Nurse Education Today xxx (2013) xxx–xxx

Contents lists available at SciVerse ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

The effects of a hardiness educational intervention on hardiness and perceived stress of junior baccalaureate nursing students

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ARTICLE INFO

Article history:
Accepted 12 June 2013

Keywords:
Nursing students
Stress
Perceived stress
Hardiness
Hardiness education
Hardiness preparation
Adaptation
Coping

SUMMARY

Baccalaureate nursing education is stressful. The stress encompasses a range of academic, personal, clinical, and social reasons. A hardiness educational program, a tool for stress management, based on theory, research, and practice, exists to enhance the attitudes and coping strategies of hardiness (Maddi, 2007; Maddi et al., 2002). Research has shown that students who completed the hardiness educational program, subsequently improved in grade point average (GPA), college retention rates, and health (Maddi et al., 2002). Little research has been done to explore the effects of hardiness education with junior baccalaureate nursing students. Early identification of hardiness, the need for hardiness education, or stress management in this population may influence persistence in and completion of a nursing program (Hensel and Stoelting-Gettelfinger, 2011). Therefore, the aims were to determine if an increase in hardiness and a decrease in perceived stress in junior baccalaureate nursing students occurred in those who participated in a hardiness intervention. The application of the Hardiness Model and the Roy Adaptation Model established connections and conceptual collaboration among stress, stimuli, adaptation, and hardi-coping. A quasi-experimental non-equivalent control group with pre-test and post-test was used with a convenience sample of full-time junior level baccalaureate nursing students. Data were collected from August 2011 to December 2011. Results of statistical analyses by paired t-tests revealed that the hardiness intervention did not have a statistically significant effect on increasing hardiness scores. The hardiness intervention did have a statistically significant effect on decreasing perceived stress scores. The significant decrease in perceived stress was congruent with the Hardiness Model and the Roy Adaptation Model. Further hardiness research among junior baccalaureate nursing students, utilizing the entire hardiness intervention, was recommended.

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Introduction

Examples of stress for nursing students include the amount of content to be learned, studying for examinations, not knowing how to prepare for examinations, and the requirement to successfully pass a nursing course before progressing in the program (Dutta et al., 2005; Gibbons et al., 2009). Other examples of stress were academic overload, frequent examinations, grades, strained relationships with nursing faculty and role conflict with physicians, perceived lack of clinical knowledge, preparing for clinical, clinical experiences, trying to remain impersonal with patients, or the alternative of discussing sensitive issues with patients (Dutta et al., 2005). In addition, personal concerns related to lack of leisure time, to the need for longer hours of study, to financing one's education, and to trying to find the balance between work and life, particularly for nursing students with children potentially complicate one's ability to handle stress (Gibbons et al., 2008). Despite the known benefits of hardiness education, little research has been done to explore the effects of hardiness education with nursing students. The researcher questioned what could be done and what needed to be done to assist junior nursing students to cope with the stress of baccalaureate nursing education. Early identification of hardiness, the need for hardiness education, or stress management in this population may have an impact on persistence in and completion of a nursing program (Hensel and Stoelting-Gettelfinger, 2011).

Hardiness is a personality characteristic, which consists of the components of commitment, control, and challenge. Hardiness is linked to the ability to buffer, offer resistance to, and cope with stressful situations (Kobasa, 1979). Hardiness education, a tool for stress management, has been found to facilitate learning hardiness (Maddi, 2007; Maddi et al., 1998, 2002). There is a hardiness educational program, based on theory, research, and practice, that emphasizes several sessions and a workbook to enhance the attitudes, coping strategies, and interaction patterns of hardiness.

Edwards et al. (2010) recommended that future research with nursing student stress should be concentrated on effective stress interventions. Galbraith and Brown (2011) concurred with Edwards et al.'s recommendation for the direction of future nursing student stress research. Measuring the effects of a hardiness educational

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0260-6917/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.nedt.2013.06.019

Please cite this article as: Jameson, P.R., The effects of a hardiness educational intervention on hardiness and perceived stress of junior baccalaureate nursing students, Nurse Education Today (2013), http://dx.doi.org/10.1016/j.nedt.2013.06.019

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intervention on the hardiness and perceived stress of nursing students is important and potentially beneficial for the successful completion of a bachelor of science in nursing degree.

Background

The theoretical framework for this study is an application of the Roy Adaptation Model (RAM) and the Hardiness Model (HM) (Khoshaba and Maddi, 2008; Roy, 2009). According to the Hardiness Model (HM), if stress is clearly identified, the stress might be navigated stress with the tools of hardiness and hardi-coping (Khoshaba and Maddi, 2008). The hardi-attitudes of commitment, control, and challenge provide the courage and motivation to carry on hardi-coping during stressful situations (Maddi, 2005). The Roy Adaptation Model (RAM) describes people as holistic adaptive systems in constant interaction with a changing environment. The world around them is their source of stimuli. A stimulus is anything that provokes a degree of change. The adaptation level is affected by accumulated stimuli. It is influenced by the demands of a situation (Roy, 2009).

