



## Clinical training stress-inducing factors from the students' viewpoint: A questionnaire-based study



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### ABSTRACT

Improving the quality of clinical training requires provision of suitable educational environment and one of its requirements is determination of the stress-inducing factors. The present research was carried out to explore these factors from the viewpoint of students of nursing school. This research was a descriptive study. The samples included a total of 230 students who had passed at least one credit of clinical training and had been selected through convenience sampling. Based on the research results, the most tension-inducing area was related to the unpleasant emotions area, clinical experiences, unpleasant feelings, educational environment and interpersonal relationships, respectively. Throughout clinical training processes, students of different medical fields face a great deal of tension-inducing factors. The identification of these factors could play a significant role in reducing the amount of tension among them.

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### Introduction

In the current world, every individual experiences some sort of stress in their daily lives and almost no one is exempt from environmental and personal tension-inducing factors (Johnson, 2000; Shahnaz et al., 2005). Students of nursing and midwifery are exposed to stresses emanated from theoretical education settings as well as to those coming from clinical training. Clinical training is a vital part of curriculum and plays a crucial role in shaping the basic skills and professional capabilities among students (Barimnejad et al., 2004; Johnson, 2000). The aim of clinical training is to provide opportunities for students to link their theoretical information with scientific facts (Lowenstein and Bradshaw, 2004) and to gain experiences gradually by being present at patient's bedside. They can also make use of the acquired concepts in practice by interacting with the preceptor and the setting and transform their theoretical knowledge into diverse mental, psychological and dynamic skills for taking care of the aide seekers (Nahas et al., 1999; Sharif and Masoumi, 2005). Generally, it is believed that the students of medical sciences face a lot of stress during their education (Omigbodun et al., 2006).

### Literature review

Tension and tension-inducing factors throughout clinical training among students of medical sciences have been investigated by researchers. Studies have shown that the existence of a high level of tension and anxiety during clinical training might have negative effects on students' learning and success (Khan et al., 2006; Sarikaya et al., 2006). Nursing students mention their nursing clinical course as the most tension-inducing course. Most students of nursing consider clinical experiences as a tension creating factor (Yonge et al., 2002). Yazdankhah Fard et al. (2009) show that the most stressing factors were teachers' notification in front of personnel and physicians, lack of facilities in ward, watching patients suffering from pain, concern with contagious disease transmission, and lack of teacher's support respectively (Yazdankhah Fard et al., 2009). Taghavi Larijani et al. (2007) report ambiguous professional view, incompetent professional knowledge after graduation, caring for terminally ill patients, discordance between theory and clinical education, concerns about employment as the most cited sources of stress among the students (Taghavi Larijani et al., 2007). Study of Carvalho et al. (2004) also shows that 80 percent of nursing students suffer from overt anxiety at medium level in clinical settings (Carvalho et al., 2004). Besides, in a study, students have alluded to these factors as the problems of clinical training: lack of attention to clinical training, lack of ample access to clinical preceptors, absence of coordination between clinical training at the department and the facilities and performance at hospital, the perpetual lack of access to preceptors for

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fulfilling the educational/training requirements and not providing enough incentives for students (Nahas et al., 1999). By conducting qualitative studies, some researchers have tried to better understand the case of stress among nursing students at clinical settings and in this way, they have concluded that some factors are the main causes of tension at those settings, including interpersonal relations and they have also highlighted the role of clinical preceptors on modifying these relations and reducing stress among students (Shipton, 2002). In study of Sharif and Masoumi (2005), from students' point of view, important factors in clinical experience were considered as initial clinical anxiety, theory-practice gap, clinical supervision, and professional role. The high level of stress often leads to a gap between physical and psychological wellbeing. Absence, physical complaints and loss of professional skills are among the other effects of stress on students (Tully, 2004).

Considering that interest in probing the psycho-social and educational settings has been increased, most nursing departments have adopted the propensity toward assessing the status of clinical training as the basic part of their programs (Barimnejad et al., 2004; Shahsavari et al., 2005; Tully, 2004). Considering that clinical training is a complicated process which is affected by several factors and variables, the first step toward promoting quality consists of knowing clinical training stressors, especially with regard to the negative effect of stress on the educational progress of students and subsequently disturbance in their psycho-physiological balance as the main clients of the educational process (Shahsavari et al., 2005; Sharif and Masoumi, 2005) the researchers decided to identify whatever is considered as stressor from students' viewpoint.

