the WORLD, PERSON, and TIME as they are applied to the midwifery culture or context into which midwives become involved

In the following section an explanation is given of the research process and decision trail employed in this research in an effort to gain an understanding of the concept of self confidence within the context of professional practice for experienced midwives.

CHAPTER 3

THE RESEARCH PROCESS AND DECISION TRAIL

In my own retrospection I have found this whole endeavour considering perceptions of self confidence quite exciting but a major stumbling block occurred during the **research process** which hindered significantly my search for a philosophical background on which to base this project. I had read several pieces of literature that used Heidegger's phenomenological philosophy as a foundation and found them very plausible. I read both Being and Time (1968) and On Time and Being (1972), booklets by Martin Heidegger which too, contained credible statements, hard to read at first though and reading them a second time enhanced my comprehension of his ideas. I then thought I would like to know more about Martin Heidegger, the man himself, and so I sought biographical articles about him from the library and read with interest of his childhood, education, and theological beliefs. Then I came to a section stating that he had been a Fuhrer in Hitler's Nazi party during WW2 (Caputo 1993).

I could not believe it! A man so committed to explaining humanity connecting himself with a party that historically it is known to have committed so much human atrocity. I wanted nothing more to do with him or his beliefs as I could not understand the discrepancy between his spiritual and academic life and his political life. I pondered on this and fumed about it for several weeks, my feelings about this were so strong that I contemplated giving up my research as I felt I could no longer trust this man's statements about anything.

My planned research only continued following helpful discussions with my supervisor that enabled this part of Heidegger's life to be understood contextually, coupled with the fact that he later recanted his involvement with Germany's Nationalist Social Party and continued on in academic life helped overcome this state of 'freeze' that I had worked myself into (Caputo 1993).

There are areas within phenomenology that Heidegger does not address and one relevant to this study are feminist issues or ideas. His biographer refers to his mother, his wife, and his daughter, so he must have had some feminine input into his life at some stage. I can only assume though, that he either thought women had nothing to offer, or that he considered women feel the same about life issues as men. Considering my research participants are female midwives, and their direct clientele are women I hoped that a feminist knowledge base could be incorporated into the conduct and analysis of the research as I reflected upon what had been told to me through the interview process and verified by the participants. Code (1991) writes that Heidegger's 'awareness' belongs entirely to the world of men and she continues her discussion of Heideggerian phenomenology by saying that his 'listening to' [the phenomenon under discussion] 'takes no account of responding or dialogue' (p148,149). Anderson (1991) agrees saying that ' "phenomenologists" and "feminists" do not necessarily speak to the same issues' (p115). Anderson goes on to say that women in her research project expected reciprocity within the research relationship. I regarded my research volunteers as participants and equals, not subjects, and by using dialogical, conversational interviews, I expected reciprocal exchanges. I did not see that this should have posed a problem for me as interviewer and researcher. I understand that knowledge is socially constructed (in Heidegger's language, WORLD) and that on reflection of the topic of self confidence I expected that all involved may view it in a new way, with fresh insight, and that the tacit, taken for granted understandings may be revealed. I expected there would be an equal power distribution within this research process and that the participants may feel free to ask of me on the same subject. I trusted that my questions during the interview encounter would be sensitive to the ways of equalising any power relationships that may have been felt.

Ethical considerations

For this project guidelines from the University of South Australia: Human Research and Ethics Committee were followed. Appropriate approvals were sought and granted, documentary evidence of informed consent was obtained and privacy and confidentiality were assured. Each participant volunteered freely to take part and no coercion was used to encourage their involvement in any way. Each participant

knew that they were free to withdraw any comment they had made at any time or that they could withdraw completely from the research if they so desired. No payment or reward was offered to any prospective volunteer to take part in the research.

I acknowledged a 'duty of care' towards each participant by ensuring the interviews were conducted in a safe and private manner, that the information they gave me was kept privately and securely and by ensuring to the best of my ability that should there be any pain or anguish caused by our discussions, an attempt to resolve these difficulties would be done so through appropriate avenues. I did not discuss my research, interviews or analysis with my colleagues except for those directly involved and those discussions were in private and considered only statements that they had made as individuals. Pseudonyms, with the permission of each participant, have been used in the discussion of the data presented to enhance readability and preserve anonymity. All data has been stored securely during the preparation of this thesis. The master copies of the audio tapes will be erased by me following the completion of marking procedures. Each participant has a copy of their own taped interviews and transcripts. All identifying personal and place names have been removed from documents in the appendices of this report.

The interview process

Prior to the interviews I read about conducting phenomenological interviews but nothing quite prepared me for what was to occur. (Minichello et al 1990, Appleton 1995, Sorrel and Redmond 1995).

The interviews were quite time consuming. Not the actual interview time, but the arranging, travelling, and then the transcribing. Appleton (1995) warned of this and also suggested the use of pre-pilot interviews as a learning experience for the researcher. My supervisor suggested I complete the methodology, philosophy part of my research before I conducted any interview. If only I had heeded their advice. The first interview was rather stilted and the conversation did not flow well. I was under the assumption that I could only ask the three questions that had been

accepted through my research proposal by the Human Research and Ethics Committee of the University. A pre-pilot interview would have helped a lot in the area of nervousness. By the time I had undertaken the second and third interview I was more clear in my mind about the methodology and about the conversational aspect of phenomenological interviews.

The interview questions were designed specifically for this study as I was unable to locate any prior research on this topic.

The questions were

1. Could you tell me about an experience you have had where you felt sure your confidence made a difference to the outcome of the situation?
2. Tell me what it is like for you when you feel confident about what you do.
3. What do you think is the meaning this experience of confidence has for you?

And the planned prompting statements were

1. Do you remember how that made you feel?
2. What did that do for you?
3. I'm not sure that I understand. Could you elaborate?

It was hoped that these questions would elicit information in the participants own words that would help in understanding the lived experience of self confidence.

There were some silences and pauses in the interviews where the participants took time to think before responding. One obvious mistake in the first interview occurred when the tape was turned off while the participant considered her replies. I now have no idea how long our silences were. In retrospect, these silences may have spoken louder than words.

I used the second round of interviews to check with each participant the veracity of statements and interpretations that I had made of our initial discussions. This second round of interviews were also used to relate to each participant the aspects

of the structure of self confidence as I found it to be within the first interviews. The key elements of this structure were -

- That self confidence gives control of, and direction for, decisions and actions;
- that self confidence relies almost totally on prior knowledge and previous experience;
- that self confidence is difficult to define, it is like an emotion, and this emotion could be anywhere between annoyance and pleasure;
- that life issues in general impinge upon or dictate one's level of self confidence, and
- that it is possible that self confidence is only considered in the light of it's absence and can be portrayed by one's behaviour.

All agreed with my comments and interpretations, these second interviews then became part of the validation process. At this time I asked again if they had anything more to add to their perceptions of self confidence or if they wished to delete anything from our initial conversation. Nothing was added that altered the structure of the phenomenon as I found it. No deletions were requested. Each of the participants asked if they could read the final analysis, and in line with Anderson's (1991) view of reciprocy in research I have offered a copy of the results section of this thesis to each participant for them to comment upon, they were each respectively in agreement with statements and interpretations that I have made. They will be given a copy of the final thesis to read following the completion of marking procedures.

A major concern with phenomenology is rigor within the research process and a strategy to achieve rigor, the use of a **decision trail**, or a documented progression of events in order to achieve auditability, and for this study the decision trail is set out below following suggestions by Sandelowski (1986). These include how I as an experienced midwife became interested in self confidence as it relates to professional practice and my own views about the topic; the purpose of the study; how the participants were selected and whether the researcher and participants had any effect on each other. Sandelowski also included the nature of the data collection, reduction and analysis, the weighting of the various elements of the data;

the inclusiveness or exclusiveness of the data within the categories and any specific techniques used to determine the truth value and applicability of the data produced.

Using these suggestions as a background the following sections outline the decision trail used in this study in an attempt to gain an understanding from experienced midwives their perceptions concerning self confidence.

Researcher interest and views

My interest in professional self confidence as an experienced midwife came mainly from two areas. One is an enduring concern that I have had regarding the importance of mentorship and the encouragement of confident decision making in professional practice. The second is another long standing awareness that in professional journals and publications there is very little written concerning the role or the understanding, or even the acknowledgment that there are experienced career clinicians, who wish to continue to improve their own practice and that of others. I feel those who wish to remain clinicians as a career choice rather than follow career paths into management or academic life are an equally valuable resource. Their practice, ideas and attitudes need to be investigated and discussed in an effort to encourage accomplished practitioners in valuing their own worth, to acknowledge their contribution to satisfying practice and excellence in health care, even in part to staunch the flow of those leaving the profession burnt out, as tired, broken and disillusioned individuals. This discussion of self confidence is an examination of just one aspect of the life of experienced practitioners.

Following are some of my thoughts concerning self confidence as an experienced practitioner and in making explicit my own thoughts, beliefs and assumptions I have attempted to fulfill the requirement of the concept of **bracketing** (Oiler 1982, van Manen 1984 and Beck 1994). Colaizzi (1978) has many interesting things to say about human experience, objectivity and phenomenology. Some of his statements are particularly relevant to myself as an investigator and the phenomenon of self confidence.

As a phenomenological researcher I should refuse to tell the phenomena (self confidence) what it is, that is describe it but really listen to what the participants are saying about self confidence, that is, let it reveal itself. This is in accord with Heidegger's (1962) statement 'let that which shows itself to be seen from itself in the very way which it shows itself from itself' (p58). Now, this is a very complicated statement and one that hours could be spent considering, but put simply, it means that something is revealed in and of itself, how it is in its own essence or nature, that is, the 'nitty gritty' of the topic being considered.

If I am to remain objective, my own experience of self confidence should not be denied. It is important that my experience of the phenomena be linked to what I am doing, it is all pervasive in my dealings with the world and so my experience of self confidence professionally is in line with some of Colaizzi's (1978) statements. These being that self confidence is objectively real for myself and others; that self confidence is not only an internal state but a way of presencing oneself in the world; that my own experience is authentic and necessary for understanding and that self confidence is indeed a legitimate attribute.

Colaizzi (1978) calls this 'primacy of perception' (p52). In writing my own thoughts concerning self confidence an attempt will be made to forego any pre-conceived ideas about the phenomena that I have while remembering that my experience of the phenomena dictates my attitude within the world in which I live. To investigate the phenomena using only the data presented and not put down my own thoughts or pre-conceived perceptions will be a very difficult balancing act.

I feel that a legal discourse dictates much of present day midwifery practice and demands a high level of knowledge and expertise. It is no use being a knowledgable expert if one lacks confidence or feels insecure in its application. Stress and anxiety are the only results of this and people are nervously unable to reach their fullest potential.

I first registered as a midwife 25 years ago and since then have worked as a midwife for the majority of that time, the last 18 years privileged to be working for the one

institution. In that time I have come into contact with many midwives working in various situations. These midwives have been extremely knowledgable, practical and able clinicians, that is, competent. One would also assume they are confident, yet on critical occasions, for these women and men their sense of confidence seems to desert them. They become anxious, questioning and untrusting of their own judgements, and it would seem all their knowledge and ability that I know them to have is of no use. I am a victim of this description at times too. Why are we sometimes more confident than others?

