



# Characteristics of nursing students with high levels of academic resilience: A cross-sectional study<sup>☆</sup>

Eunhee Hwang<sup>a</sup>, Sujin Shin<sup>b,\*</sup>

<sup>a</sup> Department of Nursing, Wonkwang University, 460 Iksandae-ro, Iksan, Jeonbuk 54538, Republic of Korea

<sup>b</sup> College of Nursing, Ewha Womans University, 52 Ewhayeodae-gil, Seodaemun-gu, Seoul 03760, Republic of Korea

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## ABSTRACT

**Background:** Academic resilience is an important characteristic that helps nursing students, who must engage in intensive learning and clinical practice, to overcome academic stress and adapt to their school and the clinical field.

**Objectives:** To determine the characteristics of nursing students with high academic resilience.

**Design:** This study used a cross-sectional design.

**Setting:** Three universities in South Korea.

**Subjects:** We recruited a convenience sample of 254 nursing students.

**Methods:** Academic resilience, general characteristics, clinical practice stress, clinical practice satisfaction, and social-affective capability were assessed via self-reported questionnaires. The collected data were analyzed using descriptive statistics, chi-squared test, and analysis of variance with Tukey's post hoc test.

**Results:** The mean academic resilience score was 3.79. A greater proportion of respondents with high levels of academic resilience had good interpersonal relationships ( $\chi^2 = 35.175, p < .001$ ), high academic grades ( $\chi^2 = 30.968, p < .001$ ), a role model ( $\chi^2 = 9.770, p = .033$ ), and high satisfaction with their major ( $\chi^2 = 20.214, p = .001$ ). Significant differences in the subscale scores for clinical practice stress, including burden of clinical tasks ( $F = 4.727, p = .010$ ), conflict of interpersonal relations ( $F = 4.889, p = .008$ ), and conflict with patients ( $F = 7.023, p = .001$ ), were found among the academic resilience groups. We also observed differences in the subscale scores of clinical practice satisfaction, including practice content ( $F = 4.894, p = .008$ ) and practice environment ( $F = 8.301, p < .001$ ). Respondents in the high resilience group had higher social-affective capability scores than did those with lower resilience ( $F = 43.994, p < .001$ ).

**Conclusion:** Based on our results, students with high academic resilience are more likely to continue their studies and benefit from programs that strengthen their social-affective capability. We therefore propose that nursing school curriculum focus on enhancing social-affective capability.

## 1. Introduction

The retention and success of a diverse nursing student population is a major concern of nurse educators around the world. Unfortunately, the characteristics of nursing students have not yet been satisfactorily addressed owing to changes in nursing trends, such as a shortage of nurse educators and a more complicated curriculum.

Successful academic achievement among nursing students can be defined in many ways. Practically, it can be defined as graduation from nursing school, obtaining a nursing license, and obtaining employment after graduation. In a broader sense, however, it involves personal satisfaction and one's potential development as a nurse (Jeffreys, 2015).

According to Jeffreys' (2012) Nursing Universal Retention and Success model, nursing students' retention and success are influenced by personal characteristics, school factors, and environmental factors, but affective factors have an especially important role. Jeffreys (2012) reported that affective factors include self-efficacy and synchronization; students with high levels of self-efficacy and synchronization tend to have high levels of resilience.

Resilience is positively correlated with academic success (Beauvais et al., 2014) and nursing student retention (Slatyer et al., 2016), and is regarded as an important factor related to students' satisfaction with their learning journey (Walker et al., 2016). Resilience has multi-dimensional attributes, including academic, social, and affective areas,

<sup>☆</sup> The authors declare no conflict of interest.

\* Corresponding author.

E-mail addresses: [ehh@wku.ac.kr](mailto:ehh@wku.ac.kr) (E. Hwang), [ssj1119@ewha.ac.kr](mailto:ssj1119@ewha.ac.kr) (S. Shin).

which should be considered in detail when exploring resilience.

Academic resilience is an affective factor defined as students' ability to overcome academic stress or pressure (Mwangi et al., 2015). The nursing school curriculum requires intensive learning and clinical practice; academic resilience can help students adapt to their school and the clinical field and to overcome academic stress (Seo and Kwon, 2016). This is important because nursing students, compared to other students majoring in healthcare fields, tend to experience considerable stress from the unfamiliar clinical environment, difficulty in clinical application of theories learned in the classroom, unexpected emergency situations, personal relations with patients and their families, role performance, heavy work, and powerlessness. All of these factors can lead to frustration, depression, and school abandonment (Whang, 2006; Edwards et al., 2010; Stephens, 2013). Academic resilience appears to act as a buffer against these negative events. Reinforcement of academic resilience might also help students focus on their strengths and potentially reverse academic failure (Martin and Marsh, 2006). Based on these findings, researchers have become increasingly interested in understanding academic resilience among nursing students.

