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Well-being and self-efficacy in a sample of undergraduate nurse students: A small survey study

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SUMMARY

This paper reports findings from a survey which aimed to explore well-being and self-efficacy and test measures of those constructs with a sample of nurse students in a University setting in the United Kingdom. Evidence indicates that undergraduate nurse programmes combine academic work and clinical placement experience in a mix that can potentially lead to stress and impact on health and well-being. Self-efficacy is known to be a resource that contributes to well-being, resilience and academic achievement and therefore relevant for investigation.

A cross-sectional survey approach was used to obtain data using a paper questionnaire including the BBC Well-being Scale and Generalised Self-efficacy Scale. A total of $n = 108$ undergraduate preregistration nurse students participated in this small study from a potential population of 450. The majority of participants (86%) were female, and the majority (75%) were aged 17–35 years old. Mean and subscale scores were calculated for both instruments and inferential analyses were carried out using non-parametric techniques.

Exploratory factor analyses of the BBC Well-being Scale indicated a three factor structure consistent with validation study findings. Cronbach's alpha was $\alpha = .92$ for the BBC Well-being Scale and $\alpha = .85$ for the GSE suggesting that the instruments are valid and reliable measures for nurse education research. Nurse students indicated higher scores on the BBC Well-being Scale and the GSE compared with previously studied populations and a small but significant positive correlation was found between psychological well-being and self-efficacy. Cluster analysis indicated discrete student communities in this sample that varied in their Well-being and GSE scale and subscale scores. Self-efficacy and general well-being in nurse students are worthy of further study and relevant to contemporary nurse education given current interest in interventions to promote student retention and resilience post-registration.

Introduction

The health and well-being of nurse students is an important focus of nurse education inquiry, particularly in relation to stress and coping and has become the subject of international attention in relation to student retention and attrition (Cameron et al., 2011; Gibbons, 2010; Jeffreys, 2012; Pryjmachuk et al., 2009; Shelton, 2012). Professional registration as a nurse in the UK requires successful completion of an undergraduate degree programme of three years duration comprising equal theory and practice hours to meet regulatory conditions (NMC, 2010). Since 2010, the requirement for all degree entry and exit has the potential to place nurse students under additional academic pressure to achieve, given that many entrants are accepted onto programmes with a diverse range of entry qualifications (Gale et al., 2015).

Known causes of stress that impact on student well-being include pressure of academic assignments, long study hours and lack of free time, poor faculty support as well as financial worries and separation from home (Edwards et al., 2009; Gibbons, 2010; Gibbons et al., 2007; Watson et al., 2009). Whilst these stressors apply to most students, nurse students suffer from a broad range of additional stress factors due to experiences whilst on clinical placements, insecurity about clinical competence and impact of life events, all of which can have an effect on well-being (Watson et al., 2009). First-year nurse students have previously indicated that their stress-levels exceeded those of third-year nursing and medical students, as well as the general female population (Jones and Johnston, 1997).

Background

The primary focus of this study is on nurse student well-being and self-efficacy and the utility of a recent measure, the BBC Well-being Scale (Kinderman et al., 2011). The terms 'well-being' and 'health' are often used synonymously and can be problematic to define and distinguish from each other (Helliwell et al., 2009; La Placa et al., 2013).

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Although well-being is often referred to as mental and social health within a wider sense of health, as in the WHO 1946 definition of health (WHO, 2006), others acknowledge its more complex nature and describe it as a state 'in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community' (Beddington et al., 2008). In its broadest sense, with a move away from diagnosis of mental illness, the enhancement of well-being is of interest to the fields of mental health and social care in addition to policy makers and public health (Kinderman et al., 2011; Mguni et al., 2011).

Arguably, because well-being is multi-faceted, any attempt to measure it using a set of survey items derived from mental health measures can justifiably be criticised. Layard (2010) counters this position by contending that sound measurement can assist researchers to determine what really matters to individuals from a subjective perspective and to what extent (Layard, 2010). Also, well-being has been developed from the field of positive psychology from which there is a call to include greater development of how contextual factors influence traits and processes (McNulty and Fincham, 2012). However, a valid and reliable measure of student well-being could be very useful to nurse educators as part of a suite of approaches to better understand factors impacting on well-being and develop and evaluate support interventions.

The second area of focus in this study is on self-efficacy. Also known as mastery, it is defined as 'people's beliefs about their capabilities to exercise control over events that effect their lives' (Bandura, 1993 p. 118) and their 'beliefs in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over task demands' (Bandura, 1990, p. 316). Self-efficacy differs from self-concept or self-esteem and is not meant to be a fixed ability, but can be viewed as a generative capability of organising sub-skills in a way that makes effective action possible.

