



Predictors of Taiwanese baccalaureate nursing students' physio–psycho–social responses during clinical practicum

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SUMMARY

The nursing educational process may contribute to stress in nursing students, particularly during clinical rotations. This descriptive study explored the relationships between perceived stress, coping behaviors, personality traits, and physio–psycho–social responses in a clinical practicum among baccalaureate nursing students and identified predictors for physio–psycho–social responses. A cross-sectional design was employed. One hundred and one juniors enrolled in a four-year baccalaureate nursing program in Taiwan participated in this study. Four structured questionnaires were utilized to collect data. Multiple regression analysis showed that three predictors accounted for 53.2% of the variance in students' physio–psycho–social responses, including perceived stress, students' gender, and personality traits. The implication for nursing educators is providing immediate assistance and appropriate support to guide students through difficult learning when they need. Nursing instructors also should pay attention to students' gender-linked differences and be aware of individuals' personality traits, especially those with emotional instability, unsocial behaviors, and depressive signs.

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Introduction

One of the essential roles of nursing education is to provide professional knowledge and clinical skills to facilitate students' development as professional nurses. Nursing students experience different levels of stress during the educational process, particularly in clinical rotations. The clinical practicum provides students with opportunities to develop nursing skills, apply professional knowledge, and make clinical judgments in real situations (Chan et al., 2009; Mahat, 1998). In addition, students' attitude is an important factor during the process of education (Hsu and Hsieh, 2011) and the formation of attitude is through direct experiences and cognitive learning (Rodgers and Gilmour, 2011). Nursing students are expected to be knowledgeable in various areas such as client diseases, treatments, medications, diagnostic tests, communications, patient–nurse interactions, and multidisciplinary collaboration.

Background/Literature

Previous studies indicate that baccalaureate nursing students experience higher levels of stress and more physical and psychological symptoms than those students in other health-related disciplines (Beck and Srivastava, 1991; Beck et al., 1997; Chan et al., 2011; Shaban et al., 2012). Lazarus and Folkman (1984) defined stress as “a particular

relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her sources and endangering his or her well-being” (p. 19). This theory proposes that stress is perceived, managed, and terminated on the basis of an appraisal process (Lazarus and Folkman, 1984).

Numerous studies have reported that nursing students identified the clinical practicum as the most stressful part of the educational training process (Beck et al., 1997; Chan et al., 2009; Gorostidi et al., 2007; Mahat, 1998; Pagana, 1988). A comparative and longitudinal study was conducted among 1707 student nurses in Albania, Brunei, the Czech Republic, Malta, and Wales (Burnard et al., 2008). The researchers identified that “the sufferings of patients,” “death of a patient,” or “learning from a dying patient” were the most common clinical stressors for students (Burnard et al., 2008).

Shipton (2002) stated that clinical stressors perceived by nursing students included initial experience, interpersonal relationships, heavy workload, feelings of helplessness, and the inability to perform nursing roles. Moscaritolo (2009) applied the Neuman Systems Model to nursing students experiencing stress and anxiety in the clinical learning environment. She suggested that clinical stress invaded students' normal lines of defense. When students are unable to handle stress, the normal lines of defense are cracked and this results in anxiety. Sheu et al.'s (2001) study stated that nursing students' reactions to stress during their initial clinical practicum encompassed physical symptoms, emotional responses, and social behaviors. Chan et al. (2011) explored the psychological health-related life quality profile among 112 nursing students in Singapore. The researchers reported four main factors associated with students' psychological

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health, including demographics (age and year of study), perceived emotional intelligence, social support, and stress level (Chan et al., 2011).

According to Lazarus and Folkman's theory (1984), coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Largo-Wight et al. (2005) stated that coping is the act of dealing with emotions or behaviors to decrease the physical and psychological effects of excess stress. Lo (2002) conducted a longitudinal study of perceived stress level, coping, and self-esteem among undergraduate nursing students in Australia. She reported that most students coped with stress by using both problem-focused (problem solving, recreation and sport, and social support) and emotion-focused (tension reduction) coping skills.

Sheu et al. (2001) found that coping behaviors utilized by 280 nursing students during the first clinical practicum included having an optimistic attitude, transference, problem solving, and avoidance. In addition, a longitudinal study was conducted from 1994 to 1997 to examine how differences in life events and stress contributed to psychological distress among 192 nurses and nursing students. The result showed that adverse life events, psychological distress, and individual personality traits are all interrelated (Watson et al., 2009).

Personality is the individual characteristics that can be identified, including similarities and differences between the self and others (Day and Silverman, 1989). Lidz and Kahn (2006) examined the relationships between personality, perceived social support, and adjustment in first-semester college freshmen. They found that those students who were emotionally stable, socially bold, and less abstract appeared to be better adjusted to college life.

