Theory Development

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Celebes Nursing Journal

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The Curiosity–Courage–Confidence (3C) Theory of Professional Growth in Nursing: A Conceptually Derived, Practice-Informed Middle-Range Theory

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Article Info:
https://doi.org/10.70848/cnj.v3i2.93
pISSN 3063-9247
eISSN 3063-9255

Article History:
Received: December 20th, 2025
Revised: July 8th, 2026
Accepted: July 10th, 2026

Abstract

Introduction: Continuous professional growth is essential for nurses to maintain competence, promote patient safety, and respond effectively to increasingly complex healthcare demands. Although established nursing and educational theories explain the development of clinical competence, experiential learning, caring practice, and self-efficacy, they do not explicitly integrate the psychological mechanisms that initiate and sustain nurses' professional growth. Objective: This article presents the Curiosity–Courage–Confidence (3C) Theory of Professional Growth in Nursing, a conceptually derived, practice-informed middle-range theory that explains the psychological processes underlying nurses' continuous professional growth. Methods: The theory was developed using Walker and Avant's theory synthesis and theory derivation strategies. The development process incorporated a structured literature review, concept analysis, conceptual integration, and practice-informed observations. Established perspectives from nursing, psychology, and experiential learning informed the construction of the theoretical framework. Results: The resulting theory comprises three interrelated constructs: curiosity, which initiates knowledge-seeking and lifelong learning; courage, which enables nurses to apply knowledge despite uncertainty or perceived risk; and confidence, which develops through successful experiences and reinforces professional engagement, autonomous clinical judgment, and leadership. These constructs operate within a continuous, self-reinforcing cycle influenced by organizational and environmental conditions. Conclusion: The 3C Theory provides a theoretically grounded and practice-informed framework for understanding the psychological processes that support nurses' professional growth. It offers potential applications in nursing education, clinical practice, leadership development, and future empirical research.

Keywords:
Confidence, Courage, Curiosity, Middle-Range Theory, Nursing, Professional Growth

INTRODUCTION

Nurses play a central role in delivering safe, high-quality, and evidence-based care across diverse healthcare settings (World Health Organization [WHO], 2020). As healthcare systems become increasingly complex, nurses are expected to strengthen their clinical judgment, engage in lifelong learning, demonstrate leadership, collaborate across disciplines, and integrate evidence into practice (American Nurses Association [ANA], 2021; Björk et al., 2026; Yang & Song, 2026; Zipp et al., 2026). Continuous professional growth is therefore essential for maintaining competence, promoting patient safety, and responding effectively to evolving healthcare needs (Fater & Ready, 2011; Graebe, 2024).

Professional growth extends beyond career promotion or advancement. It is a continuous process through which nurses develop clinical competence, professional identity, leadership capacity, and evidence-based practice through lifelong learning, continuing professional development, mentorship, reflective practice, and organizational support (Amir et al., 2024; Avery et al., 2022; Kallio et al., 2024). This process contributes not only to professional fulfillment but also to workforce engagement, adaptability, patient safety, and the quality of healthcare delivery (Amir et al., 2024; Matandela et al., 2026).

Professional growth is influenced by both individual and organizational conditions. Fear of making errors, excessive workloads, limited mentorship, insufficient career development opportunities, and unsupportive workplace cultures may discourage nurses from pursuing professional development or applying newly acquired knowledge in practice (Alshammari et al., 2024; Cummings et al., 2018; Kallio et al., 2024; Maslach & Leiter, 2016). Conversely, supportive leadership, psychological safety, mentorship, collaborative practice environments, and access to continuing professional development can promote sustained learning and professional engagement (Cummings et al., 2018; Graebe, 2024; Kallio et al., 2024). Professional growth therefore depends not only on the acquisition of knowledge and skills but also on the psychological and environmental conditions that enable nurses to translate learning into professional action.

Existing nursing, psychological, and educational theories provide important explanations of competence development, experiential learning, and self-efficacy. Benner's Novice-to-Expert Theory explains the progressive development of clinical competence through experience, whereas Kolb's Experiential Learning Theory describes learning as a cycle of experience, reflection, conceptualization, and application (Benner, 1984; Kolb, 1984). Bandura's Social Cognitive Theory and theory of self-efficacy explain how personal beliefs, behavior, and environmental factors interact to influence performance and persistence (Bandura, 1986, 1997). However, these perspectives do not explicitly integrate curiosity, courage, and confidence into a recursive, nursing-specific explanation of how professional growth is initiated, translated into action, and sustained over time.

The Curiosity–Courage–Confidence (3C) Theory of Professional Growth in Nursing addresses this conceptual gap by proposing three interdependent psychological constructs. Curiosity initiates the pursuit of knowledge and recognition of learning needs. Courage enables nurses to apply knowledge despite uncertainty, perceived risk, or fear of criticism. Confidence develops through successful experiences and reflective practice, reinforcing professional competence, autonomy, leadership, and continued learning. These constructs operate within a continuous and self-reinforcing cycle in which confidence stimulates renewed curiosity, thereby sustaining professional growth. The theory also recognizes that supportive leadership, mentorship, and learning opportunities may facilitate this cycle, whereas fear, excessive workloads, limited resources, and unsupportive organizational environments may interrupt it.

This article presents the 3C Theory of Professional Growth in Nursing as a conceptually derived, practice-informed middle-range theory developed using Walker and Avant's theory development strategies. It describes the theory's conceptual foundations, core constructs, assumptions, propositions, empirical referents, relationship with the nursing metaparadigm, and potential applications in nursing education, clinical practice, leadership, and future research.