I know that my own level of self confidence is affected by my own personal 'security blankets'; what medical back up that I have, in availability, skills, expertise and manner; what is the rest of my work load, how many colleagues do I have on a particular rota; what is their skill and experience, can they be left alone or do they need to be supervised; do I have managerial support; how do I feel in myself; and what events I have left at home? Each has a determining factor on my level of confidence, my ability to cope and concentrate, prioritise, make decisions and take actions, while trying to be a calm, skillful practitioner and a mentor to others. I do not think that it is possible to be completely self confident on all occasions, our own humanness, with all it's strengths and frailities may determine our confidence for us.

After writing my own views and feelings about self confidence I came to understand in part why self confidence is not described in literature. It is very difficult to explain the nature of one's self confidence. Even though I have written down my own thoughts I have to agree with Walters (1994) that the shared understanding of being in the world [midwifery] affects one's attitudes and I do not think my bracketing has been entirely effective. Personal preferences or biases throughout the analysis were difficult to ignore but bracketing did make me very aware of them.

I view professional self confidence as a vital component of expert midwifery practice. It needs to be described, if possible, mentored and encouraged.

Specific purpose of this study

This study is to investigate the lived experience of the phenomena of self confidence for a small group of experienced midwives. The objectives of the study are to understand the nature of self confidence from the remembered lived experience of the accomplished midwives, to contribute to the understanding of what it means to these midwives to be self confident and to raise their awareness concerning the vital role self confidence has for clinical practice.

Confirmation of ideas concerning the feelings about, and the meaning of, confidence for experienced practitioners is significant as it will lead to a greater understanding of this attribute. It may allude to ways that confidence can be encouraged so that midwives may be enabled to work to their fullest potential and become expert in practice.

Participant selection and participant, researcher impacts

This section of the research only began after permission was sought (see Appendix 1) and granted (see Appendix 2) from my employer who was also the employer of the potential volunteer participants. Approval from the Human Research and Ethics Committee of the University of South Australia was obtained folowing recommended alterations to some of the words in the research proposal (see Appendix 3). A small poster was displayed advertising an Information Session concerning the research (see Appendix 4). Between the time that the notice was displayed and the session being conducted I had spoken personally to each midwife then employed informing them about the information session and inviting their attendance. There were 18 women employed as midwives at that time. Seven people attended the information session and this was a surprisingly large number. On the day the weather was extremely nasty and four households concerned had family quite ill with an influenza virus. Five apologies were accepted.

At the information session each midwife in attendance was given a copy of the Information Sheet (see Appendix 5) which outlined some of the details concerning

the research. I met with all the other midwives on an individual basis over the following ten days, gave them an information sheet, invited their participation and answered their questions. At this stage I felt it important to be open about my research aims and objectives with my colleagues and that I must speak to everyone about it, I wanted everyone to get the relevant information first hand.

At the information session I went through the information sheet, explained the nature and the requirements of the research, matters of privacy, confidentiality and informed consent. Questions were raised about who I would accept into the research seeing that I only required three participants. I explained the inclusion and exclusion criteria - that each participant should have at least three years full time equivalent working as a midwife since initial registration. (My private prior enquiry gave me the knowledge that this would exclude just one midwife of the eighteen available.) Each participant would need to be available for the duration of the research to the conclusion of the final document as I may need to check my comments with them. (This excluded one more midwife.) I informed them that in accordance with my approved research proposal, should more than three people volunteer to be participants, those working in a full time capacity and those who have worked in the same position for the greatest amount of time would be selected. This criteria was chosen as I assumed that those working full time, in the same position for three years or more would have the greatest amount and diversity of experience.

I felt that all at the information session were genuinely interested in my research topic and I was greatly encouraged by their interest and enthusiasm. Seven midwives contacted me during the week following the information session and volunteered to take part in the study. I sincerely thanked all volunteers and then chose three midwife participants solely on the inclusion / exclusion basis as set out above.

At this time I was aware of the subject of 'elite bias' being a problem in qualitative research where participants are chosen because they are the most articulate, accessible or high status members within a group (Sandelowski 1986). Of these three descriptions my selection criteria occurred in just one category, this was to be

accessable for the duration of the research process for interiews and validation of interpretations made.

Sampling for this research was therefore purposive. The participants were all assumed to have had some experience with the trait of self confidence. The sampling size was deliberately kept small because of the time consuming nature of phenomenological research and the intense reflection required during analysis and interpretation.

Consideration of participant, researcher impacts were vital prior to the commencement of this study. The decision to undertake this phenomenological research, the acknowledgment of the need for other staff,- colleagues, to voluntarily participate; the need to share my ideals and opinions at an open forum,and the information session were all quite difficult undertakings. I felt as though I was setting myself up to be judged by my peers.

There is a small group of people, like a sub culture, where I am employed who raise their eyebrows and sigh should anybody mention tertiary study of any form and under any guise. I felt quite threatened at times by this attitude and as a consequence over the last few years I have, on occasions, remained quite silent about any continuing education that I have undertaken. It was into this atmosphere that I wanted to bring my research and one of the reasons why I wanted to speak with each possible volunteer personally. The enthusiasm with which my proposal to fellow staff and prospective participants was received was overwhelming. Colleagues were interested, keen to take part, and eager for something to be done for them as experienced clinicians, something that they might benefit from.

The next dual impact came at the time of the first interviews. The presence of the audio tape recorder did not prove to be much of a problem. My own level of nervousness surprised me, in the back of my mind was the thought that I must make these questions work if this research is to be a success and to be of some value to the profession. I have understood for a long time that my forte as a communicator was as a listener and rarely the initiator of conversation. Again this aspect of

phenomenological research bothered me. Could I talk to people and question them on a personal, often private area of professional life? I comforted myself with the thought that they had volunteered and they did know what I wanted to talk about.

All the initial interviews went smoothly and no participant showed any negative reactions such as distress, shame or anxiety. I feel that all questions were answered in a candid and honest way. It appeared difficult for the participants to relate their actual feelings and emotions to the events they were able to describe and this seemed to be a stumbling block within the research process.

Data collection, reduction and analysis

Data was collected for this project through audio taped interviews following the written acknowledgment of informed consent to take part in the research (see sample Appendix 6). I attempted to make the interviews conversational in style, rather than just a question and answer encounter. The first interview was held late in July 1996 and the primary interviews for the other two were conducted in the middle of August 1996. Follow up interviews were conducted during November 1996.

In order to ensure uninterrupted privacy, I had made prior arrangements with my employer for permission to use a room in the Staff Development Unit for the interviews. When arranging the interviews individually with the participants I enquired as to where they would like the interview to occur. Particular to their own needs and requirements they chose, the Staff Development Unit, a hospital room, and for one, her own home. All interview sessions proceeded in an uninterrupted manner. Privacy was maintained, colleagues and the respective participants do not know who is participating in the research.

All interviews were transcribed to typed format. In order to save time during the research process the intital interviews were transcribed by a Lecturer in Business Studies at the local college of Technical and Further Education. This person had signed a document pledging confidentiality of the tape contents and their safe storage and handling (see Appendix 7).

On checking these transcriptions with the audio tapes I found that they were not verbatim transcripts, words had been transposed or were missing completely, and they could not be regarded as true and accurate records of interview. I then retyped the interviews myself before giving each participant a copy of their own interview and audio tape. The interviews were retyped into a vertical half page format, half for the conversation and half for analysis as suggested by Munhall (1994). (See Appendix 8 for an example of the interview transcriptions.)

The transcriptions were then used as raw data to be analysed and commented upon. The data was then analysed using a method set out by Colaizzi (1978).

- Each participant verbatim transcript was read to acquire a sense of the whole.
- Significant statements were extracted.
- Meanings were formulated from the significant statements, This is my interpretation from what the participants said to what I thought they meant.
- Formulated meanings were organised into themes or categories.
- Results were integrated into an exhaustive description.
- Validation was sought from the informants of the descriptive results.
- The essential structure or nature of self confidence was formulated.

<u>How the various elements of the data were weighted</u>

The data was weighted according to the emphasis that each participant used when discussing the various aspects of their own perception of self confidence. This emphasis was in accord with the frequency with which various aspects were mentioned, for example, experiences in relation to confidence was mentioned by all to be vital. Support, both professionally and privately was important too for the participants. Little was said at the time of interview concerning actual inner feelings regarding confidence, giving the impression that these were hard to describe.

The inclusiveness and exclusiveness of the categories developed to contain the data

All data given was accepted as valid memories of the participants' experience of the phenomenon of self confidence. Five categories were developed to contain the data and these became the essential structure of the phenomena. Without exception these categories were inclusive of each participant. Each anecdote given was exclusive to the individual participants but all had similar meaning and added enrichment to the elements of the structure of the phenomenon as I found it to be from the data.

The specific techniques used to determine the truth value and applicability of the data

All the audiotaped interviews were transcribed into typed format. Folowing my analysis of the transcriptions a photocopy of each transcription, the analysis, and a copy of the audiotape were given to each participant of their own interview. I asked that they check the transcription with their tape to see if they were a true and faithful record of interview. All agreed that they were an accurate record of interview. In regard to my analytic interpretation of each interview, each participant agreed that my comments were a justified reflection of their ideas. The applicability of data is shown through the use of anecdotes and significant statements as they relate to the various aspects of self confidence as the topic is discussed in the results section of this thesis.

Summary

Undertaking the research process, with the exclusion of learning of Heidegger's 'other life' as outlined, has been one of the most exciting and enjoyable sections of this whole project. Interviewing my colleagues who so readily gave of their opinions was interesting. Working in a small unit with almost a static staff compliment often hinders the true understanding of another and we do take each other for granted as we 'know each other so well'. But do we! We pondered a little over comments and laughed a lot but there was always a serious manner when 'feelings' or outward behaviour was discussed, almost as though one's pride was at stake.

In this section my own views on self confidence as an experienced practitioner have been outlined and the decision trail has been given so that another may be able to follow the sequential steps used in undertaking this research.

In organising the data into categories some of the topics were very obvious early in the process of reviewing the data, for example, knowledge and experience, and as issues of validity are addressed and the process of analysis is discussed in the following chapters I am sure that others will recognise statements and situations that they could take unto themselves.

CHAPTER 4

THE PROCESS OF ANALYSIS AND VALIDITY ISSUES

The **process of analysis** began by approaching the phenomenon of self confidence as the midwives have experienced it, to hear and to understand what they have said (Benner 1994). I acknowledged that I was interpreting their reflections of their own experiences that were based within a specific time and context that are now part of their personal histories. The experiences, times, and contexts may never be repeated but they all had value to the participants as individuals. The aim of this analysis was to elucidate differences and common meanings held within the data. After working through Heidegger's philosophy of WORLD and PERSON prior to the analysis of the data I expected that each participant might have a different understanding of self confidence, differences brought about by experience, age, educational preparation and situated circumstance. I expected some common meanings though by reason of their similar work setting. These were my pre-understandings prior to the process of analysis.