Warbah et al. (2007) studied the relationships between psychological distress, personality, and adjustment among 145 Indian baccalaureate nursing students. The study indicated that students who had high stress scores on the general health questionnaire also had neurotic personalities and poor adjustment. In addition, individual personality traits, adverse life events, and psychological distress were all related.

Most previous studies have focused on the population of associate nursing students (Sheu et al., 2001) and nurses (Watson et al., 2009) or on the variables of adjustment (Warbah et al., 2007), academic performance (Gwele and Uys, 1998), counseling needs (Omigbodun et al., 2004), or intervention strategies (Moscaritolo, 2009). The issues related to baccalaureate nursing students' physio-psycho-social responses during their clinical practicum have been overlooked. Therefore, the aims of this study were to explore the relationships between baccalaureate nursing students' perceived stress, coping behaviors, personality traits, and physio-psycho-social responses in clinical practicum and to identify predictors for physio-psycho-social responses in the clinical practicum.

Methods

Participants

This study used a cross-sectional design. A total of 101 juniors (85 females, 16 males) enrolled in a 4-year baccalaureate nursing program in a university in southern Taiwan participated in this study. The students were required to complete the clinical practicum involving medical-surgical, obstetric, and pediatric nursing during their junior year. They had completed the clinical practicum in fundamental nursing during their sophomore year.

Instruments

Four instruments were used in this study, including a perceived stress scale, a coping behavior inventory, Lai's personality scale, and a physio-psycho-social responses scale. The perceived stress scale

was developed by Sheu et al. (1997) and was used to measure the degree of stressful events perceived by students during their nursing clinical practicum. The scale comprises 29 items and is divided into 6 dimensions – specifically, stress from taking care of patients, from teachers and nursing staff, from assignment and workload, from peers and daily life, from lack of professional knowledge and skills, and from clinical surroundings. The content validity index of this scale was 0.94. Each item was scored from 0 to 4, with a higher score indicating a higher degree of stress (Sheu et al., 2001). The Cronbach's alpha was 0.89 (Sheu et al., 2001). The internal consistency with Cronbach's alpha was 0.91 in the present study.

The coping behavior inventory is a 19-item Likert scale and is divided into 4 dimensions measuring the frequency of coping behaviors including avoidance, problem solving, optimism, and transference (Sheu et al., 2001). The score for each item ranged from 0 (never) to 4 (always). A higher score on each item represented a more frequent employment of coping behaviors. The internal consistency reliability with Cronbach's alpha was 0.76 (Sheu et al., 2002). The internal consistency with Cronbach's alpha in the present study was 0.80.

Lai's personality scale was initially developed in 1991 to measure individual personality traits and was revised in 2002 (Lai and Lai, 2004). The scale of personality traits includes four dimensions: social adaptiveness, emotional stability, introversion-extraversion, and mental health. This questionnaire contained 140 items plus 10 additional items for testing individual reliability. The score range for each item was from 0 to 2 (Lai and Lai, 2004). The higher score in each dimension indicated a lower degree of social adaptiveness, emotional stability, and mental health, and more extroverted personality (Lai and Lai, 2004). The internal consistency with Cronbach's alpha was 0.62 in the present study. The scores on each dimension were further calculated and classified into six categories as Table 1 (Lai and Lai, 2004).

The physio-psycho-social response scale was developed in order to explore the nursing students' symptoms of physical, emotional, and social behaviors that occurred during their clinical practicum (Sheu et al., 1997). The construct validity was verified by factor analysis with three factors (physical, emotional, and social behaviors) that accounted for 65.7% of the total variance (Sheu et al., 2002). The Cronbach's alpha was 0.90 (Sheu et al., 2001). This scale contains 50 items with scores from 0 (never) to 4 (always). A higher score indicates the presence of more symptoms and a worse status. The internal consistency with Cronbach's alpha was 0.95 in the present study.

Table 1

The six categories of personality traits and their characteristics.

Personality traits	Characteristics
A	An individual who is neutral in personality, emotional stability, mental health, and social adaptability. The personality characteristics of such an individual are described as neither good nor bad.
B	An individual who is characterized by extroversion and an active personality, emotional instability, poor mental health, and poor social adaptability. There is also a tendency for antisocial behaviors.
C	An individual who is characterized by introversion and an inactive personality, emotional stability, good mental health, and good social adaptability. The individual tends to be a good student who obeys and follows directions, and who is passive, calm, and thoughtful.
D	An individual who is characterized by extroversion and an active personality, emotional stability, good mental health, and good social adaptability. The individual tends to be suitable for leadership positions in an organization, school, or social club.
E	An individual who is characterized by introversion and an inactive personality, emotional instability, poor mental health, and poor social adaptability. The person tends to have unsocial behaviors and demonstrate depressive signs, including self-blaming tendencies, indecision, poor self-control, nervousness, anxiety, low confidence, poor self-confidence, over-reactivity, and unhappiness.
F	Individuals who cannot be readily classified into any one of the above types belong to this category.

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