Prior studies have reported that students with high academic resilience showed greater class participation, higher grades, fewer problems with their school work, and significantly lower levels of academic exhaustion (Lee, 2014). Resilient students also maintain high levels of academic achievement and school performance even when in danger of failure or during stressful situations (Martin and Marsh, 2006). Therefore, academic resilience seems essential for nursing students.

In recent years, researchers have shown increasing interest in social and emotional capabilities as a means of pre-empting problem behaviours rather than as a response to them. Social-affective capability is the ability to understand, manage, and express various human social-emotional characteristics to successfully accomplish life tasks such as learning, formation of human relations, ordinary problem solving, and adaptation to complicated developmental tasks (Elias et al., 1997); in other words, it is a personal capability that determines an individual's level of social adjustment or maladjustment. Among nursing students, social and emotional learning is associated with better psychological flexibility, reduced problem behaviours, and higher academic performance (Ko et al., 2015). In studies on the promotion of social-emotional capability among nursing students, social and emotional learning was effective for improving interpersonal cooperative conflict resolution, self-esteem, prosocial behavior, academic efficacy, and learning techniques (Durlak and Wells, 1997; Shin, 2013).

The varied physical and mental problems that nursing students experience are not solely determined by personal factors; many are due to social factors (i.e., factors inherent in the individual's social environment). Although many influential factors have been explored in relation to nursing education, few studies have investigated the role of social factors in nursing student success. Positive approaches are needed that guide successful academic achievement and employment of nursing students. Research that explores factors associated with academic resilience will provide the information necessary to develop more effective educational strategies that may increase nursing school success.

The purpose of this study was to investigate characteristics of nursing students with high academic resilience. The specific objectives were to (1) identify nursing students' overall level of academic resilience; (2) understand how their demographic characteristics, stress and satisfaction relate to their clinical practicum; and (3) identify relationships between social-emotional capability and academic resilience.

## 2. Methods

### 2.1. Design

This was a descriptive, cross-sectional study.

### 2.2. Sample and data collection

We sent study questionnaires to 260 junior and senior students enrolled in the nursing department of universities located in three cities in South Korea. Questionnaires were distributed only to nursing students who gave their written informed consent before responding. Approximately 10–15 min were required to complete the questionnaire. Of the 260 questionnaires sent, 257 were collected. We excluded a further three questionnaires owing to incomplete responses, and therefore used 254 questionnaires in the data analysis.

### 2.3. Measures

Among respondents' general characteristics, we investigated age, gender, academic year, satisfaction with family relations, economic status, interpersonal relationship, grade point average, whether they had a role model, satisfaction with nursing major, and whether they wanted to change their major or college.

To assess academic resilience, we used the scale by Park and Kim (2009). This scale comprises 29 items in six subscales: learning regulation, support from friends, self-control, positive attitude, task responsibility, and support from parents. Each item is scored on a 5-point Likert-type scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Higher scores indicate higher academic resilience. The Cronbach's  $\alpha$  reliability coefficient of the subscales at the time of development were 0.72–0.78; in this study they were 0.73–0.84. Respondents' mean academic resilience score was  $3.79 \pm 0.53$  points. Based on this, we divided respondents into three groups according to their academic resilience: respondents who scored < 3 points, 3 to < 4 points, and 4 points or more were allocated into low, moderate, and high resilience groups, respectively.

To measure clinical practice stress, we used the scale designed by Beck and Srivastava (1991), and later revised and supplemented by Kim and Lee (2005). It comprises 24 items in five subscales: practice education environment, undesirable role model, burden of clinical practice tasks, conflict in interpersonal relations, and conflict with patients. Each item is scored on a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree), with higher scores indicating greater clinical practice stress. In the study of Kim and Lee (2005), the Cronbach's  $\alpha$  was 0.91. In this study, it was 0.88.

To measure clinical practice satisfaction, we employed the tool developed by Gu (2008). This scale comprises 27 items in five subscales: practice content, practice instruction, practice environment, practice time, and practice evaluation. This tool also uses a 5-point Likert-type scale, and higher scores indicate higher clinical practice satisfaction. Gu (2008) found a Cronbach's  $\alpha$  of 0.82, while in this study, it was 0.81.

We used the social-affective capability tool developed by Merrell et al. (2007), and later revised and supplemented by Kim et al. (2015). This tool comprises 20 items in four subscales: self-recognition, self-management, social recognition, and relationship management. Each item is scored on a 5-point Likert-type scale, with higher scores representing higher social-affective capability. Kim et al. (2015) obtained a Cronbach's  $\alpha$  of 0.90, while we obtained one of 0.83.

### 2.4. Data analysis

The data were analyzed using IBM SPSS Statistics 23.0 for Windows. We investigated differences in the proportion of each resilience group according to the various demographic characteristics via a chi-square test. Differences in clinical practice stress, clinical practice satisfaction, and social-affective capability were analyzed via analysis of variance (ANOVA) and Tukey's post hoc test.

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