METHODS

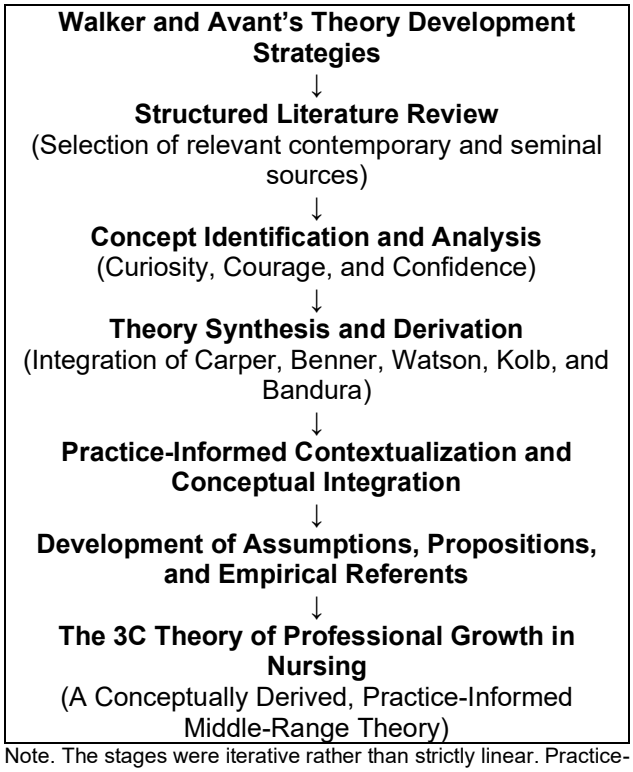
1. Theory Development Design

The 3C Theory of Professional Growth in Nursing was developed as a conceptually derived, practice-informed middle-range nursing theory using Walker and Avant's (2019) theory synthesis and theory derivation strategies. The development process incorporated a structured literature review, concept analysis, theory synthesis and derivation, practice-informed contextualization, conceptual integration, and theoretical evaluation. Fawcett and DeSanto-Madeya's (2013) criteria were additionally used to guide the evaluation of the theory's structure and coherence. This combined approach was selected to synthesize existing theoretical and empirical knowledge into a nursing-specific framework explaining the psychological processes that initiate and sustain nurses' professional growth.

2. Theory Development Process

The development of the 3C Theory involved five interconnected stages: (1) identification and selection of relevant literature; (2) analysis of the concepts of curiosity, courage, and confidence; (3) theory synthesis and derivation; (4) practice-informed

contextualization and conceptual integration; and (5) development and theoretical evaluation of the assumptions, propositions, and empirical referents. Although presented sequentially, these stages were iterative, with definitions and theoretical relationships repeatedly reviewed and refined throughout the development process. The overall process is summarized in Figure 1.



Note. The stages were iterative rather than strictly linear. Practice-informed observations were used solely to contextualize and refine the proposed theoretical relationships and were not treated as empirical data.

Figure 1. Theory Development Process of the Curiosity–Courage–Confidence (3C) Theory of Professional Growth in Nursing

3. Identification and Selection of Literature

A structured literature review was undertaken to identify theoretical and empirical sources relevant to professional growth, continuing professional development, lifelong learning, clinical competence, professional identity, curiosity, courage, confidence, self-efficacy, mentorship, leadership, and the nursing work environment. Electronic searches were conducted in PubMed, CINAHL Complete, Scopus, Web of Science Core Collection, and ScienceDirect, with the final structured search completed in October 2025. Reference lists of relevant publications were also examined to identify additional seminal theoretical and empirical sources. Selected recent publications identified during manuscript revision were considered to ensure that the theoretical discussion reflected contemporary nursing literature.

Search concepts included combinations of nurse, nursing, professional growth, professional development, continuing professional development, lifelong learning, clinical competence, professional identity, curiosity, professional courage, moral courage, confidence, self-efficacy, mentorship, leadership, and work environment. Search terms and combinations were adapted to the indexing requirements of each database.

No publication-year restriction was applied because the theory development process required the inclusion of both seminal theoretical works and contemporary empirical evidence. Seminal publications were retained regardless of their year of publication when they provided foundational definitions or theoretical relationships relevant to the proposed framework. Only English-language sources were included to support consistent interpretation and conceptual comparison during the theory synthesis. The potential exclusion of relevant literature published in other languages was recognized as a limitation of the review.

Peer-reviewed empirical studies, theoretical articles, literature reviews, professional standards, and seminal theoretical works were considered for inclusion. Sources were eligible when they addressed at least one of the three central constructs or contributed to an explanation of professional growth, competence development, experiential learning, self-efficacy, professional identity, leadership, mentorship, or organizational support in nursing. Publications were excluded when they did not address the conceptual focus of the theory, provided insufficient information for conceptual analysis, duplicated information reported in another publication, or were unavailable in full text.

Following screening and assessment of conceptual relevance, selected peer-reviewed publications, professional sources, and seminal theoretical works were retained to inform the concept analysis, theory synthesis, and theory derivation processes. Sources were retained based on their relevance to the central constructs, their contribution to explaining professional growth in nursing, and their ability to support the proposed theoretical relationships.

The retained sources were examined for their conceptual relevance, clarity of definitions, contribution to theory development, and consistency with the proposed relationships among curiosity, courage, confidence, and professional growth. Because the review was undertaken to support theory development rather than determine intervention effectiveness or estimate pooled outcomes, the literature was analyzed through conceptual synthesis rather than meta-analysis. A formal methodological quality appraisal was not conducted because the sources were selected primarily for their conceptual and theoretical contributions rather than for estimating intervention effects or synthesizing empirical outcomes. This decision is acknowledged as a potential source of selection and interpretive bias.

4. Concept Analysis

Concept analysis was undertaken to clarify the meanings, defining characteristics, conceptual boundaries, and potential empirical referents of curiosity, courage, and confidence. The uses of each concept across nursing, psychology, education, and professional development literature were compared to establish their relevance to professional growth in nursing.

Curiosity was examined in relation to knowledge seeking, inquiry, reflection, openness to learning, and recognition of knowledge gaps. Courage was examined in relation to responsible professional action, uncertainty, perceived risk, advocacy, and willingness to apply knowledge. Confidence was examined in relation to self-efficacy, perceived competence, professional autonomy, clinical judgment, leadership, and sustained professional engagement. The analysis distinguished curiosity as the initiating motivation for learning, courage as the mechanism that enables knowledge to be translated into responsible professional action, and confidence as a reinforcing construct that develops through successful experiences and reflective practice.

5. Theory Synthesis and Derivation

Theory synthesis was used to integrate relationships identified across nursing, psychological, and educational perspectives. Theory derivation was subsequently used to adapt relevant concepts and theoretical relationships to the context of professional growth in nursing.