The actual process of analysing the data followed procedural steps suggested by Colaizzi (1978) and these were stated on page 27 of this report.

Consideration of the transcripts

The transcripts were read several times both individually and then together. This was done in an effort to gain understanding from each as individuals and then to see if there were any similarities or differences contained within the texts.

Gross analysis of the subject matter

I then returned to each individual transcript and extracted phrases, sentences and anecdotes that had particular reference to self confidence in the lives of these experienced practitioners. I used a series of colour coding to group various statements into categories that had similar themes. Even at this early stage I was

surprised to note that each of the participants had given similar comments, for example, control or direction, knowledge and experience. Each were able to give examples from their work life where their self confidence had been surely tested but descriptions of actual feelings concerning self confidence were elusive and examples portraying evidence of self confidence were not as obvious.

The statements extracted were placed into various classifications and given a reference notation. The notation used was 'SS', for significant statement, followed by a number. This referencing was continued further to denote which interview that it was taken from and the page number of the particular transcript. In the results section of the thesis, for example, 'SS ... 1.3' will refer to a statement taken from interview one and will be found on page three (see Appendix 9 for a sample of the arrangement of the significant statements).

Analysis of inividual significant statements

The next step in the analysis process was to examine each significant statement closely to discover the true and relevant meaning contained within the words as they were spoken. Creative insight was used to determine what the participants meant from what they said (hermeneutical interpretation) while both maintaining the original meanings for the participants and not biasing my statements with any pre-conceived ideas that I may previously have had about the attribute of self confidence (see Appendix 10 for a sample of coding and interpretive analysis).

This was a difficult stage in the research process as I am known professionally to each of the participants, sharing their daily work life, their struggles and delights. It was indeed difficult to examine their statements for any meaning other than what they had actually stated within the interviews and I did feel rather presumptuous in pointing out or sharing my interpretations with them.

Organisation of prominent themes

Within each transcript I organised the statements into clusters of themes and it was at this early stage that I realised that each of the participants had many perceptions in common concerning self confidence. The five most common themes being that self confidence -

- gives direction and control
- relies on knowledge and experience
- is like an emotion
- depends a lot on general life issues
- is more frequently noted in it's absence

At each individual follow up interview I explained these five statements or clusters of themes as a possible structural framework on which to base a discussion of self confidence. Each of the participants agreed with the statements without exception and I regarded this as validation of my interpretive findings. Within each of the transcripts of interviews there were no contradictory statements or ambiguity. Each participant was quite clear about what they meant to say even though there were many 'ums' and 'ers'. I did not regard pauses within the interviews to be signs of doubt or uncertainty, they were merely pauses within the conversation where one may 'collect one's thoughts', or find appropriate 'words'.

Collation of descriptions

The significant statements and my interpretations of them were then collated into a description of each category as they related to the concept of self confidence. It was not an easy task to find literature to compare my statements with and this finally proved to be the most time consuming and mentally tiring part of the research process and analysis.

Formulation of an exhaustive description

The next step was to formulate an exhaustive description of the structure of self confidence as perceived by the three accomplished midwives who so willingly participated in this project. This was done by examining the five elements within the structure of self confidence as outlined by the prominent themes. (See page 52 for the exhaustive description.)

Return to participants : Validation

Following the formulation of the exhaustive description I have returned to each participant and discussed my findings individually. Anderson's (1991) reciprocity and phenomenology both require this. I questioned them as to whether my descriptive results compared with their experiences of self confidence and whether they wished to delete anything or if they had anything further to add. Nothing was deleted or added and as individuals they validated my research findings.

Validation of the research findings is crucial to the reliability and the credibility of qualitative research (Appleton 1995). Unlike empirical research, the results of phenomenological research cannot be 'proven', or repeated exactly given identical circumstance. Rather, the results of phenomenological research are accepted as valid and credible when the research and analysis process are made clear, and when it is made apparent where the researcher has gleaned ideas and opinions from. Hence the use of the decision trail, and others able to agree with the results. The cyclical process of analysis, interpretation, and checking with participants is also part of the validation process.

Leonard (1984) warns that validity within a hermeneutic study could be threatened both by 'social desirability' and 'ambiguity inherent in language' (p53). In this research these issues are addressed through the use of anecdotes where the participants' own words are used to describe situations they encountered. Mentioning factual episodes countered any interpretations that I may have made which could have altered the social desirability of the truth as each participant stated

it. Language ambiguity was addressed by a process of continually checking my interpretations with each participant, finding out whether what I thought they said was in fact what they meant to say.

Issues of validity for this research are also addressed in the framework offered by Sandelowski (1986) and involve considerations of truth value, applicability, consistency and neutrality.

Truth value

Accurate descriptions by the participants of their experience as they have lived and later perceive them are obtained and faithfully and honestly recorded to maintain authenticity. Changes in perceptions over time are to be expected as maturation of ideas occurs, anxiety over situations eases, and events are understood in relation to historical and contextual times. However **truth value** in phenomenological enquiry is evaluated through credibility, by questioning; does this seem real? (Leonard 1989).

Sandelowski (1986) states that truth value of qualitative research is enhanced when the investigation resides in the discovery of human phenomena and experiences as they are lived and perceived by the participants; when the truth is subject orientated rather than researcher defined and when the researcher places the human experience in an historical context.

As the researcher I have honestly recorded all statements made, the contextual interpretations help give understanding, and it will be for each reader to evaluate the truth value of this research by the depth of applicability to each personally, that is, does this seem real? Verbatum anecdotes and significant statements are given within the discussion of the results to testify to the truth as I found it within this project as it applied to each participant.

Applicability

Anecdotes and significant statements are used to illuminate or explain the experience within the recurring themes or categories being identified. Even though

Neutrality

The researcher, as is each participant, is also a SELF INTERPRETING being who is already in the WORLD that is being experienced and examined. Therefore I realise that I must be able to distinguish personal responses from those meanings within the text and take care not to become entangled in the descriptions in such a manner so as to distort the participants' texts (Leonard 1989). The consideration of my own perceptions in the early stages of this project facilitated my neutral stand.

Sandelowski (1986), again citing Guber and Lincoln (1981), says confirmability is the criterion by which **neutrality**, freedom from bias, is judged. Confirmability - neutrality - is achieved when the other three standards are established, that is, the auditabiltiy, truth value and applicability. I have offered a copy of the results section of this project to each participant to read as part of the overall validation process and they have agreed with my interpretations and comments about what they stated in the interviews.

Summary

The steps within the process of analysis have been explained and issues ensuring validity within the research and analytical processes have been stated. The truth value, applicability, consistency, auditability and neutrality of this project will become apparent as the results are discussed in the next section.

CHAPTER 5

RESULTS

Main themes concerning the perception of self confidence for the experienced practitioners emerged during the process of interpretation and consideration of the interview contents. As individuals, each participant offered conversation that emphasized similar thoughts and attitudes. My interpretations of these thoughts and attitudes were checked at the follow up interviews. Validation of my comments as true and fair interpretations were given at that time.

The major themes arising from this investigation were very difficult to delineate from each other because of the holistic nature of this topic. The results of the examination, while separated in very broad terms, all merge making it difficult to discuss them separately and this becomes evident in the ensuing pages and is completely in accord with Heideggers' views of *Dasein,* WORLD and PERSON.

Five prominent themes or categories formed the structure of the phenomenon of self confidence as I found them to be within the data. The most prominent theme occurring was that prior knowledge about, and previous experience of, situations most likely to be encountered enhanced feelings of self confidence for the practitioners. Other emergent themes that helped make up the structure of the phenomenon were that self confidence is like an emotion, or is in fact an emotion; that self confidence is very difficult to describe but one knows if it is 'present' or not and how these effects are felt and displayed; that self confidence gives control of, and direction for practice through enhanced decision making, organisation and preparation; and that life issues in general impinge upon or dictate one's level of self confidence. Many comments were made concerning the place that the portrayal of self confidence has in professional life and I'm sure that as these are discussed, readers will acknowledge the 'fittingness' of the comments made in this regard (Sandelowski 1986). Each participant was readily able to relate how it 'felt' when they were not confident within given situations but were hesitant to speak of how they felt when they were confident. This has left me wondering whether self

confidence is defined more by professionals through it's absence rather than it's presence and this reverts to Leonard's (1989) idea that the taken for granted, in this case, self confidence, is only noticed when something has gone wrong or disruption has occurred, that is, when a lack of confidence is displayed. Anecdotes and significant statements are given in explanation of the interpretive comments made. All significant statements have a notation of 'SS' followed by a number which relates to the number of the interview and the page of the transcript from which it is taken. For example SS1.3 will be found in interview one and on page three of the transcript.

Self confidence in relation to prior knowledge and previous experience

Each of the participants were able to recall times in their professional lives when they had an experience of not feeling confident. Without exception, the anecdotes given for these experiences were either in their role as a student midwife or very early in their career as a registered midwife, that is within the first year. No recent experiences were given. The participants mentioned these experiences in a context of lack of knowledge. Knowledge they had but did not apply, or knowledge they had but were not in a supportive or encouraging environment at the time for the edification of the knowledge that they did have. All were certain that if they were to come across similar situations again they would be able to manage more appropriately and have a much lower stress or self blame level. No experiences given in any way resulted in life threatening events as the immediate result of any action / inaction. One participant found her experience of a lack of self confidence as embarrassing and disheartening, one found it frustrating and another found it frightening. All were determined that similar situations would never happen to them again.

Anecdotal comments from the interviews illustrate these events and feelings. Pseudonyms for the participants are used in the following discussions.

Anecdote A - SS168.1.6,7 - insecure in the use of knowledge. Participant 1. Sue.

> The first situation, again, new, newly registered midwife probably about six months into, into my first year, um, doing an internal examination on a woman who was a primigravida, um, very difficult she was, um, sort of not,

not very compliant with having it done, trying to, saying 'stop it, stop it', and moving up the bed and very difficult to assess anyway, and feeling, I was feeling pressured by her to be very quick with the examination and probably in hindsight, wasn't as thorough as I should have been, I should have taken my time and been very sure of what I was feeling. She was desperate to push and had been for quite a while and at this stage I had decided that she was fully and let her push but there was still an anterior lip [of cervix] present which was only thin, but she pushed on it a bit and it thickened up and then when the GP came, was quite angry that she had been pushing so, and I can remember feeling em, very disheartened, sure I shouldn't be a midwife [laughter] all those sort of feelings were going through and I was also very annoyed with myself for sort of giving in to pressure rather than doing what I had been taught to do properly. Um, and just feeling very downhearted and that I was never going to make a midwife, that was the feelings at the time, um and I suppose embarrassed in front of the woman because I, you know, had been looking after her all through her labour and I had actually got, got something wrong, embarrassed in front of the doctor because you sort of feel then they lose their confidence in, in your ability to assess.

In this anecdote Sue tells of an incident where she found it very un-nerving to be under pressure from another. Her lack of experience in the areas of tactful and appropriate support and assessment of a woman distressed by her labour were at issue here. Sue acknowledges that she had knowledge in the area of correct assessment, but the pressure from the woman resulted in poor decision making, which in turn made her angry with herself. Sue found others' attitudes to these events depressing [the GP being angry] and she found these adverse comments or attitudes crushed any beginning confidence she may have had. No one likes their mistakes to be known to another and in this example humiliation in front of the woman and her GP were experienced.

