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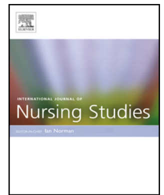

The impact of professional identity on role stress in nursing students: A cross-sectional study

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ABSTRACT

Background: As newcomers to the clinical workplace, nursing students will encounter a high degree of role stress, which is an important predictor of burnout and engagement. Professional identity is theorised to be a key factor in providing high-quality care to improve patient outcomes and is thought to mediate the negative effects of a high-stress workplace and improve clinical performance and job retention.
Objectives: To investigate the level of nursing students' professional identity and role stress at the end of the first sub-internship, and to explore the impact of the nursing students' professional identity and other characteristics on role stress.
Design: A cross-sectional study.
Settings: Three nursing schools in China.
Participants: Nursing students after a 6-month sub-internship in a general hospital (n = 474).
Methods: The Role Stress Scale (score range: 12–60) and the Professional Identity Questionnaire for Nursing students (score range: 17–85) were used to investigate the levels of nursing students' role stress and professional identity. Higher scores indicated higher levels of role stress and professional identity. Basic demographic information about the nursing students was collected. The Pearson correlation, point-biserial correlation and multiple linear regression analysis were used to analyse the data.
Results: The mean total scores of the Role Stress Scale and Professional Identity Questionnaire for Nursing Students were 34.04 (SD = 6.57) and 57.63 (SD = 9.63), respectively. In the bivariate analyses, the following independent variables were found to be significantly associated with the total score of the Role Stress Scale: the total score of the Professional Identity Questionnaire for Nursing Students ($r = -0.295$, $p < 0.01$), age ($r = 0.145$, $p < 0.01$), whether student was an only child or not ($r = -0.114$, $p < 0.05$), education level ($r = 0.295$, $p < 0.01$) and whether student had experience in community organisations or not ($r = 0.151$, $p < 0.01$). In the multiple linear regression analysis, the total score of the Professional Identity Questionnaire for Nursing Students (standardised coefficient Beta: −0.260, $p < 0.001$), education level (standardised coefficient Beta: 0.212, $p < 0.001$) and whether or not student had experience in community organisations (standardised coefficient Beta: 0.107, $p < 0.016$) were the factors significantly associated with the total score of the Role Stress Scale. The multiple linear regression model explained 18.2% (adjusted R^2 scores 16.5%) of the Role Stress Scale scores variance.
Conclusions: The nursing students' level of role stress at the end of the first sub-internship was high. The students with higher professional identity values had lower role stress levels. Compared with other personal characteristics, professional identity and education level had the strongest impact on the nursing students' level of role stress. This is a new perspective that shows that developing and improving professional identity may prove helpful for nursing students in managing role stress.
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What is already known about the topic?

- Role stress is an important predictor of burnout and engagement of nursing students.
- Professional identity is thought to mediate the negative effects of a high-stress workplace.
- In the subinternship, nursing students with higher professional identities responded more flexibly to role stress.

What this paper adds

- The nursing students' level of role stress at the end of the first subinternship is high.
- The nursing students with higher professional identity values had lower role stress level.
- Professional identity is the strongest predictor of nursing students' role stress compared with other personal characteristics (educational level and whether having experience in community organizations or not).

1. Introduction

Role stress is defined as any physical or psychological strain experienced by an individual who needs greater abilities or resources than those that are available in order to perform the role. In other words, it is an appraisal of the disparity between what is expected of someone and what is currently being practised by someone in that role (Sanaz, 2011). Thus, role stress occurs when there is incongruence between perceived role expectations and achievement (Chang et al., 2003).

Researchers have classified role stress in various ways. According to the Role Episode Model, role stress consists of role conflict (i.e., incompatible role expectations), role overload (i.e., too much work expected to be done in the available time) and role ambiguity (i.e. vague role expectations) (Kahn et al., 1964). Harday and Conway (1978) established additional sub-dimensions: role incongruity, role incompetence and role over-qualification. Chen et al. (2007) suggested that role incongruity should be incorporated into role conflict because the two definitions overlap.