Carper's patterns of knowing informed the theory's understanding of professional knowledge as empirical, ethical, personal, and aesthetic (Carper, 1978). Benner's Novice-to-Expert Theory informed the progressive development of competence through clinical experience (Benner, 1984). Watson's Human Caring Theory contributed a professional and relational orientation in which competence and professional growth remain connected to caring practice (Watson, 2008). Kolb's Experiential Learning Theory informed the cyclical relationship among experience, reflection, conceptualization, and application (Kolb, 1984). Bandura's Social Cognitive Theory and theory of self-efficacy informed the proposed relationships among personal beliefs, behavior, environmental conditions, mastery experiences, and confidence (Bandura, 1986, 1997).

These perspectives were not treated as interchangeable or combined in their entirety. Instead, relevant concepts and relationships were selectively synthesized and adapted to explain how curiosity initiates learning, courage enables the application of knowledge, and confidence develops through successful professional experiences. The resulting relationships were organized into the proposed 3C cycle while preserving the conceptual identity of the new theory.

6. Practice-Informed Contextualization

Practice-informed observations drawn from recurring experiences in clinical nursing and nursing education were used to contextualize and refine the proposed theoretical relationships. These observations reflected professional situations in which nurses working under comparable organizational and educational conditions demonstrated different patterns of learning, knowledge application, confidence, and professional engagement.

The observations were not systematically collected, recorded, coded, or analyzed as qualitative data. No participant narratives, clinical records, identifiable personal information, or individual cases were used. The observations therefore served only as contextual and sensitizing knowledge that strengthened the practical relevance of the theoretical framework. They were not treated as empirical evidence or research findings. For this reason, the resulting theory is described as practice-informed, rather than practice-derived.

7. Conceptual Integration and Development of Propositions

Following the literature review and concept analysis, the three core constructs were integrated through an iterative process of conceptual mapping, logical reasoning, theory synthesis, and theory derivation. Definitions and theoretical relationships were repeatedly examined to ensure that curiosity, courage, and confidence remained conceptually distinct while contributing to the overall explanatory structure.

The integration process resulted in a cyclical framework in which curiosity stimulates learning, courage facilitates the application of knowledge, and confidence develops through successful experiences and reflective practice. Confidence subsequently reinforces renewed curiosity, thereby sustaining professional growth. Organizational and environmental conditions were incorporated as factors that may facilitate or interrupt progression through the cycle.

The final stage involved developing the theory's assumptions, propositions, empirical referents, and relationship with the nursing metaparadigm. These components were aligned with the definitions and proposed relationships among curiosity, courage, confidence, professional growth, and quality nursing care.

8. Methodological Rigor and Theoretical Evaluation

Methodological rigor was supported through attention to conceptual clarity, logical coherence, internal consistency, parsimony, practical relevance, and empirical testability. The theoretical evaluation was informed by Fawcett and DeSanto-Madeya's (2013) criteria concerning theoretical significance, internal consistency, parsimony, testability, and pragmatic adequacy.

An iterative refinement process was used to examine the alignment among the conceptual definitions, assumptions, propositions, empirical

referents, and overall theoretical structure. The definitions of curiosity, courage, confidence, and professional growth were reviewed to minimize conceptual overlap, while the propositions were examined for logical consistency and potential testability. Empirical adequacy could not yet be established because the theory has not undergone formal expert validation or empirical testing. Further research is therefore required to evaluate its conceptual distinctiveness, explanatory capacity, and applicability across nursing populations and healthcare settings.

9. Research Ethics

This theory development study was based on published literature and non-systematic professional reflection. It did not involve human participants, primary data collection, clinical records, identifiable personal information, or the systematic analysis of individual professional experiences. Therefore, institutional ethics approval and informed consent were not required.

Ethical standards for scholarly work were maintained through accurate representation of the literature, appropriate attribution of original ideas, transparent reporting of the theory development process, and adherence to the principles of academic integrity.

RESULTS

1. Overview of the Proposed Theory

The 3C Theory of Professional Growth in Nursing is a conceptually derived, practice-informed middle-range nursing theory. It explains professional growth as a continuous developmental process driven by the interaction of three core psychological constructs: curiosity, courage, and confidence. Together, these constructs form a dynamic and self-reinforcing cycle that is proposed to support lifelong learning, professional competence, autonomy, leadership, and engagement in high-quality nursing practice.

The theory is classified as a middle-range theory because it addresses a defined nursing phenomenon through a limited number of conceptually distinct constructs and testable propositions. Its level of abstraction is narrower than that of a grand nursing theory while remaining sufficiently broad for application across nursing education, clinical practice, mentorship, and leadership contexts.

The theory proposes that professional growth does not occur solely through the accumulation of clinical experience or knowledge. Instead, growth emerges when nurses are motivated to seek knowledge, willing to translate that knowledge into action, and able to develop confidence through successful experiences and reflective practice. This process is influenced by organizational and environmental conditions that may either facilitate or interrupt progression through the cycle.

2. Core Constructs of the 3C Theory

2.1 Curiosity

Curiosity refers to a nurse's intrinsic motivation to recognize knowledge gaps, ask meaningful questions, seek information, explore alternative explanations, and identify evidence-based approaches to clinical practice. It functions as the initiating force within the 3C cycle by stimulating inquiry, reflection, knowledge seeking, and openness to learning.

Within the proposed theory, curiosity involves more than a general interest in acquiring information. It represents a professionally directed desire to understand clinical situations, improve practice, and respond to emerging healthcare needs. Curiosity encourages nurses to engage in continuing professional development, examine existing practices, and remain receptive to new evidence and perspectives.

2.2 Courage

Courage refers to a nurse's professional willingness to translate knowledge into action despite uncertainty, perceived risk, fear of criticism, or the possibility of making an error. It serves as the connecting mechanism between knowledge acquisition and knowledge application.

Within the 3C cycle, courage enables nurses to question established practices, advocate for patient safety, communicate professional concerns, accept challenging responsibilities, and implement evidence-informed actions. Courage does not imply acting without caution or disregarding professional standards. Rather, it involves responsible action based on available knowledge, ethical judgment, clinical reasoning, and awareness of potential consequences.