#### Aim

The main objective of this study was to investigate the clinical training stressors from the viewpoint of students of nursing school at Kurdistan University of Medical Sciences in 2011. The research questions were based on stress-inducing factors within 5 areas of interpersonal relationship, humiliating experiences, training setting, clinical experiences and unpleasant feelings.

#### Methods

This study was approved by the research committee of the Kurdistan University of Medical Sciences (KUMS). In this descriptive, cross-sectional study which was done in the second semester of 2010–2011 at Kurdistan University of Medical Sciences, all the B.S sophomore-and-higher students of nursing school, who were 230, were included in the study via convenience sampling method. The inclusion criterion consisted of passing at least one credit of clinical internship and the students' willingness toward participating in the study.

#### Measurements

Data collection instrument was a questionnaire which had been prepared by reviewing the scientific resources and the studies in clinical training (Dunn and Hansford, 1997; Johnson, 2000; Khan et al., 2006; Omigbodun et al., 2006; Sarikaya et al., 2006; Taghavi Larijani et al., 2007; YazdankhahFard et al., 2009). The questionnaire had been compiled in two sections; the first section included the demographic features (9 items) and the second section consisted of 60 items about the tension-inducing factors in clinical training within 5 areas of interpersonal relationship (presence and interaction among the instructors, patient, visitors, nurses, physicians and students) with 18 items, humiliating experiences (reminders and disrespects) with 6 items, training setting (the physical environment and the educational and welfare

facilities) with 9 items, clinical experiences (affairs related to patients' therapy and caretaking) with 19 items and unpleasant feelings (fears, worries and contradictions) with 8 items. The questionnaire scale was based on the 5-degree-rank scale (not at all, very little, little, much and very much). The scoring procedure was so that one point was given to the "no at all" option and for the "very much" option, 5 points were considered.

#### Validity and reliability

The questionnaire that was prepared based on previous studies was validated via content validity and using the opinions of 10 expert individuals. Its reliability was established through the Test-retest method (within a random sample of 15 individuals in a time interval of 10 days) to be  $r = 0.89$ .

The method of data collection in this study was the self-reporting method so that the questionnaire was filled out at the first day of internship in each group at the second educational semester of 2010–2011 and it was taken back at the last day. In order to observe the research ethical considerations, the questionnaires were handed out anonymously among the students and they were aware of participation at the study and its objectives and filled out the questionnaires with free will. The collected data were analyzed by the SPSS software, version 16 through the descriptive statistical methods.

#### Findings

Finally, 230 questionnaires were returned to the researchers out of the initially distributed 350 questionnaires (65.7% response rate). The results of analysis about the interpersonal features indicated that the age of most participants (105 individuals, comprising 45.7 percent) was around 21–23 years with the mean and standard deviation of  $21.56 \pm 2.5$ ; among the research subjects, 16 individuals (71.7 percent) were female and 145 individuals (63 percent) were natives. With regard to the educational field, 141 individuals (61.3 percent) were students of nursing, 49 (21.3 percent) were students of midwifery and 40 (17.4 percent) were students of operating room. Regarding the residential status, 172 individuals (74.8 percent) resided in dormitory. Economically speaking, 149 individuals (64.8 percent) were at average level and 117 individuals (50.8 percent) had more than 6 family members by virtue of household members. The results also indicated that 89 individuals (38.7 percent) had average interest by virtue of interest in the educational field and there was nobody with the same field of study in 203 (88.3 percent) individuals' families.

Results indicated that the highest tension-inducing area in the students was related to the area of humiliating experiences with the mean and standard deviation of  $3.35 \pm 0.85$  and the most important tension-inducing factor in this area was related to "the mentor's reminder in presence of all students" with the mean and standard deviation of  $3.50 \pm 1.01$ . The other most tension-inducing area was respectively related to the Clinical experiences ( $3.33 \pm 0.71$ ), Unpleasant feelings ( $3.31 \pm 0.63$ ), Educational environment ( $3.31 \pm 0.80$ ) and Interpersonal relationships ( $3.21 \pm 0.67$ ) (Table, 1).

#### Discussion

The results of the study indicated the high level of stress among these students. The existence of a high level of stress during the training course might have negative effects on the students' clinical learning and success (Sarikaya et al., 2006). With regard to the results of the study, the first stress-inducing factor in clinical training was related to humiliating experiences area. In parallel studies, the preceptor's reminder in presence of personnel and physicians has been referred to as the most tension-inducing factor

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