Anecdote B - SS169.2.3,4 - lack of knowledge. Participant 2. Rose.

I had one dreadful experience about not feeling confident, it was really my own fault, and...but that was when I was training, not as an actual midwife, and er, [name] had told us to read the next er, weeks lecture on breech deliveries and of course, I hadn't done it. And that particular night, the day before the lecture we had a lady come and deliver, in labour. And in those days we used to be left in the labour ward pretty well by yourself if there was anything round the other side [another ward] and a sister [name] was here then and she had me with this woman...anyway she was having five minute contractions er, and suddenly told me she wanted to push, and pushed, and had a footling breech and I kept thinking to myself, I wished I read the lecture notes. [laugh]. And I didn't really have any idea what I was

> supposed to be doing, and I mean, I couldn't go and use the phone and, she wasn't expecting me, you know, to have any sort of emergency, and so to ring the bell three times [an in house code for emergency] still didn't really get her there as quickly as I would have liked to have got her there [laugh] I was [pause] that sort of flattened my confidence a bit because I was very nervous then for a while, being left with a labouring lady.

In response to the question - do you recall any particular emotion that was going through your mind at that time?

Rose continued -

> er, well probably, er, a type of fear, I guess of you know, if I do something wrong because I don't know what I'm doing.

In this example Rose blamed herself for her lack of knowledge even though she was a student at the time, she felt guilty for not having read the lecture notes as she had been instructed. Because Rose was left unsupervised with the care of a labouring woman in the delivery room, the lack of support and knowledge loomed large as a determining factor in her own confidence. Not only was the delivery at this stage unexpected Rose also had to deal with the extraneous circumstance of an undiagnosed footling breech delivery which magnified the degree of difficulty and risk involved. Poor communicative possibilities added to Rose's dilemma and the ability to control or understand the events occurring. She was daunted by the prospect of caring for other labouring women as she had discovered how quickly events can change and she was not in a hurry for the experience to be repeated. Fear, perceived as a negative emotion was put to good use by Rose. She rapidly learnt, and learnt well, about breech deliveries for next time so that she would know what she was doing, fear made her learn from the experience and so worked toward building her confidence.

Anecdote C - SS170.3.7 - lack of support in the application of knowledge. Mary.

> Yeh, I guess I hate to see anybody floundering and I would really, um, I, I probably because of situations that I've been in where, you know, I didn't get the assistance that I thought I needed, um, when I was a beginning midwife, um, I try to I guess in a way, yeh, I over protect um, students or, or fledgling midwives.

Mary's own professional life history with lack of support now has a determining effect on how she nurtures others within the profession so that their confidence does not become as traumatised as her own was.

Even though these three anecdotes portray experiences that were of a negative style, there were no dire consequences, and they all had positive outcomes for future practice. Each participant had altered her practice as a result of reflecting upon the new knowledge gained experientially through exposure to the different incidents. The following significant statements show that the three of them decided that experiences added to their feelings of confidence.

Participant 1. Sue.

SS42.1.3 ... to me confidence comes from experience and once you've dealt with a situation that is a bit out of the ordinary, um, which happens continuously in nursing, each time, that just adds to your confidence and that you know um, that you've been there and done it before, and you, you know what to look for and how to cope with it and that adds to you, your feeling of confidence...making it less traumatic.

SS90.1.5 ...as I become more experienced I become more confident ... experience is a big part of confidence.

SS92.1.6 [on confidence]...the major part for me would be experience, I think.

SS93.1.7 [on experience giving confidence and courage]... as I gain more experience I hope that I might be able to handle that a bit differently and have the, have the confidence perhaps and courage to go and get, seek outside help.

SS95.1.8 ...for me, personally experience has a lot to do with my confidence level

In these five excerpts Sue tells how her confidence in her work is directly related to experience that she has had and how these experiences have changed her, gave her boldness within her work situation to be able to seek assistance without feeling threatened, and enabling her to become decisive, assertive and more self reliant.

Participant 2. Rose.

SS84.2.8 [on knowledge from experience] ... I think that's got a lot, you know, to do with it, because I know, er perhaps I know, what can happen and

the, the chances of anything very serious happening are probably from past experiences are slim.

With this statement concerning knowledge, experience and confidence Rose has a level of judgement, or wisdom, cultivated through the knowledge and experience on which to base her discernment. This statement may almost place Rose in the position of a 'risk taker' based on the knowledge, experience and confidence that she now has, she makes use of her situated freedoms.

Participant 3. Mary.

SS100.3.2 ...it would have been easy to become quite phased out and sort of lose, lose it altogether but I'd had, I'd had enough experience and confidence to be able to manage the situation

SS101.3.2 I think experience em, has a major impact on your level of self confidence.

SS102.3.3 ...depending on the situations that you've encountered um, you, you may say that you're experienced but it may be only in one aspect of um, practice. Um, I think that um, experience and past experiences have a lot to do um, with your level, with the level of self confidence.

SS103.3.4,5 ...with the value of hindsight, I probably would have done things differently, and I guess, you always learn from those experiences and your confidence must develop from those experiences.

Here Mary discusses changes in her own level of self confidence following various experiences that she has had. For Mary experience is the most critical determining factor when she considers self confidence, her perception is that self confidence is based on situational experience, meaning that just because she is experienced and confident in one area does not necessarily mean that she is confident in another or all areas of midwifery practice. Many consider that hindsight is a good teacher but there are occasions when hindsight or reflections are cruel and lead to self recrimination, blame, or guilt. Hindsight usually means that there is a regret. The participants rarely use the word 'hindsight' when recalling positive experiences. Hindsight, the ability to understand something after an event, usually the recognition of what should have been done, here Mary talks about the fact that 'things' may have been done differently, she 'learnt from those experiences' and her self confidence was cultivated, in effect her 'history' [hindsight] will now determine her future.

Emotional aspects concerning self confidence

The emotions of remorse, guilt, and blame have all been alluded to and these could be classified as negative facets of self confidence. Throughout the interviews though there were many positive portrayals of the emotional impact of self confidence. These included feelings of enjoyment, elation, happiness, and satisfaction and were used to counterbalance negative perceptions.

Sue says in SS1.1.2

> You enjoy it. I think I enjoy it much more if I'm feeling confident ... and if you're feeling confident it sort of buoys you and you feel that you can, you can deal with most, with most situations.

For Sue to feel confident is to have the ability to cope with circumstances as they present themselves, to be aware and able, not stressed but finding pleasure in her work situations.

Mary agrees with Sue about her level of confidence affecting her ability to cope and in SS5.3.6 says

> If you're in a situation that you're feeling good about, you're enjoying it... then your confidence to be able to deal with those sort of situations is much higher.

Earlier in the interview though Mary had given quite a graphic description of what occurs to her when she does not feel as confident as she might and she relates how these emotions of panic and stress are being overcome by self reliance, knowledge and experience.

Anecdote D - SS171.3.4,5 - after discussing a present lack of modern technology. Mary.

> You begin to use your own knowledge and experience, um, and from that your own confidence to deal with situations. I know that there are situations now that I deal with, that um, I sit back and think, I'll just wait, I'll just sit on this, whereas before I probably would have um, um panicked, I try not to outwardly panic, I have these attacks where, you know, your stomach's in knots and em, you head's throbbing from a stress headache [laugh] but um, where situations where that would have happened but, I guess, with experience, with knowledge, and the self confidence has developed, and um,

you deal with those situations in a much, much different way, a much calmer way, a much more um, I guess, a much more professional way.

For Mary, as her subjective, situational knowledge increased, her realisation of her own capabilities, confidence in herself increased. The ability to 'sit back and think, I'll just wait' is part of the 'situated freedom' available to midwives as they become aware of the WORLD pertaining to midwifery, all its' nuances, possibilities and probabilities, an awareness which aids in decision making and the determination of actions. It is evident that Mary's past, flavoured by her knowledge and episodes of experience within midwifery, effects her present being and will dictate her future actions. This refers back to Leonard's (1989) idea that nothing can be encountered without reference to our background, that is previous experience.

Being self confident in her work also gives Mary a feeling of satisfaction and elation if she has been able to work through difficult situations and achieve good outcomes when compared with professional standards and her own private benchmarks for the accomplishment of appropriate care. This is borne out by the following significant statement.

SS4.3.3 ...if you deal with a situation and you know that it's your self confidence that, it, it's a situation that's difficult and you have a, a good outcome um, a good outcome measurable by your own standards and I guess by the, by um, professional standards, um, it's that you have a feeling of satisfaction, a feeling of elation to a degree.

In discussing her work overall as a midwife Rose says that being confident in her work situation gave her an attitude of enjoyment as did the other participants. Rose said that she would not enjoy her work if she was not confident, that to be in a state of continual doubt or to lack surety was soul destroying.

SS3.2.5 ...if you haven't got self confidence there then em, you don't get any enjoyment out of the work at all. Er, most of the time I guess you would be worried or afraid or something of what you are doing em, and I guess being, having a certain amount of self confidence er, does give you a lot of enjoyment er, in what you do.

Bearing these comments in mind it was also Rose who said she felt a 'type of fear' in Anecdote B [page 39] where she discussed not being confident. Even though she was a student at the time and this episode described occurred many years ago it has left a lasting impression on her mind.

Control, direction and self confidence

It is acknowledged that within the realm of midwifery the words 'control' and 'management' are not popular as they detract from the concept of self determination of the woman cared for and supported throughout pregnancy and child birth. In the following discussion, as the midwives describe their self confidence in relation to the 'control' that they have in their professional work, they actually mean awareness, acknowledgement, preparedness, understanding, and an ability to cope with situations placed before them. This discussion using the word 'control' in no way alludes to control in a dictatorial or authoritarian sense.

Each participant voiced the opinion loudly that prior knowledge and previous experience gave a sense of control or direction over future actions. As Sue said in Anecdote D (page 43) she had 'been there, done that' and would have a plan of action ready should a similar situation recur.

After discussing happiness and pleasure in relation to self confidence, I asked Sue whether there were other attitudes of mind that she had that might similarly describe self confidence and her reply was -

SS56,57.1.4 The first one is probably control, you feel like you're controlling your input into the situation rather than having things get out of your grasp ...when you're confident in a situation you're actually controlling the factors that you can control.

Sue's ability to cope, that is, not letting things get out of her grasp, is directly related to her awareness, understanding and level of capability within each situation. She went on to describe how unsettling it felt when she sensed an inability to help, when she sensed her lack of control despite her efforts that were described in Anecdote A (page 38).

SS62.1.7 I was concerned for the outcome of the mother and baby but being in position that I couldn't really do much about it, in which was making me feel very unsure.

Sue had a sense of powerlessness, ineffectiveness and frustration when the events that occurred were outside her abilities and confidence at that time.

For Rose, a sense of control and direction within her own confidence brings organisation to her work practices.

SS65.2.7 ...I have a sort of planning thing, and by planning what I'm doing now, I've sort of planned what I'll do next. So, when the next happens I know what I'm going to be doing, er I guess, a certain amount of that is confidence in my own ability to be able to do and to manage.