2.3 Confidence

Confidence refers to an internalized sense of professional capability that develops through successful experiences, constructive feedback, reflective practice, and the progressive mastery of clinical responsibilities. It reinforces nurses' willingness to exercise autonomous clinical judgment, assume leadership responsibilities, participate in professional decision-making, and remain engaged in lifelong learning.

Confidence is conceptually related to self-efficacy but is applied specifically within the theory to nurses' perceived capacity to perform professional roles and respond effectively to clinical challenges. Confidence is not treated as a fixed personal trait. It may strengthen through mastery experiences and organizational support or weaken when nurses experience persistent barriers, repeated negative feedback, or psychologically unsafe working environments.

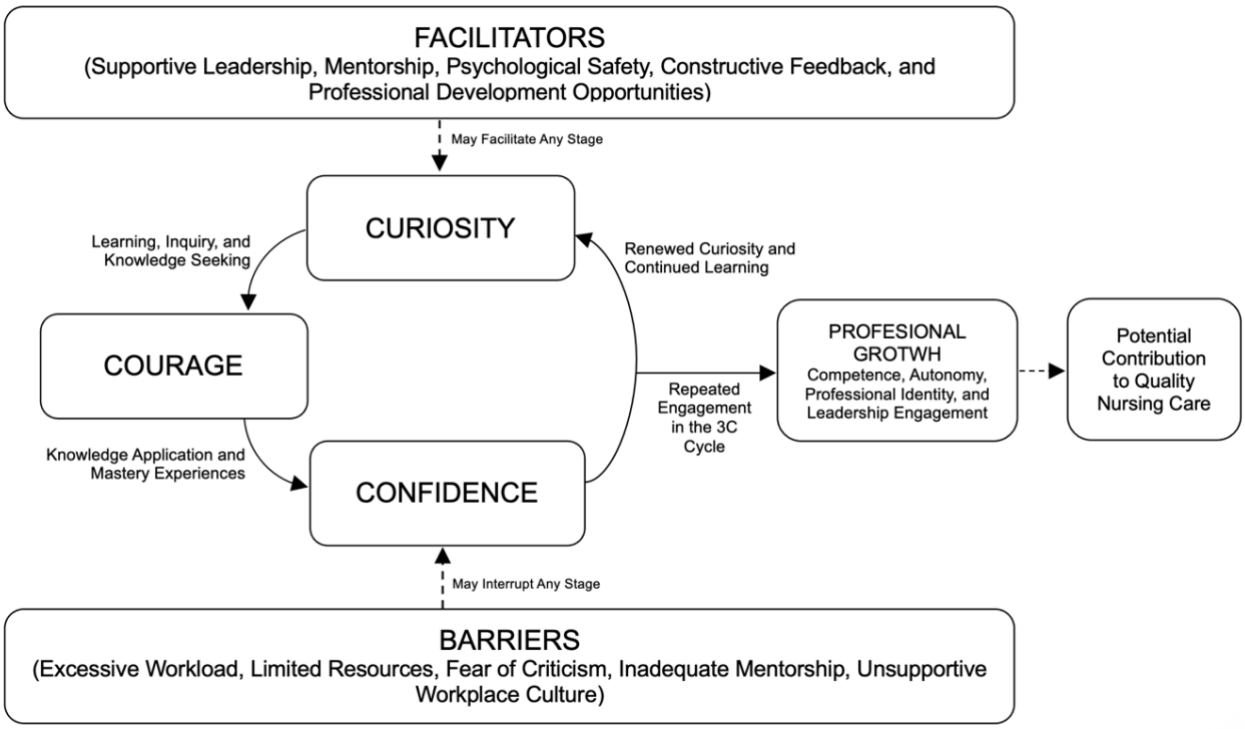
2.4 Professional Growth

Professional growth refers to the continuous and context-dependent development of nurses' clinical competence, professional identity, autonomy, leadership capacity, and engagement in evidence-informed practice. It occurs through repeated participation in learning, responsible application of knowledge, reflection on professional experiences, and interaction with organizational and educational conditions that may facilitate or hinder development. Within the 3C Theory, professional growth is not equated solely with career advancement, promotion, seniority, or years of clinical experience. Rather, it represents an ongoing developmental process supported by repeated engagement in the curiosity–courage–confidence cycle.

As nurses recognize knowledge gaps, apply acquired knowledge responsibly despite uncertainty, and develop appropriately calibrated confidence through mastery experiences, constructive feedback, and reflection, they may become more prepared to exercise professional judgment, assume increasingly complex responsibilities, participate in leadership, and sustain lifelong learning. Professional growth is therefore conceptualized as a potential developmental outcome of the 3C cycle. However, the proposed relationships among the three constructs and professional growth require future empirical testing.

3. Dynamic Relationships and Contextual Conditions

The 3C Theory proposes a continuous cycle in which curiosity initiates learning, courage enables the responsible application of acquired knowledge, and confidence develops through successful professional action and reflection. Confidence subsequently reinforces renewed curiosity and continued learning. Repeated engagement in this cycle is proposed to support professional growth, including the development of competence, autonomy, professional identity, and leadership engagement. Professional growth may, in turn, contribute to quality nursing care, although this relationship remains theoretical and requires empirical testing.



Note. Solid arrows represent the proposed relationships within the curiosity–courage–confidence cycle and its relationship with professional growth. Dashed arrows represent contextual influences and the potential contribution of professional growth to quality nursing care. Facilitators and barriers may influence any stage of the cycle. All proposed relationships require empirical testing.

Figure 2. Conceptual Model of the Curiosity–Courage–Confidence (3C) Theory of Professional Growth in Nursing

The theory further recognizes that progression through the cycle is influenced by organizational, educational, and professional conditions. Supportive leadership, mentorship, constructive feedback, psychological safety, adequate learning opportunities, and access to continuing professional development may facilitate progression. Conversely, excessive workloads, limited resources, fear of criticism, punitive workplace cultures, and inadequate mentorship may delay or interrupt the transition from curiosity to action and from action to confidence.

When these barriers persist, the cycle may become interrupted, resulting in what the theory describes as a broken cycle. An interrupted cycle does not indicate a permanent inability to grow. Progression may resume when barriers are reduced

and appropriate educational, organizational, or professional support becomes available. The proposed relationships are illustrated in Figure 2.

