



Short communication

Sources of stress for pharmacy students in a nationwide sample[☆]

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Abstract

Objective: The purpose of this study is to provide insight into the sources of stress experienced by current professional-year pharmacy students in the United States.

Methods: An online survey related to the sources of stress of current pharmacy students was distributed nationally. The survey included a section in which the respondent could choose any or all of ten stress factors: coursework, grades, faculty, health concerns, family, current job market, finances, lack of sleep, friends, and “other.” The Perceived Stress Scale (PSS) was also administered. Frequency and distribution of stressors and stress levels across professional year were also assessed.

Results: A majority of respondents reported coursework, lack of sleep, finances, and grades as stressors. A minority of participants selected family, job market, faculty, friends, health concerns, and “other” stressors. Grades, lack of sleep, and faculty had the largest association with increased PSS scores. P4 students reported significantly fewer stressors than other years. More advanced students were less likely to report lack of sleep, grades, or coursework but were more likely to select the job market.

Conclusion: Academic concerns are a primary source of stress for a large majority of the sample. Development of interventions should focus on earlier professional years and emphasize the importance of sleep and physical health as students in these years report these stressors more frequently than advanced students. Further research is necessary to validate and extend the present findings.

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Introduction

Stress, a psychological and physiological response to the demands of the environment, can be both negative (distress) and positive (eustress).¹ Previous study results indicate that, while elevated stress is not necessarily harmful, extreme amounts of it can result in a variety of health and occupational consequences.^{2,3} It is important to assess excessive stress in educational settings to improve student learning and effectiveness and, ultimately, professional competence. In addition to the amount of stress individuals feel, it is important to understand the sources of stress in the environment (stressors). Stressors in the undergraduate population include financial burdens, new and increased academic demands, family/social issues, daily hassles, increased

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independence, and adjustment to a new environment and culture.^{4,5} Results from prior studies have found that students of healthcare professions (e.g., medical, dental, nursing, and pharmacy students) report higher, more harmful levels of distress than do other students.^{1,6–8}

Previous research results indicate a wide variety of stressors for students of health professions, including examinations, grades, extensive amount of material to be learned, and unsupportive faculty.^{9–11} Additional stressors for medical students include social isolation, talking with patients, dealing with death and suffering, interacting with advisers, and working with cadavers.^{1,10} Other stressors are less specific to medical school, such as lack of leisure time or lack of feedback on progress.^{1,10} Dental students reported difficulty of class work, insufficient time to complete demanding assignments, financial burdens, atmosphere created by clinical faculty, performance pressure, and patients arriving late or missing their appointments.^{9,10} Specific stressors for nursing students include administrative duties and conflict with doctors.^{1,11} Much less is known about the stressors of pharmacy students.

Stress has become a major subject of concern in the design, delivery, and assessment of the pharmacy curriculum for educators, administrators, and governing bodies in the field of pharmacy education. Guideline 15.5 of the Accreditation Standards for pharmacy schools (established by the Accreditation Council for Pharmacy Education) states that schools and colleges of pharmacy must assess perceived stress in students, faculty, and staff.¹² The reason for this criterion is to address ineffective learning experiences, prevent negative academic and programmatic outcomes, and increase student success and effectiveness.¹² A better understanding of the sources and amount of stress perceived by pharmacy students may address the ongoing concern that pharmacy students are over-trained in their programs and feel underutilized in their profession.^{13–15}

Similar to other programs, stress in the pharmacy student population corresponds to a host of negative personal (e.g., lower quality of life and more health problems), academic (e.g., lower grades), and professional outcomes (e.g., career dissatisfaction).^{1,14–20} Emerging evidence suggests that pharmacy students experience more psychological distress than other students of healthcare professions.^{6,8,21} However, there is a relative dearth of studies concerning the perceived stress, stressors, and coping strategies of pharmacy students.⁶ As a result, the amount of stress in pharmacy students is not yet established, nor is the exact origin of their stress; this impedes the ability to determine if the experiences of pharmacy students reflect the broader student population and/or students of healthcare professions. The scarcity of research on stress and mental health of pharmacy students makes it difficult to determine if interventions or curricular modifications are necessary for this population, and, if so, what those should entail. Addressing excessive stress and its origins can increase effectiveness of students as they transition into professional pharmacy practice.

While research suggests that pharmacy students have elevated, though not necessarily harmful, levels of stress,²⁰ it is not yet established if their sources of stress mirror those of other students. Limited available data suggest that sources of stress in pharmacy students reflect those of other professional programs. Previously identified stressors for pharmacy students include coursework and exams,^{1,17,19,22} financial concerns,^{1,17,19,22} lack of English proficiency,¹ unsupportive faculty or conflict with faculty,^{1,22} family,^{17,19} lack of social time,¹⁷ physical health issues,^{17,19} lack of sleep,^{17,23} and the job market.²⁴

The purpose of the current analysis is to synthesize disparate findings related to sources of stress in pharmacy students. Identifying the number and type of stressors for pharmacy students, and how they relate to perceived stress, is a necessary step in determining if interventions or curricular changes are needed.

Methods

Participants

The present analysis is a follow-up from a previous paper in which the methods of data collection and descriptive statistics of the sample have been described in detail.²⁰ Briefly, in late March through late April 2010, 16,000 current members of the American Pharmacists Association—Academy of Student Pharmacists (APhA-ASP) were invited to participate in an online survey pertaining to stress in pharmacy students in exchange for entry into a lottery for a \$50 cash prize. An additional reminder was sent out to the sample two weeks after the initial invitation. The invitations were distributed via e-mail from the APhA-ASP database to an even number of current student members in each of the four program years (4000 invitations per program year), as well as broad distribution across regions of the United States, Puerto Rico, and Guam, to attain a diverse sample of pharmacy students nationwide. An identical e-mail was delivered to all invitees at both time points. Demographic composition of the sample can be seen in [Table 1](#), modified from Votta and Benau.²⁰ The sample was generally similar to the pharmacy student population at the time of data collection in terms of gender, ethnicity, program type, and professional year.²⁰ Assessment of geographic region and university-specific information could not be attained as the APhA removed this information to ensure anonymity and confidentiality of their membership and security of their listserv.

Materials

We based the inventory of stressors on those reported in prior studies of pharmacy students and other students of healthcare professions.^{1,6,17,19,22} Students assessed ten items by selecting the appropriate checkboxes in a checklist (there were no limits on the number of items that could be selected

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