Role stress in nurses continues to be an area of great interest to the profession, particularly as nurses' role stress may adversely affect their mental or physical health and entail additional societal cost (Cooper, 1998). A survey of nurses in Australian and New Zealand hospitals indicated that more frequent workplace role stress predicted lower physical and mental health (Chang et al., 2007). As newcomers to the clinical workplace, nursing students are likely to experience a high degree of role stress (Janet et al., 2014), which is an important predictor of burnout and engagement (Eva et al., 2011). Adverse impacts on the quality and quantity of patient care, staff-related outcomes and cost of health care have been reported as being common consequences of nurses' workplace role stress (AbuAlRub, 2004; Chang et al., 2007; McVicar, 2003; Shin and Lee, 2016; Yoon et al., 2014).

Many studies conducted on role stress have focused on the examination of influencing and/or predicting factors. These factors include various characteristics of nurses' personal traits (e.g. psychological states, empathic concern) and current motives or dispositions (e.g. capacity to dissipate job-induced tension and intention to quit one's job) as well as external conditions (e.g. social support) (Akbarizadeh et al., 2013; Hanna and Mona, 2014; Shin and Lee, 2016).

Professional identity is theorised to be a key factor in nurses' ability to provide high-quality care to improve patient outcomes (Benner et al., 2010; Cronenwett et al., 2007) and is thought to mediate the negative effects of a high-stress workplace (Arthur and Randle, 2007; Hensel, 2011; Siebens et al., 2006) and improve clinical performance (Jahanbin et al., 2012) and job retention (Cowin et al., 2008; Cowin and Hengstberger-Sims, 2006). As one form of social identity, professional identity concerns group interactions in the workplace and relates to how people compare and differentiate themselves from members of other professional groups (Adams et al., 2006). A mixed methods study confirmed that during the sub-internship, a critical period of transition from nursing student to professional nurse, nursing students with higher professional identity responded more flexibly to work stress (Li, 2007). Hensel and Laux (2014) also found that nursing students with higher professional identity had better caring abilities, and the students' caring abilities had negative associations with their role stress in the practice. However, there is no study which examined the direct impact of nursing students' professional identity on role stress in the sub-internship.

Thus, the aims of our study were to describe the level of nursing students' professional identity and role stress at the end of the first sub-internship, and to examine the impact of the students' professional identity and other characteristics on role stress.

2. Methods

In a cross-sectional study, nursing students enrolled in three nursing schools in China filled in a standardised questionnaire measuring professional identity and role stress. This study was conducted in 2015.

2.1. Participants

The target population of this study was nursing students after a 6-month sub-internship in a general hospital, with the students being enrolled in either a junior college or a bachelor's degree study programmes. Appendix A in Supplementary materiel shows the comparison between junior college and bachelor's degree study programmes. In this convenience sample, 623 nursing students from three nursing schools in China were invited to participate in this study. All of the nursing schools provided two education formats (junior college and bachelor's degree study programmes). The nursing schools are located in the north, the middle and the south of China, respectively; and respective nursing schools are facilities of medical universities or colleges.

Sub-internship for nursing students in China is the last year of the nursing education programme, starting in late summer and finishing in late spring. In the two formats of nursing education in China, nursing students should take part in the sub-internship for 8 months. In the first 6 months, nursing students should take a rotation in a general hospital. The departments include surgery, internal medicine, gynaecology, paediatrics, operation room, etc. The goals and placement sites of the last two months of the sub-internship significantly vary between the participating schools depending on the kind of education programme (vocational training versus undergraduate education) and local or individual focus areas regarding the target healthcare setting or clinical specialty (e.g. community care, specialist hospitals). For the present study, nursing students were invited to participate at the end of the six-month rotation period because, until then, they all had undergone a quite similar sub-internship programme.

This study was explorative by nature; therefore, no formal sample size determination was done. However, this study did follow the Kendall Principle (1975), which states that the number of observations should be at least 10 times the number of variables, to estimate sufficient sample size.

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