4. Theoretical Foundations and Distinctive Contribution

The 3C Theory draws on established nursing, psychological, and educational perspectives while providing a distinct explanation of the psychological processes underlying nurses' professional growth. The proposed theory does not replace these perspectives but organizes selected concepts into a nursing-specific and cyclical framework.

Consistent with Bandura's Social Cognitive Theory, confidence is influenced by mastery experiences, behavior, personal beliefs, and environmental conditions (Bandura, 1986, 1997). However, the 3C Theory differs in its emphasis on courage as the proposed mechanism through which acquired knowledge is translated into professional action. It proposes that nurses may need to act responsibly despite uncertainty before confidence can develop through successful experiences. This relationship remains a theoretical proposition requiring empirical examination.

Benner's Novice-to-Expert Theory describes the progressive development of clinical competence through experience (Benner, 1984). The 3C Theory complements this developmental perspective by proposing psychological mechanisms that may help explain why nurses with comparable education and clinical experience demonstrate different patterns of professional growth. Curiosity may influence their engagement in learning, courage may influence their willingness to apply knowledge, and confidence may reinforce continued professional participation.

Kolb's Experiential Learning Theory describes learning as a cycle involving experience, reflection, conceptualization, and application (Kolb, 1984). The 3C Theory incorporates this cyclical orientation while emphasizing the psychological conditions that support movement from learning to action. Curiosity promotes engagement with learning experiences, courage supports application, and confidence reinforces further learning and professional participation.

Carper's patterns of knowing provide a foundation for understanding professional nursing knowledge as empirical, ethical, personal, and aesthetic (Carper, 1978). The 3C Theory proposes that these forms of knowing may be progressively strengthened when nurses actively seek knowledge, apply professional judgment, reflect on experience, and develop confidence in their practice.

Watson's Human Caring Theory contributes a caring and relational orientation to the framework (Watson, 2008). Within the 3C Theory, professional growth is not pursued solely for individual advancement. It is directed toward strengthening nurses' capacity to provide ethical, compassionate, evidence-informed, and person-centered care.

The theory is also compatible with Dweck's concept of a growth mindset, which emphasizes the belief that abilities can be developed through effort, learning, and persistence (Dweck, 2006). The 3C Theory further specifies how a learning-oriented disposition may be translated into professional behavior through curiosity, courageous application, and confidence-building experiences.

The distinctive contribution of the 3C Theory lies in its integration of these constructs into a recursive nursing-specific framework. Rather than presenting professional growth as a fixed outcome or strictly linear progression, the theory conceptualizes it as an ongoing cycle that may be facilitated, interrupted, resumed, or repeated throughout a nurse's career.

5. Assumptions of the Theory

The 3C Theory is based on the following assumptions:

1) Nurses possess the capacity for lifelong learning and professional development.
2) Professional learning is dynamic and influenced by motivation, experience, reflection, and environmental conditions.
3) Curiosity initiates knowledge-seeking and learning behaviors.
4) Courage facilitates the translation of acquired knowledge into responsible professional action.
5) Confidence develops through successful professional experiences, reflective practice, constructive feedback, and progressive mastery.
6) Confidence reinforces nurses' willingness to pursue further learning and professional responsibilities.
7) Professional growth is influenced by interactions between individual agency and organizational context.
8) Organizational barriers may delay or interrupt progression through the cycle, whereas education, mentorship, supportive leadership, and psychological safety may facilitate its continuation.
9) Progression through the curiosity–courage–confidence cycle is dynamic and may be interrupted, repeated, or revisited according to individual, professional, and organizational circumstances.
10) Repeated engagement in the 3C cycle has the potential to support professional growth and contribute to high-quality nursing practice.

6. Empirical Referents

The constructs of curiosity, courage, confidence, and professional growth may be operationalized through observable behaviors and measurable indicators. These empirical referents provide an initial foundation for future instrument development and empirical testing of the proposed theory.

Curiosity may be reflected in information-seeking behavior, participation in continuing professional development, questioning of existing practices, reflective learning, engagement with research evidence, and willingness to explore

alternative clinical approaches. The Curiosity and Exploration Inventory-II may provide a starting point for examining this construct, although adaptation and psychometric evaluation would be required before its application within the specific context of professional nursing growth (Kashdan et al., 2009).

Courage may be reflected in nurses' willingness to communicate professional concerns, advocate for patient safety, question potentially unsafe practices, accept challenging responsibilities, and apply evidence despite uncertainty or perceived interpersonal risk. Existing literature on professional and moral courage in nursing provides relevant behavioral indicators, but these indicators should not be treated as a validated measure of the 3C construct without further psychometric testing (Lindh et al., 2010; Numminen et al., 2017).

Confidence may be reflected in perceived professional competence, autonomous clinical judgment, participation in decision-making, willingness to assume leadership responsibilities, mentoring behavior, and task-specific nursing self-efficacy. Because self-efficacy is context-specific, measurement approaches should correspond to the professional behavior, clinical task, or practice setting being examined (Bandura, 1997).

Professional growth may be reflected in sustained participation in continuing professional development, progressive competency attainment, evidence-based practice engagement, leadership participation, professional role development, mentorship activities, and increased responsibility within nursing practice.

Organizational context may be assessed through indicators of leadership support, mentorship availability, psychological safety, workload, access to learning opportunities, constructive feedback, and availability of professional development resources.

These referents are proposed indicators rather than validated components of a single measurement instrument. Future research is required to develop and test a theory-specific instrument capable of measuring the constructs and relationships proposed in the 3C Theory.