Organisation centres around predictability of and preparedness for events. It gives a sense of serenity, calmness and control, of expectancy and readiness, while alluding to a low state of restlessness, stress, panic or exasperation.

Mary aligned her sense of control with direction and accurate, easy decision making. She related this directly to knowledge and skills, she offered this to the conversation-

SS71.3.9,10 [when]...You're in control, then with the confidence that you have there the decision making is quite, is made easier. If you're in a situation where you're not in control, where you really don't know what's happening em, and you don't have the knowledge and skills to be able to deal with it then you're confidence level is really, really low and you[r] decision making is well, it's just not there, or if it is then um, um, it's decision making that's probably inaccurate.

Mary's decision making giving her control is in complete accord with Rose's sense of organisation and Sue's description of her ability to cope with demands placed upon her. While the three participants chose the word 'control' in describing the nature that self confidence has for them as individuals, the feelings described coincide with the dictionary definition of confidence given in the introduction, that is, the belief in one's own abilities and to be sure of oneself.

The effect of life issues in general on self confidence

The Heideggerian notions of *Dasein,* PERSON and WORLD became a reality when each participant mentioned that her self confidence in professional life was influenced and affected by general life issues. They were unable to be separated. The Heideggerian WORLD of each participant preceded and determined their WORLD of involvement in midwifery. Rose makes this point quite clear -

SS110.2.5 ... I mean at home I have been sort of put down for so many years in not being able to do things that you know, to come to work and, and be confident at doing something at which you sort of, were not all that confident and it wasn't until I em, perhaps stood up for myself at home in a personal sort of environment that I felt that I was an equal to er, my workmates. I mean even though I might have felt that I knew the same as they did, or perhaps something more, I didn't have the confidence to come out and say so.

Trust in others and affirmation and support from colleagues appeared important for the development of self confidence. Sue stated that peer support and past experiences enhance her level of confidence, that her confidence has been fostered following discussions with peers who have been in similar situations. In reply to the question as to whether there had been any positive outcomes in regard to her concept of self confidence, when she did not feel comfortable Sue said -

SS112.1.8 Probably discussion with other staff members ... probably one of the best support networks that you can have ... I have found that everyone has been in similar situations at some time, um, discussing with them how they felt and what they did, and what they would do next time, it's sort of filed away for future use, for reference if you come into that situation again and I think that helps to sort of boost your confidence ... for me personally experience has a lot to do with my confidence level and, and perhaps the support that you do get from your, um, colleagues.

Rose's comment further emphasizes the need for colleagial support -

SS119.2.4 What personally has been more of a confidence thing than actually doing something well, or being right with something, is someone else acknowledging that you've done something and, er no matter how trivial it might be, if someone just says to you that's a job well done, or, or something is, I find probably a better confidence booster.

For Mary though, support from colleagues during her formative years was not available, she suffered at the time because of this and her present practice is a direct reflection of her professional historical WORLD.

SS123.3.4 ... the support I would have liked just wasn't available ... people didn't want to impart that, that support or give you that support

Mary, now very skillful and experienced, is very conscious of her responsibility to guard and guide others in professional practice so that they do not suffer the same difficulties, found in her own isolation that she experienced. Towards the end of the interview Mary introduced conversation with sadness concerning the midwife in Queensland who had committed suicide (Hastie 1995) and further in the conversation went on to say -

SS127.3.10 If you're supported in your situations, um, whether it be, you know, you know, your personal life, em, your professional life, then um, and you can always count on that support then it does make you, um, it does give you confidence to make decisions ... whereas if ... you're unsure of that support then your decision making is not as easy and, your confidence level is not as high.

If there is no support and no back up, there is a sense of anxiety and insecurity, emotions that may prevent practitioners working to their fullest potential.

Sue sums up the aspect of life issues, experience and confidence though when she said -

SS134.1.5 ... as you become more experienced with just general life issues your confidence in yourself becomes greater and your confidence in your ability to make decisions um, increases,

and SS135.1.5

I think your, your whole life experience, um, it, its part contributes to your confidence in yourself which, which again gives you confidence at work as well.

These statements are a direct reflection of Heidegger's description of the PERSON as self interpreting, as embodied and as a being in time, where the WORLD is

A PRIORI and personal history matters. All actions,decisions and attitudes have a ripple effect, no one lives or works in isolation. For midwives the one's most immediately affected are the mother and baby. For optimum outcomes midwives need to be knowlegable, skillfull and confident in their work practices and colleagial support, assistance and guidance all work toward the enhancement of self confidence.

Comments concerning the portrayal of self confidence - it's presence and absence

During the course of the interviews there were many fragments of conversation that gave sense of how self confidence is portrayed by the participants, portions of the interviews that showed how 'busy-ness' creates a sense of confidence for others and how some aspects of body language show one's level of confidence. The 'busy-ness', body language, and knowledge from experience becomes the EMBODIMENT of the midwife as practices are engulfed and professionalism that is taken for granted is displayed. The following comments are included for the reader to attest to the 'fittingness' of professional behaviours and how embodied self confidence may be presented to another.

Sue -

SS142.1.3 ... if you're confident and appear to be happy in what you're doing that, then the mother feels much safer and that she's in confident hands and also any other people around, and it, it seems to be catching if, no matter what the situation is, if the people handling it appear to be quite happy in what they're doing and confident, that tends to rub off on everyone else -

Sue emphasizes the point -

SS157.1.5 If you're in control um, er, sort of good body language that everything is actually going OK, that seems to rub off on other people as well, and it's confidence is sort of a catching thing, if everyone seems like they're OK it will go round. Whereas opposed to when people aren't confident and start sort of looking worried and wringing their hands, that, that seems to be catching as well.

Creating impressions and setting examples of behaviour, communicating through the general presencing of self is vital for Sue in her role as midwife to the mother and family, and as a mentor to other staff. Sue is sure that attitudes and moods are infectious and she is aware that as an experienced midwife she has the ability to 'set the scene' for others to follow. One of the ways that she attempts to 'set the scene' for her practice is -

SS 77.1.4 ... if you're explaining what you're doing, um, it instils in the person listening that you are aware of what is happening, you know what's going on, you probably know what to expect.

SS136.1.6 ... trying, trying hard, trying to be the best you can, or do the best you can ... always trying.

In our conversation Rose had made comments concening the privacy of her confidence, where she felt an outward display of confidence was neither encouraged or necessary. She described her mentors as not having 'confidence around them' (SS161.2.5) and this may have had an affect professionally on her as she now depicts her atttude to her own self confidence as

SS162.2.6 ...just sort of quietly do it yourself and that sort of thing but not to, not to put on a display of confidence.

In the following anecdote Rose's humbleness in dealing with an emergency situation was evident. She used a quiet voice to describe how she finds it important to appear to be confident in what she does so that others will have trust in the quality of her work and her capabilities. She describes this portrayal of confidence through her planning and readiness, her awareness of her own abilities, by her 'busy-ness' and her use of language, language that could be characterised as 'judicious truth telling'.

Anecdote E SS172.2.7,8 [after discussing feelings of panic]. Rose.

> ... looks can be deceptive sometimes ... I know what I'm going to be doing er, I guess, a certain amount of that is confidence in my own ability to do it and to manage er, but also the fact that er, I, I guess it's trying to instil er, confidence in somebody else or making them aware that I'm confident of what I'm doing, even though I may not be. Em, you know, like, having a lady in labour when you get a foetal heart that stays on 60 for three minutes [a midwifery

emergency] em, and sort of like quietly go about making all the preparations but telling her that everything is fine you know ... em, I'm not all that confident that everything IS going to be fine, but, er, you know, you can't sort of put that across. You've got to come across as being confident ...

After describing all the appropriate actions that she takes in these circumstances, which she emphasizes as 'I have done ALL that I can', and her reliance on the role of others - 'like the doctor will get there in time' - she continued the conversation saying

SS141.2.8 ... by doing something you know, I mean that instils confidence in others anyway.

Mary's attitude to her own portrayal of self confidence in professional practice are similar to Rose's. Mary keeps her own private counsel. At the close of our conversation I asked whether she had anything further to add concerning self confidence and after some quiet reflection she gave her reply.

SS 173.3.13 Yeh, I guess my only thought now is that, um, nurturing people and, and developing their self confidence is really important to me. But there are always people who will, who don't think like that and who will always be prepared to knock down the tall poppy syndrome, er, and at the back of my mind is an article, and I think we have talked about this, that girl, the young midwife who suicided because she couldn't make the changes she wanted to change ... how was she nurtured ... how was ... her self confidence being developed?

Peculiar to Australian culture for some undefined reason is the 'tall poppy syndrome' where through perhaps jealousy or envy some do not like to see success or confidence in others. The negativity that surrounds this frame of mind is damaging to all. Mary finds it difficult to deal with the negative judgement of others when this occurs -

SS 32.3.8 My self confidence will drop to a level that I find unacceptable if um, my work is questioned by people who I find, I believe are less experienced or, um, are people who em, probably haven't grasped the whole or only know part of the situation, don't know the whole situation. Um, it doesn't happen often but when it does happen um, it's quite revealing, quite a revelation.

The examples from the three participants as descibed above give credence to Heidegger's ideas concerning the PERSON as EMBODIED and SELF INTERPRETING and where personal history matters. Each of the experiences depicted within the conversations show how each individual interprets their own attitude to the portrayal of self confidence, these attitudes are all encompassing within the very humanness of their being, that is, that self confidence is embodied within them, and is a part of their 'being in time' relevant to their own situational contexts. A feeling that has been cultivated by their situated presence within their WORLD, and as is determined by their culture, language, traditions and personal histories.

Self confidence in professional practice does 'show up as mattering' (Leonard 1989 p45) for these individuals, it has significance and value even though it is usually a taken for granted attribute. Each participant was painfully aware of situations where they were not confident, when self confidence was not taken for granted, and these times were without exception, when things went wrong or a disruption to the 'norm' had occurred (Leonard 1989). The emphasis on events that went wrong or had the potential to go wrong at the expense of events of 'normal' work day experience contribute to the idea that self confidence is more easily defined in it's absence rather than presence. Even so the participants proved that they had confidence as accomplished professionals as their belief in their own abilities had increased over time, they were self assured and knew the boundaries of their capabilities.

Exhaustive description of self confidence

While this whole study centres around the often taken for granted attribute of self confidence it remains difficult to describe the trait from the practitioners' perspective. The topic remains elusive. The dictionary definition given in the introduction: that to be self confident is to have belief in one's own abilities, to be self assured, certain and bold are congruent with the views of each participant as to what self confidence is and how it should be felt or portrayed.

Previous knowledge and prior experience gained over the passage of time were seen by each participant to be absolutely vital components to their lived experience of self confidence. It was felt that knowledge and experience were determinant factors for effective and correct decision making. Being self confident resulted in a sense of control and organisation, of prediction and awareness. Each participant identified both colleagial and private support networks as imperative for the maintenance of confidence within practice through having one's decisions checked in times of doubt.