Definition of Terms

1. Stress is any physical or psychological stimulus that disturbs the adaptive state and provokes a coping response (Roy, 2009). Total scores of perceived stress were measured on the Perceived Stress Scale (PSS) (Cohen et al., 1983).
2. Hardiness is a personality characteristic that enables persons under stress to feel committed versus alienated, to have a greater sense of control versus powerlessness, and to view change as a challenge versus a threat to remain healthy (Kobasa, 1979). Hardiness was measured by total scores on the Personal Views Survey Third Edition—Revised (PVS III-R). The hardiness literature does not support the separation into subscales of the hardiness components of commitment, control, and challenge (Maddi and Khoshaba, 2001a; Cole et al., 2004).
3. Hardiness education is a comprehensive approach to managing stressful circumstances (Maddi et al., 1998; Khoshaba and Maddi, 2008). Operationally, the hardiness educational intervention was a 5-week course of 1-hour hardiness instruction each week (Khoshaba and Maddi, 2008).
4. Junior baccalaureate nursing students are men and women who were full-time junior level nursing students enrolled in a clinical course in an accredited baccalaureate nursing program. Junior baccalaureate nursing students were selected since stress seemed to increase with the introduction of clinical courses.

The purpose of this study were to determine if an increase in hardiness and a decrease in perceived stress in junior baccalaureate nursing students occurred in those who participated in a hardiness educational intervention.

Research Questions

1. What effect does a hardiness educational intervention have on hardiness of junior baccalaureate nursing students?
2. What effect does a hardiness educational intervention have on perceived stress of junior baccalaureate nursing students?

Design

A quasi-experimental non-equivalent control group design with pre-test and post-test was used for this study. The purpose of quasi-experimental research design is to examine cause-and-effect relationships between independent and dependent variables in which complete control was not feasible (Burns and Grove, 2009). This design was appropriate to answer the research questions posed by the study, since the researcher was examining the effects of an intervention. Quasi-experimental design helps to control threats to validity when at least one of the three components of true experimental design, including random sampling, control groups, and manipulation of the treatment, is lacking.

Hypotheses

1. A hardiness educational intervention will increase the hardiness of junior baccalaureate nursing students.
2. A hardiness educational intervention will decrease the perceived stress of junior baccalaureate nursing students.

Sample

The sample for this study was a non-probability convenience sample of female and male full-time junior level baccalaureate nursing students attending accredited nursing programs within the Delaware (DE), New Jersey (NJ), and Pennsylvania (PA), tri-state area within a 70-mile radius of the researcher's residence. The accredited nursing programs were selected from the lists of baccalaureate nursing programs cited on the respective State Boards of Nursing Websites ("Baccalaureate Schools—Nursing Program", 2009; "DE Nursing Programs", 2009; "Registered Nursing Programs", 2011). Ten of the 22 potential nursing programs in the DE, NJ, and PA area responded with letters of support for the accession of their nursing students. Eight institutions gave Institutional Review Board (IRB) approval.

For inclusion in the study, the subjects were enrolled full-time in clinical nursing courses, at the junior level. Full-time junior baccalaureate nursing students who already held a bachelor degree were included in this study. While subjects with a previous bachelor degree would have already experienced the stress of achieving an undergraduate degree, they had not experienced the stress of baccalaureate nursing education.

The minimum number of subjects needed in this study was determined by a priori power analysis using Sample Power version 2.0 (SPSS, 2004). The required minimum sample was 102 subjects with 51 subjects in the experimental and control groups, respectively. The level of significance was set at $p < .05$ one-tailed, since the hypotheses were directional. The significance level was chosen to limit Type I error to 5%. A Type I error occurs when a true null hypothesis is rejected (Munro, 2005). The power level of .80 was selected since it was the desirable and recommended level (Cohen, 1988) to limit the chance of a Type II error to .20 (Light et al., 1990). A Type II error occurs when a false null hypothesis is accepted (Munro, 2005).

The initial sample included 99 subjects (experimental group $n = 54$; control group, $n = 45$). The final sample size in this study was 79 subjects (experimental group $n = 40$; control group $n = 39$), which was less than the minimum required sample size of 102 subjects with the minimum of 51 subjects for each research group, needed for a power of .80. The actual power for statistical analysis in this study was .72, which yielded a Type II error risk of .28 (Munro, 2005). The actual size of the sample for this study was not adequate to avoid a Type II error.

The sample was predominantly female (97.5%), white (63.3%), non-Hispanic (94.9%), not married (78.5%), and indicated that English was their primary language (89.9%). Ages ranged from 19 to 50 years ($M = 25.72$, $SD = 7.89$). The mean age differed slightly between the experimental ($M = 24.10$, $SD = 7.39$) and the control group ($M = 27.38$, $SD = 8.13$). The average number of hours worked weekly varied in the experimental ($M = 8.25$, $SD = 11.75$) and control ($M = 14.13$, $SD = 13.07$) groups.

Data Collection

Data collection commenced in the Fall 2011 semester. The first accredited nursing program to respond favorably was a site whose

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