7. Theoretical Propositions

The 3C Theory generates the following propositions:

1) Higher levels of professional curiosity are associated with greater engagement in knowledge-seeking, reflective learning, and continuing professional development.
2) Courage facilitates the translation of acquired knowledge into responsible professional action despite uncertainty or perceived risk.
3) Successful knowledge application and mastery experiences strengthen professional confidence.
4) Greater professional confidence is associated with increased autonomy, clinical decision-making, leadership engagement, and willingness to pursue further learning.
5) Supportive leadership, mentorship, psychological safety, and access to learning opportunities facilitate progression through the 3C cycle.
6) Excessive workloads, limited resources, fear of criticism, inadequate mentorship, and unsupportive workplace cultures may interrupt progression through the cycle.
7) Confidence reinforces renewed curiosity, thereby supporting repeated engagement in learning and professional development.
8) Repeated engagement in the curiosity–courage–confidence cycle is expected to contribute to sustained professional growth.
9) Professional growth may contribute to higher-quality nursing practice; however, this relationship requires empirical testing before conclusions regarding patient outcomes can be established.

8. Relationship With the Nursing Metaparadigm

Within the 3C Theory, person is represented primarily by the nurse as an active learner and developing professional who possesses the capacity for reflection, responsible action, and continued growth. The theory recognizes that nurses differ in their experiences, motivations, learning needs, perceived capabilities, and responses to professional challenges.

Environment comprises the organizational, educational, interpersonal, and professional conditions that facilitate or hinder progression through the 3C cycle. These conditions include leadership, mentorship, psychological safety, workload, professional development opportunities, feedback, resources, workplace culture, and professional expectations.

Health refers primarily to the safety, well-being, and quality-related outcomes of individuals and populations receiving nursing care. The theory also recognizes nurses' professional well-being as an important contextual condition that may influence their capacity to engage in learning, responsible action, and sustained professional growth. Professional competence or confidence should not, by itself, be equated with health.

Nursing is expressed through the professional processes of inquiry, evidence-informed decision-making, ethical action, caring practice, advocacy, reflection, mentorship, leadership, and lifelong learning. Through these processes, the 3C cycle is proposed to support nurses' professional growth and their potential contribution to safe, compassionate, and high-quality care.

DISCUSSION

The 3C Theory conceptualizes professional growth as a continuous and context-dependent developmental process in which curiosity initiates learning, courage enables the responsible application of knowledge, and confidence develops through successful professional experiences and reflective

practice. Its central contribution is the proposed sequencing and recursive integration of these three constructs within a nursing-specific framework. Rather than treating professional growth as a direct consequence of education, years of experience, or competency attainment, the theory proposes psychological mechanisms that may help explain why nurses with comparable preparation and clinical exposure demonstrate different patterns of professional development. This proposition is particularly relevant as contemporary nursing roles increasingly require adaptability, evidence-informed judgment, leadership, and continued competency development (Björk et al., 2026; Matandela et al., 2026; Zipp et al., 2026).

Curiosity functions as the initiating construct because professional growth requires nurses to recognize limitations in their existing knowledge and remain willing to explore new evidence, perspectives, and approaches to care. Curiosity may be expressed through questioning, reflective learning, information seeking, and participation in continuing professional development. This conceptualization is consistent with research describing curiosity as a motivation for exploration and engagement with new experiences (Kashdan et al., 2009). It is also consistent with contemporary literature emphasizing that continuing professional development depends not only on educational availability but also on nurses' motivation, learning orientation, and willingness to remain professionally engaged (Amir et al., 2024; Graebe, 2024; Matandela et al., 2026). However, curiosity alone may not produce professional growth. Nurses may identify learning needs and acquire new knowledge without applying that knowledge when they perceive interpersonal, professional, or organizational risks.

Courage therefore occupies a central transitional position within the proposed framework. It represents the willingness to translate knowledge into responsible professional action despite uncertainty, fear of criticism, or perceived risk. Nursing literature has described courage as relevant to ethical practice, patient advocacy, professional responsibility, and action under difficult circumstances (Lindh et al., 2010; Numminen et al., 2017). Within the 3C Theory, courage is not equivalent to impulsive risk-taking or action beyond a nurse's competence or scope of practice. Courageous action must remain ethically grounded, evidence-informed, and consistent with professional standards (ANA, 2015). The theory consequently proposes that courage facilitates the transition from knowing to doing while recognizing that safe professional action still requires adequate knowledge, clinical judgment, collaboration, and awareness of contextual limitations.

Confidence develops through the experience of applying knowledge, receiving constructive feedback, reflecting on outcomes, and progressively mastering professional responsibilities. This relationship is consistent with Bandura's account of self-efficacy, in which mastery experiences and environmental feedback influence beliefs about personal capability (Bandura, 1986, 1997). The 3C Theory applies this principle to professional nursing growth by proposing that confidence reinforces autonomous clinical judgment, leadership engagement, and willingness to pursue additional learning. Nevertheless, confidence should not be interpreted as equivalent to objectively demonstrated competence. Confidence that is not calibrated through feedback, reflection, and performance evaluation may become overconfidence and could reduce further inquiry. Therefore, the construct is best understood as reflective and appropriately calibrated professional confidence rather than certainty in one's abilities.

The cyclical structure of the theory is compatible with experiential and developmental perspectives while retaining its distinct focus. Kolb (1984) described learning as an iterative process involving experience, reflection, conceptualization, and application, whereas Benner (1984) explained the progressive development of clinical competence through experience. The 3C Theory complements these perspectives by proposing the psychological processes that may support movement through learning and experience. Curiosity promotes engagement with learning, courage supports responsible application, and confidence reinforces continued professional participation. The model also aligns with a growth-oriented view of ability, in which learning and persistence contribute to continued development (Dweck, 2006). However, the feedback from confidence to renewed curiosity should not be assumed to occur automatically. Continued reflection, intellectual humility, and exposure to new professional challenges are likely necessary to prevent confidence from reducing further learning.

The theory also situates professional growth within nursing's disciplinary and caring foundations. Carper's patterns of knowing emphasize that professional nursing knowledge includes empirical, ethical, personal, and aesthetic dimensions (Carper, 1978). Within the 3C Theory, curiosity may stimulate engagement with these forms of knowing, while courage supports their application in clinical and professional situations. Watson's caring perspective further reinforces that professional development should not be pursued solely for individual achievement but should strengthen nurses' capacity to provide ethical, compassionate, and person-centered care (Watson, 2008). Professional growth is therefore conceptualized as both an individual developmental process and a means of strengthening nursing practice.