Communication of confidence was important for each, communication of decisions, reasons and actions, both verbally and non-verbally, for the fostering of confidence in others, either patients and their families or toward other staff members, that is, mentorship. It was acknowledged by the participants that recognition by others for 'jobs well done' or correct actions in times of stress, recognition even in the most minor way, was a boost to their own confidence levels. Communications and their effect on one's self confidence also had a negative effect if inappropriate or ill informed comments were made. Mary alluded to this when she mentioned the 'tall poppy syndrome'.

Overall though, for each participant self confidence was 'something' that developed over time, times of experience and consideration of the results of previous decision making. None of the participants considered themselves self confident as newly registered midwives but they thought the development of their confidence was like an evolutionary process that occurred as they came to professional and personal maturity.

Summary

Analysis of the data produced in this project revealed the structure of self confidence as perceived by the three experienced midwives interviewed. Knowledge and experience were acknowledged as the most valuable precursors for their attainment of self confidence. Control and direction in their workplace settings was seen to be the primary benefit of this confidence. Throughout the interviews and the interpretive

analytical phases of this research the 'assumed' [that experienced practitioners would be self confident] was seen in a new light by each participant. Their own evaluations of situations revealed attitudes, beliefs, and feelings that are rarely discussed. They each had a vision of what self confidence meant to them as individuals even though they found it difficult to put into words exactly what that perception was. Each has since stated that they have a new awareness of their own attitude and actions that aid in the maintenance of their confidence in and for practice.

The following section addresses comments made by other authors on topics relating to self confidence and these are compared with the results of this study. This will give a broader understanding concerning the value of self confidence in professional midwifery practice.

CHAPTER 6

DISCUSSION

The positive nature of self confidence in practice is not a common topic of discussion within the profession and as stated in the introduction there is little literature available that specifically discusses the concept of self confidence as it applies to experienced practitioners. Various authors circumvent the topic by discussing self assurance and most of them write in the context of students of nursing, of academics or of administrators. Few addressed experienced clinicians and none were directed towards midwives.

Brykczynski (1989) discussed the clinical judgement of nurse practitioners and said that clinical wisdom is the integration of a body of knowledge that develops when theory and practice are clarified through actual use in clinical situations. This clarification, the melding of theoretical concepts and practical "know how" is the embodiment of knowledge that occurs during the acculturation process within Heidegger's philosophy of a person's WORLD. The ancedotes given reveal that the practitioner's clinical wisdom, and I would add self confidence, had increased because of the situations they had experienced. This is in line with Benner's (1984) view that experience is necessary for the development of clinical knowledge, and again I would add that experience is also necessary for the development of self confidence.

This type of confidence building through knowledge gained by the practitioners, via their experience, is akin to the Esthetic knowledge pattern as described by Jacobs-Kramer and Chinn (1988), esthetic knowledge being defined as 'knowledge by subjective acquaintance' (p131). As experiences occur and nursing knowledge increases, esthetic knowledge, insight and self confidence also increase enhancing the holistic nature of the practitioner concerned.

Meerabeau (1992) refers to tacit knowledge and private knowledge and considers them to be untapped resources of nursing knowledge. She refers to this expert

knowledge as 'artistry' (p108). If private knowledge and esthetic knowledge are considered valid sources of knowledge they must encompass a measure of self confidence in their application or it would be knowledge that is empty and have no purpose. Each of the participants in this project referred to their stores of private, esthetic knowledge within their anecdotal descriptions of their feelings towards self confidence, it gave them a sense of direction and control for their practice. They acknowledged that they were aware of possibilities and probabilities of and for events in varying situations and this knowledge, when applied, empowered the participants to be certain, that is to be confident, with their own abilities to meet the situations within which they found themselves.

Measurement of a professional nurses' self concept is important to Arthur (1992). He states that personal self concept includes self confidence and self respect and he cites Dagenais and Meleis (1982) suggestion that 'professional identity is an integral part of general identity' (p 716). This agrees with Heidegger's philosophy of the holistic nature of being human, both WORLD and PERSON, as determined by history, culture, tradition, language and skill. The wholeness of life contributes to one's professional life and this was attested to when the participants discussed how general life issues affect their feelings of self confidence. Arthur's (1992) research showed that there were seven dimensions to the professional self concept for final year student nurses and his descriptive words are in accord with the results of this research considering the phenomenon of self confidence. In Table 1 Arthur's seven concepts are compared to aspects of self confidence as revealed within the data for this project.

Arthur's Model		**Self Confidence as a 'Phenomenon'**
flexibility / creativity	=	situated freedom
knowledge	=	facts, probabilities and possibilities
skill / competence	=	technical ability and decision making
caring	=	contextually relevant situated concern
communication	=	body and verbal language
leadership	=	mentorship, aspects of control
satisfaction	=	enjoyment, pleasure, elation

Table 1 Comparison of Arthur's(1992) model with the participant's perceptions regarding self confidence.

Aspects of mentorship have been discussed in this thesis in the context of showing or giving self confidence to another. Schlotfeldt (1985) says that 'mentor' is a word from Greek mythology, Mentor originally being the guardian, counsellor, guide and tutor to Ulysses' son (p139). This description stands faithful today as the Collins English Dictionary (1990) describes a mentor as 'a wise and trusted guide' (p963). This gives the impression that there is a sense of responsibility within the mentor / neophyte relationship. The mentor being responsible for the development of the neophyte. Within this research each of the participants involved felt a responsibility towards others within the profession with the aim of bringing others to confident maturity by explaining their actions and decisions. Mary felt the burden of mentorship most strongly when she said she felt responsible for nurturing students of midwifery and 'fledgling' midwives (see Anecdote C page 40). Similarly, both Rose and Sue also considered in some depth personal behaviours and language that they felt were important in their professional lives through which they were able to instil confidence in another while showing that they were confident with their decisions and actions. They all viewed this portrayal of confidence as important to their mentorship roles just by their very 'presencing' and 'being' in their practice in such a manner to allow others to 'grow' into a likewise more confident practice of their own. Their own self confidence giving them appropriate skills in leadership of neophyte midwives. This could also be an example of 'care' for neophyte midwives as a contextually relevant situated concern as midwife 'leaders' who embody self confident practice.

Jenny (1990) considers the importance of self esteem for nurses and says that poor self esteem has to do with doubt and self identity. In this respect self esteem and self confidence would appear almost synonymous. Jenny continues in her article to cite Roberts (1983) who says that impaired self esteem is indicated by behaviours such as 'devotion to routine, awe of authority, retreat from initiative, negative self talk, resistance to change and an oppressed attitude' (p19). Herein again lies the essence of the importance of Heidegger's situated freedoms and Arthur's (1992) communication and satisfaction within the concept of self confidence. Jenny (1990) asserts that if nurses [midwives] are to value their self esteem, self concept or indeed self confidence by what ever designation it may be known, they must be aware of their power, significance, competence and virtue. She describes *power* as the ability

to influence people and events [mentorship or 'control' as described by the participants]; *significance* as being accepted and valued by others [professional respect]; *competence* as being the ability to meet personal goals and expectations [personal and professional standards]; and *virtue* as being the ability to act consistently with personal morals and beliefs [situated freedoms] (Jenny 1990). These are aspects of character that the participants aspired to as they described their individual perceptions about self confidence within this research. Each participant linked power, significance, competence and virtue to their perceptions of self confidence although they did not use these particular words. Empowerment came from reflections on prior knowledge and previous experience giving direction and organisation for practice. Significance and competence resulted from the realisations of their own abilities and the effects of their presencing. Virtue came through their ability to cope appropriately with various situations, that is, their ability to make use of their situated freedoms within their WORLD.

Another North American author Carlson-Catalano (1994) also writes of personal power within nursing, stating that truly powerful nurses 'empower all those around them for the attainment of meaningful and fully realized goals' (p22). If midwives who are confident in their practice are thought to be likewise powerful this author goes on to give reasons why people may be powerless, or for this study, lack confidence. These reasons being: socialisation by parents and society [and the profession]; fear of risk taking [no situated freedom]; traditional nurse education [hierarchial dominant structure]; constraining hospital environments [poor staff patient ratios] and lack of knowledge about the development and use of power [oppressed attitudes] (Carlson-Catalano 1994).

If personal power is to be aligned with self confidence, self confidence needs to be openly encouraged and discussed. It is fitting that self confidence is encouraged within our cultural background, that we have self confident people who are able to reflect this within their professional working environment, people who are able to balance probabilities and make effective decisions. Those who have within their realm to either encourage or stifle power [self confidence] must be aware of the power they can exert over the self determination of another. Colleagues, educators,

administrators and funding agencies need to consider carefully their role in the development of this human trait.

Having a sense of control within the work situation was mentioned by each of the participants. Rose and Sue placed special emphasis on control as a means of coping, organisation and determination of outcomes. In an article considering personal hardiness Tarolli-Jager (1994) states that control means that one can positively influence the course of events and thereby reduce stress within situations. The sense of control gained by virtue of being self confident with the tasks and situations these experienced midwives encountered added to their coping skills, their ability to make choices, and it gave them a feeling of pleasure and organisation within their professional lives.

Arena and Page (1992) discuss the phenomenon of impostorship mentioning that feelings associated with impostorship, described as being qualified for a certain situation but feeling uncomfortable in that situation, may occur when client care issues arise that are outside the area of expertise of a particular practitioner. Brookman (1993) further describes impostorship in nursing as the awareness by some that they do not really deserve to be regarded as competent practitioners. Considering the data produced for this research, Sue in particular stated that she was sure she was never going to 'make a midwife' following an instance of incorrect assessment in her early years of practice. Her embarassment and loss of self esteem were overwhelming at that time and her self confidence was at a very low ebb (Anecdote A p38). If self confidence is not openly acknowledged as vital to expert practice, then for some practitioners impostorship may be a reality. As the participants in this study suggest, I believe they show that they are confident within their own knowledge, experience and sphere of practice. As such there would be no place for perceptions of impostorship within their professional life. Practitioners need to be aware of the difference self confidence can make in their encouragement of others toward expert practice, and the fostering of perceptions of self confidence which make expert practice possible.

None of the authors cited so far address topics concerning confidence and related matters or make any mention of how one's WORLD or Heidegger's description of

PERSON may have relevance to this personal trait. In this study the participants gave evidence that the WORLD, as pre-determined by culture, language, traditions and meanings, the A PRIORI of life, were important factors but were not spoken of frequently. This may be part of the reason why self confidence is taken for granted, it is expected, all assume that another is confident, by reason of education or professional exposure [experience]. This is the pre-determined WORLD in which midwives work and have their being and into which child bearing women and their families enter.

Comments in accord with Heidegger's philosophy of PERSON considering embodiment, self interpretation and temporality were made clear through the interviews and during the interpretation and validation of the data. Each participant mentioned aspects of temporality, of time, of 'having-been-ness', of background, and of presencing, where past events determine present actions and future determinations. The past, called 'experience', was one of the most frequently mentioned topics, the deciding factor almost, of self confidence for these experts in practice as they interpreted their individual situational contexts within which they work and have their being. Each participant, PERSON, had their own WORLD constituted for them and they in turn constituted their WORLD by their own interpretations of their contexts and situations.