Consequently, beliefs about personal efficacy and not skills alone are key factors in determining how a person performs in a given situation (Scholz et al., 2002). Low self-efficacy is associated with negative feelings like anxiety, depression or helplessness as well as reduced academic performance or low self-motivation. High self-efficacy on the other hand is associated with positive feelings about one's self, which facilitate cognitive processes and academic achievement as well as confidence and motivation (Gibbons, 2010). Transition into higher education can make students feel vulnerable and lacking in control over their lives and therefore have negative consequences on their self-efficacy. These issues apply to mature nurse students who have previous experience of working life, especially those with children who face stress and pressure being in both the role of a student and a parent (Kevern and Webb, 2004).

Self-efficacy is relevant in relation to student health and wellbeing, especially in a time of adjustment such as undergraduate educational development and for success in clinical placement (Gibbons, 2010; Townsend and Scanlan, 2011). However, the value of social cognitive theory and self-efficacy to the development of competency in nurse education curricula has been questioned, particularly in relation to validity of self-assessment (Lauder et al., 2007) and expected outcomes or consequences of a behaviour (Williams, 2010). Despite this critique, self-efficacy and wellbeing are indicated as important resources for the promotion of resilience (Mguni et al., 2011; Schwarzer and Warner, 2013), or the ability to maintain function or recover quickly in the face of adversity, seen as an essential quality to foster in nurse students (Bonanno et al., 2010; Stephens, 2013).

Methods

A cross-sectional approach was used to obtain survey data from a non-probability convenience sample of undergraduate Bachelor of Nursing degree students (Bowling, 2009). All participants were enrolled on the Bachelor of Nursing (Hons) programme during two months in semester one, 2012. Ethical permission to proceed with the dissertation study was gained from the school research ethics committee.

Nurse students from one campus of a university in a semi-rural area of the UK were eligible to participate in the study. Prospective participants were approached in lecture room settings prior to lectures using a standard introduction. They were advised about the study purpose, that it was for a student dissertation, participation was voluntary and responses would be handled anonymously. The introduction to the study was facilitated by the lecturer for that teaching session who introduced the student researcher, which was seen as a more effective means of engaging with potential participants to increase response rates than an anonymous contact via email or posters to recruit for the survey. Implied consent was gained by completion and submission of the questionnaire. All cohorts of students were sent a reminder to participate two weeks after the introduction to the study using email via the school virtual learning environment. Approximately 450 students were potentially available to participate at the time of data collection and about 240 were approached before lectures, based on information from records of attendance.

The printed questionnaire included two instruments, the 24 item BBC Well-being Scale (Kinderman et al., 2011) and 10 item Generalised Self-efficacy Scale (GSE) (Schwarzer and Jerusalem, 1995). These were for completion in participants' own time to minimise coercion and the influence of other cohort members. Participants were instructed to indicate agreement with each item in both scales using a four point Likert-type scoring system, with four reflecting higher perception of well-being or level of self-efficacy. Four demographic items were included in the questionnaire package which asked participants about gender, age group, highest level of educational attainment and year of study. Permission was gained from Professor Kinderman to use the BBC Well-being Scale and the GSE is made publicly available for use with the condition that the source of the scale is recognised (Schwarzer, 2012).

Copies of the questionnaire were made available at collection points and secure drop boxes provided an anonymous means for return of completed questionnaires in envelopes. Students were asked not to include their name on the questionnaire to maintain anonymity. The study information sheet was included with details of the research supervisor and student support services available to participants if any items in the questionnaire caused any concern. These were returned to the dissertation supervisor before being processed.

Questionnaire responses were entered into IBM Statistical Package for the Social Sciences (SPSS Statistics, Version 19) to store and analyse the anonymised data. IBM SPSS 19 was used for confirmatory factor analysis procedures. Descriptive statistics and correlations were calculated for scales and subscales, exploratory and confirmatory factor analyses for the BBC Well-being Scale and cluster analyses using the whole sample dataset.

Results

Overall, 108 students responded and power calculations indicated that this would be sufficient to demonstrate medium to large correlations. The response rate was 24%, which could be considered sub-optimal for a survey (Bowling, 2009), although 45% of those approached participated. There was limited time in which to approach all nurse student cohorts, so the low response rate was to be expected.

Most respondents were female (86%) and one individual did not indicate gender or demographic details. About one-third (32%) of respondents were 17 to 21 years old, the majority (44%) were between 22 and 35 years old and in the first year of the programme (41%); 31% were in year 2 and 28% in year 3. There were more males in the younger age group (6; 42%) whilst the highest number of females was between 22 and 35 years old (41; 44%).

With regards to the respondent's highest achieved education, 14 (13%) respondents entered the programme with GCSEs as their highest