A further contribution of the theory is its explicit recognition of organizational context. Supportive leadership, mentorship, constructive feedback, psychological safety, and access to professional development opportunities may enable nurses to progress through the 3C cycle. Evidence concerning nurses' professional development and work environments similarly emphasizes the importance of leadership, organizational support, career planning, and accessible learning opportunities (Cummings et

al., 2018; Kallio et al., 2024). Conversely, excessive workloads, resource limitations, fear of criticism, punitive responses to errors, and inadequate mentorship may prevent curiosity from progressing into courageous action or prevent professional action from developing into confidence. These contextual barriers are consistent with literature concerning burnout, patient safety culture, and organizational support in nursing environments (Alshammari et al., 2024; Maslach & Leiter, 2016).

The concept of an interrupted or broken cycle provides an explanation of how professional growth may be delayed even when nurses possess motivation and learning capacity. For example, a nurse may be curious and acquire new knowledge but lack the psychological safety or authority needed to apply it. Similarly, a nurse may act courageously but receive punitive or dismissive feedback that weakens confidence and discourages future engagement. The broken cycle should not be understood as a permanent state. The theory proposes that progression may resume when organizational barriers are reduced and appropriate mentorship, leadership support, education, and constructive feedback become available. This feature allows the theory to accommodate variation across nursing specialties, career stages, and organizational environments.

The proposed relationship between professional growth and quality nursing care must be interpreted cautiously. Greater professional competence, evidence-based practice engagement, leadership participation, and autonomous decision-making may create conditions that support higher-quality care. Contemporary evidence also indicates that nursing competence, shared leadership, and organizational conditions influence nurses' engagement in evidence-based practice (Yang & Song, 2026). However, the 3C Theory has not established a direct causal relationship between progression through the cycle and patient outcomes. Quality care is influenced by numerous individual, team, organizational, and system-level factors. Accordingly, Figure 2 represents professional growth as having a potential contribution to quality nursing care rather than a confirmed direct effect.

The distinctive value of the 3C Theory lies in its parsimonious integration of curiosity, courage, and confidence into a recursive framework that connects individual agency with organizational context. Its simplicity may support application across nursing education, clinical practice, mentorship, and leadership development. At the same time, the proposed sequence and relationships remain conceptual. Future empirical studies should determine whether curiosity predicts learning engagement, whether courage facilitates the translation of knowledge into action, whether successful action strengthens calibrated professional confidence, and whether organizational conditions modify these relationships. Longitudinal and multilevel research will be particularly important for determining whether repeated engagement in the 3C cycle contributes to sustained professional growth across different nursing populations and healthcare settings.

Implications

The 3C Theory may serve as a reflective framework for understanding how nurses engage in learning, translate knowledge into professional action, and develop confidence through experience. Nurse educators, preceptors, and clinical leaders may use the framework to identify where professional growth becomes interrupted and determine whether additional education, mentorship, constructive feedback, or organizational support is needed. However, the theory should not yet be used as a validated assessment tool or as the sole basis for high-stakes professional decisions.

Nursing education may apply the 3C framework by designing learning experiences that cultivate inquiry, support responsible action under uncertainty, and develop calibrated confidence. Case-based learning, simulation, reflective practice, supervised clinical application, and constructive feedback may help learners progress through the proposed cycle. Educational strategies should ensure that confidence develops alongside demonstrated competence, ethical judgment, and awareness of professional limitations.

The theory highlights the importance of leadership and organizational conditions in supporting professional growth. Nurse leaders may facilitate the 3C cycle by promoting psychological safety, mentorship, access to continuing professional development, constructive responses to questions and errors, and recognition of responsible professional initiative. These strategies may help reduce barriers that prevent nurses from translating learning into practice.

For Future Research

Future research should prioritize expert validation, concept differentiation, theory-specific instrument development, and empirical testing of the proposed relationships. Longitudinal, multilevel, and mixed-methods studies may determine whether curiosity predicts learning engagement, courage facilitates knowledge application, confidence reinforces continued development, and organizational conditions influence progression through the cycle. The proposed relationship between professional growth and quality nursing care also requires separate empirical examination.

Strengths of the Theory

The 3C Theory demonstrates several conceptual strengths. First, it provides a parsimonious framework comprising three clearly defined and interconnected constructs. Second, it addresses the transition from knowledge acquisition to professional action by positioning courage between

curiosity and confidence. Third, it conceptualizes professional growth as a recursive and context-dependent process rather than a strictly linear progression. Fourth, its assumptions, propositions, and empirical referents provide an initial basis for future measurement and theory testing. Finally, the inclusion of organizational facilitators and barriers increases its potential relevance across nursing education, clinical practice, mentorship, and leadership.

Consistent with Fawcett and DeSanto-Madeya's (2013) evaluative perspective, the theory demonstrates conceptual significance, internal consistency, parsimony, testability, and potential pragmatic relevance. These strengths remain theoretical, however, and should not be interpreted as evidence of empirical validity or effectiveness.

Limitations

Several limitations should be acknowledged. First, the 3C Theory has not undergone formal expert validation, psychometric evaluation, or empirical testing. Its proposed constructs, sequence, and relationships therefore remain conceptual. The conceptual boundaries among curiosity, courage, confidence, self-efficacy, and competence also require further examination to determine whether each construct makes a distinct explanatory contribution.

Second, the theory was informed by a structured review limited to English-language sources. The absence of a formal systematic-review protocol and risk-of-bias assessment may have introduced source-selection and interpretive bias. In addition, the practice-informed observations were not systematically collected or analyzed and may reflect the author's professional perspective. The theory's applicability across cultures, nursing specialties, career stages, and healthcare systems has not been established. Broader organizational and policy influences, including staffing, governance, compensation, regulatory requirements, and workplace power relationships, are also not comprehensively represented. Finally, the proposed contribution of professional growth to quality nursing care has not been empirically demonstrated.

CONCLUSION

The 3C Theory of Professional Growth in Nursing presents a conceptually derived, practice-informed middle-range theory that explains professional growth as a continuous and context-dependent process. The theory proposes that curiosity initiates learning, courage enables the responsible application of knowledge despite uncertainty, and confidence develops through successful professional experiences and reflective practice. Confidence may subsequently reinforce renewed curiosity, supporting repeated engagement in professional learning and development.