Embodiment within midwifery occurs as one takes the WORLD of midwifery to one's self, that is, the culture, language, meanings and traditions within the profession. Embodiment occurs over time, through exposure to events and the gaining of knowledge, knowledge that finally becomes 'part' of the person. Benner and Wrubel (1989) call this knowledge assumed knowledge or embodied intelligence and say that this type of knowledge or intelligence results in skilled activity. Benner and Wrubel (1989) continue by saying that skilled activity often goes un-noticed because it is expected, that skilled activity 'works best' when it is not noticed, and that it is only noticed when it is not working or 'breaks down' (p43). This is exactly what Leonard (1989) said about the WORLD only being noticed in times of disruption. This may be a major reason why self confidence is only a matter for discussion in it's absence, why it is hard to define, and why it does not appear to have a high ranking with other

professional attributes like leadership, technical ability, assertiveness and competence. One has to ask though whether it is embodiment, and all that it involves, that changes a thoughtful proficient practitioner into a thoughtful and confident expert practitioner who is able to positively use situated freedoms with contextual appropriateness for satisfying expert practice in health care.

Summary

Consideration has been given to self confidence as a lived experience for the three accomplished midwife participants. This lived experience came about through knowledge and exposure to events within both their professional and private lives and it gave to them a structure and a coping ability within their situated WORLD. Each thought that self confidence could be 'passed on', or encouraged in another through the use of their embodied abilities and situated concerns toward another. Each participant felt that confidence for them was a type of emotion, and because of this, they found their actual feelings very hard to actually explain but all acknowledged that it gave them pleasure and enjoyment within their work situation. The continual link between knowledge, experience, control and ability appears to be as a cyclical or spiral building block for self confidence to be a reality.

In considering other aspects previously researched, reference has been made to esthetic and tacit knowledge and how self confidence could be a constituent part of each, of how self confidence is interwoven with self esteem, self concept, and self identity, an understanding of which gives a broader comprehension to Heidegger's concept of 'being human'. Mentorship and empowerment have also been discusssed linking these concepts to the value of self confidence for practice.

As a result of this research I would suggest that self confidence for the participants is an embodied subjective representation of 'accomplished' midwifery practice. That it is as visible to others as it is 'felt' by the midwives who perceive it as an experience. It is a 'presence' in practice which, when 'not present', leads to acknowledgement of its usual presence in their midwifery practice.

CHAPTER 7

CONCLUSION

The goal of this phenomenological research was to inquire into the human experience of self confidence as it was 'lived' and perceived by three accomplished midwives. An explanation of the Heideggerian philosophy used as a foundation for this project is given. Hermeneutical interpretation was used in analysis to illuminate the richness of the data obtained. The decision trail and the analytical steps taken to review the data are explained. I returned to each participant with my interpretations of what they had told me to be certain that we were both agreed about my interpretations and this became part of the validation process. As stated in the introduction, no generalisations are able to be made from the results of phenomenological research. The results are accepted as statements about the feelings and opinions of the individual participants in the research.

This research highlights the perceptions of self confidence as it is remembered by the experienced practitioners interviewed. Each participant interpreted their own situational experiences within their own relevant contexts to give them the opinions that they were able to express. This SELF INTERPRETATION coupled with the EMBODIMENT of all that they are as individuals, within their WORLD, both professionally and privately assisted in giving an understanding of their perceptions of the human experience self confidence, or *Dasein.* It is an attribute that they value, aspire to, and actively encourage it's development in another. Through the use of the hermeneutical interpretation of comments made during the interview process each participant was able to view their ideas about self confidence in a new light and this is in accord with Odman's (1988) view that the process should mean that the participants will have an increased self understanding of the topic discussed. During the validation process, at which time I returned to each paticipant with my findings, this indeed proved to be so.

The essential structure of the nature of the phenomena investigated for the participants as revealed through the data was that self confidence is the result of the accumulation of knowledge and experience; that self confidence is like an emotion

and as such is very difficult to describe; that self confidence is necessary for organisation, 'control', direction and correct decision making; that life issues in general have a determining effect on one's self confidence and that one's actions and words are able to reveal openly one's level of self confidence in particular situations.

This attribute is not discussed openly within the profession for reasons yet undiscovered but it would appear vital in the preparation for, and the promotion of, expert practice. The positive trait of self confidence deserves more attention from each level of the health care industry than it has previously enjoyed. Clinical practitioners need to be especially mindful of the place, and value, that self confidence has for them in their professional lives.

This research was confined to a specific segment of the nursing population, three experienced midwives, and I acknowledge that this small sample and the short duration over which the research was undertaken is a great limitation to the value of this document. Further research, on a larger scale, over a longer period of time, and involving people from all levels - novices to experts - considering the value and place that self confidence has for them as practitioners may encourage professionals to positively consider their own abilities. This further research could examine critically what factors enhance or detract from self confidence, whether it can be encouraged through formal education, what role nurse management, administrators or funding bodies have considering policies or arrangements that may effect the self confidence of practitioners.

Accomplished clinicians are frequently taken for granted. The accumulation of their knowledge, experience and skill is often overlooked, and yet their value to the health care system is immeasurable. I want to encourage career clinicians to work to their fullest potential and I feel that for them to value and to be aware of their own confidence in and for their practice will aid in this. Newer members to the profession may then learn by example and explanation - mentoring - so that their own confidence may be fostered and encouraged, that it is possible to feel confident with decisions and actions within their work environments so that they too, in time, may be experts in thoughtful practice.

Undertaking this research has already proven to have been of value, albeit on a minor scale, as the participants have since stated that they have genuinely gained a new and increased understanding of their own self confidence and the place that it has in their midwifery work. It has given them a greater awareness of their language skills and their ability to empower others, it has had positive effects on the practice of the four midwives involved, the researched and the reseacher.

It is hoped that this research will provide some beginning illustration to the concept of self confidence, it's value, and how it is related specifically to the participants, as persons self interpreting, embodied, and in time, and indeed into the life world of midwifery within which they are situated.

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APPENDIX 1

Copy of letter of request to employer to undertake research

To: Mr.....
Director of Nursing
.....Regional Health Service.

From: Gloria Buck
Clinical Nurse Midwife
Maternity Unit
.....Regional Health Service.

Re: Permission to undertake research.

Dear.....

The final component of my study for a Master of Nursing (Advanced Practice) from the University of South Australia is a project of original research culminating in the presentation of a minor thesis. I propose to undertake qualitative research using the Phenomenological approach to gain an understanding of the attribute of confidence in and for the practice of midwifery.

With your permission I propose to conduct a series of interviews with three volunteer midwives employed at the ..... These midwives would be classified as 'experienced' by virtue of being employed in the one position for at least three years. I would like to examine their concept of confidence in an effort to understand the very essence of confidence as it relates to midwifery practice.

Informed consent and confidentiality are considered vital components of this investigation and I will be following guidelines set down by the Human Research and Ethics Committee of the university of South Australia in these matters. These guidelines have been provided in the Information Booklet for this research project and I have attached a copy of them for your information.

I propose that the actual research interivew process will take place in July and August 1996 and that the final draft of my minor theses will be available for examination by mid November 1996.

The Human Research and Ethics Committee of the University of South Australia requires me to provide documentary proof of my employers consent for this investigation to be undertaken as part of my formal research proposal.

I am happy to meet with you and discuss any questions you may have concerning this project. Thank you for your consideration of this request.

Yours sincerely,

Gloria Buck
28/3/96

APPENDIX 2

Copy of letter of permission to undertake research

2 April, 1996

Ms. G. Buck
Clinical Nurse
Maternity Unit

Dear Gloria

Re:- Research for Masters Thesis

Thank you for your letter dated 28 March 1996 in which you outline your research proposal for your thesis.

Approval is granted for you to undertake this research on the basis that you obtain consent as outlined in your letter of request.

I trust that you find the results of your research both interesting and rewarding. If I can be of further assistance please do not hesitate in asking.

Yours sincerely

Director of Nursing

UNIVERSITY OF SOUTH AUSTRALIA

HUMAN RESEARCH ETHICS COMMITTEE

RESEARCH OFFICE

Telephone: (08) 302 3247, 302 3956
Facsimile: (08) 302 3997

Warrendi Road
The Levels
South Australia
5095

Telephone
(08) 302 6611
Facsimile
(08) 302 3390

APPENDIX 3

21 June 1996

Letter of approval from the HREC

Ms Trudy Rudge
Ms Gloria Buck
Nursing
Salisbury Campus

Dear Ms Rudge and Ms Buck,

P84/96
'An inquiry into the concept of confidence for experienced medwives'

Thank-you for submitting the above protocol, which was considered at a meeting of the Human Research Ethics Committee on 17 June 1996.

The Committee raised the following:

- that the present title did not fully reflect the nature of the study and recommended it be amended to:

  "An inquiry into the *perception of self confidence* in midwives"

- that the recruitment advertisement does not mention the University's involvement which could be misleading.

I am pleased to inform you that approval for the above project was recommended, subject to the above concerns being addressed.

All amendments must be submitted to the **Executive Officer HREC at the Office of Research, Levels Campus** within 30 days of receipt of this letter.

Please note that Consent Forms and Information Sheets are to have a University/School header. In addition, Information Sheets require the name of the Chair as an alternative person who is available to discuss the research with the participant if required, and should read Mr John Hepworth, telephone (08) 302-3965, fax (08) 302-3737.

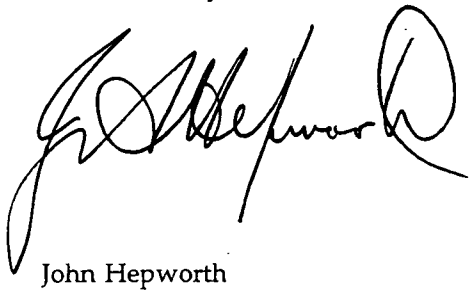
Human Research Ethics Approval is conditional upon the following:

- This approval is for a period of one year only. An **extension of approval** must be made annually.
- Human Research Ethics Committee must approve the content and placement of **advertisements** for the recruitment of volunteers.

- The Committee must be notified and approve of **any changes** to the original protocol (eg, additional procedures, modification of drug dosage, changes to inclusion or withdrawal criteria, changes in mode and content of advertising), **particularly if these changes involve human subjects.**
- A Project Completion report must be made to the Human Research Ethics Committee, within three months of completing the project.
- All confidential information must be stored securely by the School conducting the study for 7 **years.**
- The safe and ethical conduct of a study is entirely the responsibility of the **investigators.** While the Committee takes care to review and give advice on the conduct of research, approval by the Committee is not an absolute confirmation of safety, nor does approval alter in any way the duties, obligations and responsibilities of investigators. It is the duty of the Chief Investigator to notify the Committee should there be a change in the base for a decision made by the Committee.

Please contact me if you have any questions.

Yours sincerely,

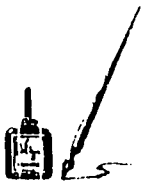


John Hepworth
Chair, Human Research Ethics Committee

Information Session Poster

THE UNIVERSITY OF SOUTH AUSTRALIA - FACULTY OF NURSING

INFORMATION SESSION



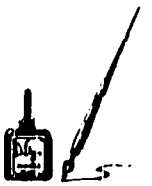
PLEASE JOIN GLORIA BUCK

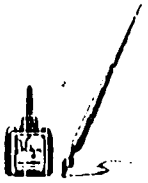
ON MONDAY 8 / 7 / 96

AT 2.30P.M.