The theory contributes a parsimonious nursing-specific framework that connects individual psychological processes with organizational and educational conditions. Supportive leadership, mentorship, psychological safety, constructive feedback, and learning opportunities may facilitate the cycle, whereas excessive workloads, limited resources, fear of criticism, and unsupportive workplace cultures may interrupt it. Although the theory has potential relevance to nursing education, clinical practice, mentorship, leadership, and research, its constructs and propositions require formal validation and empirical testing before its explanatory, predictive, or practical effectiveness can be established.

Author Contributions

The author was solely responsible for the conceptualization and development of the proposed theory, study methodology, literature review, concept analysis, theory synthesis and derivation, formal analysis, manuscript writing, and critical review and editing of the final manuscript.

Data Availability Statement

Not applicable. This theory development study did not generate or analyze primary research data.

Conflict of Interest

The author declares no conflicts of interest related to this research.

Acknowledgments

The author sincerely acknowledges all individuals who provided encouragement, guidance, and support throughout the development of this theory.

Funding

This research received no institutional or external funding.

Declaration of Use of AI in Scientific Writing

The author used ChatGPT (OpenAI) solely to assist with language editing, grammar improvement, and readability enhancement. The AI tool was not used to generate scientific ideas, research findings, theoretical concepts, data interpretation, or conclusions. All AI-assisted suggestions were critically reviewed, revised, and verified by the author, who assumes full responsibility for the accuracy, originality, integrity, and final content of the manuscript.

REFERENCES

Alshammari, A. S., Aldhuwayhi, T. Z., Alibrahim, N. O., Almhna, S. M., Al Shehadeh, Z. A., Altaymani, S. A., Abdel-Salam, D. M., Mohamed, R. A., & Hassan, S. H. (2024). Assessment of patient safety culture among nurses working at tertiary care hospitals in Aljouf Region, Saudi Arabia. *Cureus, 16*(4), e58429. https://doi.org/10.7759/cureus.58429

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements.*

American Nurses Association. (2021). *Nursing: Scope and standards of practice* (4th ed.).

Amir, H., Hariyati, R. T. S., Novieastari, E., & Pakasi, T. A. (2024). Continuing professional development (CPD) impact to clinical and nursing practice: A systematic literature review. *Asia Pacific Journal of Health Management, 19*(2), i2541. https://doi.org/10.24083/apjhm.v19i2.2451

Avery, M., Westwood, G., & Richardson, A. (2022). Enablers and barriers to progressing a clinical academic career in nursing, midwifery and allied health professions: A cross-sectional survey. *Journal of Clinical Nursing, 31*(3–4), 406–416. https://doi.org/10.1111/jocn.15673

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* W. H. Freeman.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Addison-Wesley.

Björk, M., Eriksson, I., Ekström-Bergström, A., & Nyman, V. (2026). The evolving role of nurses in hospital settings: A scoping review. *Journal of Advanced Nursing, 82*(8), 7704–7716. https://doi.org/10.1111/jan.70345

Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science, 1*(1), 13–23. https://doi.org/10.1097/00012272-197810000-00004

Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85*, 19–60. https://doi.org/10.1016/j.ijnurstu.2018.04.016

Dweck, C. S. (2006). *Mindset: The new psychology of success.* Random House.

Fater, K. H., & Ready, R. (2011). An education-service partnership to achieve safety and quality improvement competencies in nursing. *Journal of Nursing Education, 50*(12), 693–696. https://doi.org/10.3928/01484834-20110916-02

Fawcett, J., & DeSanto-Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). F. A. Davis.

Graebe, J. (2024). Advancing nursing practice: The evolution and impact of continuing professional development. *The Journal of Continuing Education in Nursing, 55*(4), 153–156. https://doi.org/10.3928/00220124-20240318-02

Kallio, H., Liljeroos, H., Koivunen, M., Kuusisto, A., Hult, M., & Kangasniemi, M. (2024). Organizational support for nurses' career planning and development: A scoping review. *Journal of Nursing Management, 2024*, Article 8296762. https://doi.org/10.1155/2024/8296762

Kashdan, T. B., Gallagher, M. W., Silvia, P. J., Winterstein, B. P., Breen, W. E., Terhar, D., & Steger, M. F. (2009). The Curiosity and Exploration Inventory-II: Development, factor structure, and psychometrics. *Journal of Research in Personality, 43*(6), 987–998. https://doi.org/10.1016/j.jrp.2009.04.011

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development.* Prentice-Hall.

Lindh, I.-B., Barbosa da Silva, A., Berg, A., & Severinsson, E. (2010). Courage and nursing practice: A theoretical analysis. *Nursing Ethics, 17*(5), 551–565. https://doi.org/10.1177/0969733010369475

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103–111. https://doi.org/10.1002/wps.20311

Matandela, M., Muswede, N. J., & Matahela, V. E. (2026). Understanding nurses' dispositions for continuing professional development: A scoping review. *Nurse Education in Practice, 93*, Article 104834. https://doi.org/10.1016/j.nepr.2026.104834

Numminen, O., Repo, H., & Leino-Kilpi, H. (2017). Moral courage in nursing: A concept analysis. *Nursing Ethics, 24*(8), 878–891. https://doi.org/10.1177/0969733016634155

Walker, L. O., & Avant, K. C. (2019). *Strategies for theory construction in nursing* (6th ed.). Pearson.

Watson, J. (2008). *Nursing: The philosophy and science of caring* (Rev. ed.). University Press of Colorado.

World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership.* https://www.who.int/publications/i/item/9789240003279

Yang, M., & Song, C. (2026). The influence of staff nurses' patient-centered care competency and shared leadership on evidence-based practice implementation. *Journal of Nursing Care Quality, 41*(3), 258–265. https://doi.org/10.1097/NCQ.0000000000000936

Zipp, J. S., Bochner, B. L., Bowles, W., Reina Failla, K., Joswiak, M. E., Lavender, J., Nelson, D. M., Shea, D., Smith, S. M., & Casey, K. (2026). Newly licensed RN competency: An analysis of practice setting expectations and perceptions. *Journal for Nurses in Professional Development, 42*(4), E9. https://doi.org/10.1097/NND.0000000000001236