IN THE MATERNITY UNIT OFFICE

TO HEAR ABOUT AN EXCITING RESEARCH PROPOSAL





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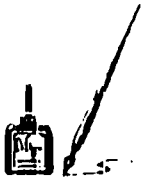
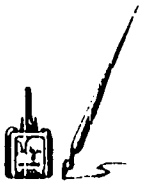
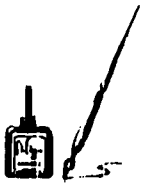


PARTICIPATION IN THE RESEARCH PROJECT
IS COMPLETELY VOLUNTARY

AFTERNOON TEA SUPPLIED



APOLOGIES PH. GLORIA BUCK 242398



APPENDIX 5

PROJECT INFORMATION SHEET

UNIVERSITY OF SOUTH AUSTRALIA

FACULTY OF NURSING UNDERDALE CAMPUS

AN INQUIRY INTO THE PERCEPTION OF CONFIDENCE FOR EXPERIENCED MIDWIVES

Researcher: Gloria Buck. Registered Midwife. BN.

Supervisor: Trudy Rudge,
Senior Lecturer,
School of Nursing Studies,
University of South Australia, Salisbury Campus.
Phone 08 3025256.

Chair of the Human Research and Ethics Committee
University of South Australia.

John Hepworth 08 3023965.

I propose to undertake a research study concerning the attribute of confidence in a small group of midwives. It is NOT research into who is confident or who is not, and I am not interested in discussing competence, they are two very different attributes.

I view the topic of confidence as extremely important, it is rarely considered professionally in a serious manner, Until we understand the nature of confidence how can we encourage confidence in another, or, even consider whether confidence as a professional to be an important attribute.

Very little is written about confidence in nursing in literature and I have been unable to find anything concerning midwifery confidence in particular. Harsh economic times, altered staff patient ratios, rural isolation and shift work isolation have prompted my interest in professional confidence and I would like to know more about the various aspects of this attribute.

For this study I will be using a Phenomenological approach and this involves conducting a series of interviews with people considering their feelings and opinions regarding, in this case, confidence. Phenomenological research seeks to yield a deeper understanding of concepts, it is neither measurable of quantifiable but results in explanation and acceptance of circumstance and opinion.

I am seeking the voluntary assistance of (a) three midwives and, (b) who have been employed a midwives for the equivalent of three years full time since registration preferably in the one situation. These criteria have been chosen because (a) the

limited time span available in which to conduct the research and, (b) the richness of experience obtained over that three years.

This research has an ongoing nature and will involve 2 or 3 interviews with each volunteer over approximately a 6 week period during July and August 1996. It is envisaged that the cumulative interview time for each participant will be a maximum of 2 hours. All interviews will be conducted individually and privately. Each interview will be taped, transcribed and then examined for similar themes, topics, feelings, concerns or opinions.

This project will not take place until approval has been granted by the Human Research and Ethics Committee of the University of South Australia and Director of Nursing, Hospital.

Documentary evidence of informed consent is required from each participant and this will follow guidelines set down by the Human research and ethics Committee.

Confidentiality of information is guaranteed. All material will be maintained in a secure place. Transcription of the interviews will be outsourced and done by a person who has signed a document guaranteeing confidentiality of the contents. Each participant will be given a copy of their own tape and transcript to check for authenticity and to comment upon. My supervisor may require access to the tapes and transcripts. All tapes, transcripts and the final document produced will be stored securely by the University for 7 years. There will be no identifying statements in the final document presented for examination. All or parts of this document may be offered for publication in an appropriate journal and used as a basis for a presentation at a midwifery forum.

There will be no payment offered to any participant. As the project commences, and for the duration, each participant will be requested not to discuss the project with other participants or fellow employees.

No harm is intended in the conduct of this research, emotional or professional, and any information divulged as 'secret' or 'private' will only be included in the final draft following further discussion with, and the consent of, the particular participant.

I am happy to meet with prospective volunteers and answer any questions that you may have individually.

Thank you for your time and consideration of this project.

APPENDIX 6

UNIVERSITY OF SOUTH AUSTRALIA

FACULTY OF NURSING UNDERDALE CAMPUS

PROJECT CONSENT FORM

Project Title: An Inquiry Into The Perception Of Confidence For Experienced Midwives

Researcher: Gloria Buck. Registered Midwife. BN.

Supervisor: Trudy Rudge. Senior Lecturer, School of Nursing Studies.
Salisbury Campus.
University of South Australia.
Phone 08 3025256.

1. I have read the Information Sheet and the nature and purpose of the research has been explained to me. I understand and agree to take part.

2. I understand that I may not directly benefit from taking part in the study.

3. I understand that while information gained during the study may be published, will not be identified and my personal results will remain confidential.

4. I understand that I can withdraw from the study at any stage and that this will not affect my status now or in the future.

5. I understand that all data will become property of the University of South Australia and will be held securely there for seven years.

6. I have had the opportunity to discuss taking part in this study with a family member or friend and that my involvement is voluntary.

7. I confirm that I am over 18 years of age.

Name of Subject (Participant).....

Signed.....

Date.....

I certify that I have explained the study to this volunteer and that she understands what is involved.

Signed.....

APPENDIX 7

UNIVERSITY OF SOUTH AUSTRALIA

FACULTY OF NURSING UNDERDALE CAMPUS

CONFIDENTIALITY AGREEMENT

Project Title: An Inquiry Into The Perception Of Confidence For Experienced Midwives

Researcher: Gloria Buck. Registered Midwife. BN.

Supervisor: Trudy Rudge.
Phone 08 3025256.

I....., a Lecturer of the College of TAFE, Mount Gambier, agree to transcribe the audio tapes of interviews conducted by Gloria Buck. The importance of confidentiality of all the contents of the audio tapes has been explained to me.

I will protect all data produced from unauthorised access, use or dissemination.

I will maintain all data in a secure manner while it is in my possession.

I will return all tapes and transcripts in their entirety to Gloria Buck.

Signed.....

Name.....

Date.....

I certify that I have explained to.....all aspects concerning confidentiality considering the care of the audio tapes and transcripts and that she understands what is involved.

Signed.....

APPENDIX 8 Sample of the interview transcripts

Interview 1 continued [GB = interviewer, P1 = participant one]

[P1] confident. If I'm in an areawhere for some reason I'm notfeeling confident I tend to be more on edge, more worried, um, get concerned that, that you're not doing the right thing um, and if you're feeling confident that sort of bouys you and you feel that you can, you can deal with most, most situations, particularly with um, perhaps um, the personal side of things, with, with the mother and the relations, or, or the father, etc. Um, I don't know whether I can expand on that much more, I might come back to that one.

GB: OK, then, thanks, and um, well the next question actually follows on from that one and it's what do you think um, is the meaning of this experience of confidence for you. Um, do you think it has any special meaning in any way. We'll just stop the tape so we can think about this for a while.

P1: So the experience of confidence, the meaning. Um, to, to me confidence does come with experience and once you've dealt with a situation that is a bit out of the ordinary, um, which happens continuously in nursing, each time, that just adds to your confidence and that you know um, that you've been there and done it before, and you, you know what to look for and how to cope with it and that adds to you, your feeling of confidence which I think other people um, around then, if your're confident and appear to be happy in what you're doing that, then the mother feels much safer and that she's in confident hands and also any other people around, and it, it seems to be catching if, no matter what the situation is, if the people handling it appear to be quite happy in what they're doing and confident that tends to rub off on everyone else making it a less traumatic

(Taken from page 3)

APPENDIX 9

Sample of significant statements

[concerning knowledge and experience]

SS 103.3.3,4 ...with the value of hindsight, I probably would have done things differently, and I guess, you always learn from those experiences and your confidence must develop from those experiences..

SS 104.3.4 ...in my previous experience that... I've had to work on my confidence myself

SS 105.3.4,5 I know ther're situations now that I deal with, that um, I sit back and think, I'll just wait, I'll just sit on this, whereas before I probably would have um, um, panicked.

SS 106.3.9 ...with situations that I've worked in different levels...I've been able to develop self confidence as a...different rate and in different circumstance.

SS 107.3.12 I've had those years of experience that um, has got me to the stage where I am now.

SS 114.1.1 ...something different...then you might be on your own and you think back of everything that you have learned.

SS129.3.11 ...confidence level...relate to experience and the support they receive as they begin [student midwives].

SS 130.3.12 ...nurture these students...develop their self confidence to a level that they will always want to be a midwife.

SS 131.3.13 ...nurturing people and developing their self confidence is really important to me.

SS 132.3.13 ...[of the midwife in Qld who committed suicide]...how was she nurtured, was her self confidence being developed...could she not recognise she was being stifled...she probably needed...to develop um, her um, skills and her um, um, self confidence in another area.

SS 133.3.13 [of the same example]...was she guided the right way...over encouraged...couldn't handle what she was faced with

Significant statements concerning life issues

SS 108.1.5. ...the more experienced with just general life issues, your confidence in yourself becomes greater.

SS 109.1.5 ...Your whole life experience...contributes to yur confidence

SS 110.2.5 ...I mean at home I have been sort of put down for so many years in not being able to do things that you know, to come to

From page 8

APPENDIX 10 Sample of coding and interpretive analysis

CODE

Stress
Experience
Behaviours
Life Issues

Interview 1 continued [GB = interviewer P1 = participant 1]

[P1] but um, content that, that things are, are progressing as they should um, and not, and not becoming flustered and sort of looking worried and concerned about what's happening. If you're in control, um, er, sort of good body language that everything is actually going OK that seems to rub off on other people as well, and its confidence is sort of a catching thing if everyone seems like they're OK it will go round. Whereas opposed to when people aren't confident and start sort of looking worried and wringing their hands, that, that seems to be catching as well and more inexperienced people then start to become concerned, you know, that things are, are getting out of control. Does that answer what you...?

outward signs of stress - emotion

communicating through general presencing of self
MENTORSHIP - encouragement

creating impressions + setting examples of behaviours important

GB; That's really good. Now i'd like to get back to yourself and your own inner feelings about confidence. Are you actually saying that knowledge of, of and about situations and previous experience actually help to boost your self confidence, that you can er, cope quite capably with situations.

P1; Yeh, um, I think that for me personally I think experience, um, as, as I become more experienced I become more confident um, not only, not only, I think that goes with, with everything in life, not, not just, just medical, as you become more experienced with just general life issues your confidence in yourself becomes greater and your confidence in your ability to make decisions um, increases, so I don't mean experience just in related to work. I think you, your whole life experience, um it its part contributes to your confidence in yourself which, which again gives you confidence at work as well, so I'd say for me probably experience is a big part of

experience is the basis of confidence

maturity in life issues in general adds to feelings of confidence

in this respect (self confidence) life & work are inseparable they are so interwoven that they can't be divided.

Taken from Page 5