



Perceived stress and social support in undergraduate nursing students' educational experiences

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SUMMARY

Background: Nursing students experience high levels of stress. Coping mechanisms such as utilization of social support are effective in managing the effects of stress and promoting individual well-being. The use of social support from faculty members and peers in nursing programs has not been studied sufficiently. Faculty members who can perceive and understand student emotions add to the students' positive perception of the educational environment, making it more conducive to learning.

Objectives: To identify the stress experience and use of social support as a coping mechanism in traditional and second degree nursing students' educational experiences.

Design: A mixed method study was conducted.

Setting: Undergraduate nursing students at a private university.

Participants: 107 baccalaureate nursing students enrolled in either a traditional ($n = 49$) or second degree ($n = 58$) program during the Fall 2011 semester.

Method: Five instruments were combined to develop the quantitative and qualitative questions for an online survey.

Results: Traditional and second degree nursing students report high levels of anxiety, worry and depression in response to stress, resulting in feelings of rejection and inadequacy. Respondents used faculty members for support less frequently than they used their peers, spouse/significant other or parents. Second degree students and traditional students differ in their level of alcohol consumption with traditional students more likely to drink heavily than second degree students. In addition, traditional students are more likely to use fellow nursing students and other friends as social support, whereas second degree students rely more on their spouse/significant other.

Conclusion: Students' high levels of maladaptive reactions to stress should encourage educators to help students develop positive coping strategies. Educators have the potential to impact the development of their students as they transition into nurses capable of handling the rigors of the profession.

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Introduction

Nursing students experience high levels of stress (Gibbons, 2010; Goff, 2011; Moscaritolo, 2009). As senior level traditional nursing students and their faculty, we are aware of the extremely high level of stress students experience and the diversity of responses used to cope with stress. We are concerned about how the stress experience of undergraduates will impact their future careers as nurses. It is imperative that faculty support nursing students to help them

develop adaptive coping mechanisms that they can employ in stressful situations. Development of adaptive coping mechanisms by nursing students will result in students who are less likely to use maladaptive strategies such as drinking, separating self from others, ignoring stress, anxiety and depression. Faculty members must be willing to assist future generations of nurses survive the rigors of nursing school and thrive in the face of challenges presented in the nursing profession. This study aimed to identify the stress experience of undergraduate nursing students, the coping mechanisms utilized by these students, and their reliance on various social support systems.

Background

It has long been perceived by nursing faculty and students that nursing students experience higher levels of stress than other college

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students (Beck and Srivastava, 1991; Goff, 2011). Nursing students believe that they have little free time due to the demands of studying, with assignments for didactic and clinical work. Another factor contributing to high levels of stress is that clinical assignments require nursing students to spend considerable time away from campus and also requires them to be responsible for the well-being of patients (Shriver and Scott-Stiles, 2000). These activities remove students from the normal social developmental activities of their same age peers.

Misra and McKean (2000) found that junior and senior college students experience less perceived stress as compared to freshmen and sophomore students due to the development over time of improved coping skills. College sophomores were found to “lack motivation, feel disconnected and flounder academically,” frequently referred to as the “sophomore slump” that can lead to high levels of stress and depressive symptoms (Gahagan and Stuart, 2006, p.18). Second degree nursing students also experience additional stressors since they are older than traditional students and frequently have spouses, families and other commitments, which add to the stress caused by their studies (Goff, 2011).

Coping mechanisms such as utilization of social support have been shown to be effective in managing the effects of stress and promoting individual well-being (Boey, 1999; Lo, 2002; Mahat, 1998; Payne, 2001; Tichy and Means, 1990). Hubbard et al. (1984) found that an increased perceived level of social support had a direct positive association with participation in positive health practices, including adequate nutrition, exercise, relaxation, safety, and health promotion. Conversely, college students with lower levels of social support smoked significantly more and consumed more alcohol when facing the stress of exams than those with higher levels of social support (Stephoe et al., 1996). These findings highlight the positive influence social support can have on healthy lifestyle choices.

Studies have examined the various social support systems nursing students commonly draw upon, focusing on familial and spousal support; however the use of social support from faculty members and peers in nursing education programs has not been studied sufficiently (Boey, 1999; Lo, 2002; Payne, 2001). Faculty should be aware of student stress so that they can support student growth and development (Yearwood and Riley, 2010). It is important that students perceive their learning environment as one built on mutual trust between faculty and students because students have identified that when they feel safe, respected, trusted and receive frequent feedback from faculty members, they feel more motivated and learn more effectively (Rowbatham, 2010; Tiberius and Billson, 1991). The mutual trust created between faculty and students puts the focus on learning rather than teaching (Tiberius and Billson, 1991). Faculty members who perceive and understand the emotional needs of their students add to the students' positive perception of the educational environment, making it more conducive to learning (Rowbatham, 2010).

Methods

Design

An institutional review board (IRB) approved this mixed method survey research administered in October 2011 to baccalaureate nursing students in both the traditional and the second degree programs at a private university.

Participants

Participants were 107 traditional and second degree undergraduate nursing students enrolled in one of five required nursing courses. One hundred seventy-five students were invited to participate and 107 students completed the survey (61.1% response rate). Participants included 104 women and 3 men.

Data Collection

Five validated tools combined into one online survey to assess coping mechanisms, response to stress and perceived social support. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), Deakin Coping Scale (Moore, 2003), Social Support Questionnaire (Sarason et al., 1987) and the Student Life Stress Inventory (Gadzella, 1994) were utilized. In addition, an open ended survey item with three questions using the Critical Incident Technique Tool (Flanagan, 1954) asked respondents to share their most stressful clinical experience, how they responded to the stressful event, and the persons with whom they shared the experience. The combined tool was validated by two content experts to evaluate for reliability.

The purpose of the study was introduced by the investigators to students during class time. A web link was distributed to the students enrolled in each of the five classes, and email reminders were sent one week later and again two days before the survey closed. Informed consent was obtained from the 107 students that participated in the survey prior to beginning the survey. The combined instrument was distributed online and was hosted by Zoomerang.com, a platform that provided no links to identity, ensuring anonymous results. Limited demographic information was collected to further ensure no linkage to results for the few male, older age or racially diverse student participants. Quantitative data were obtained from all participants and 62 of the participants also completed two qualitative open-ended questions. A combination of both qualitative and quantitative measurements were assessed using the five validated instruments: the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988); Deakin Coping Scale (Moore, 2003); Social Support Questionnaire (Sarason et al., 1987); the Student Life Stress Inventory (Gadzella, 1994); and Critical Incident Technique (Flanagan, 1954).

Data Analysis

Analysis of the quantitative data was performed using Statistical Package for Social Sciences, IBM 19.0 (SPSS, 2010). The qualitative data regarding the most stressful clinical experience and how students coped with that situation were independently coded by four of the researchers. Thematic analysis using Van Manen's (1990) approach of extracting specific phrases or sentences was utilized. Dependability was achieved through the independent research review followed by discussion between four of the researchers and identification and consensus about the findings.

Quantitative Results

Reaction to Stress

The students surveyed were asked to select all feelings that they experienced in stressful situations, including fear, anxiety, worry, anger, guilt, grief, or depression. The most commonly selected feelings were anxiety, worry and anger. In addition to the top three, fear and depression were frequently selected (Table 1).

Of the respondents, 95.7% ($n=102$) reported feeling anxiety in stressful situations. In addition, worry ranked extremely high for many respondents, with 87.8% ($n=94$) of students reporting this emotion.

Feelings of depression when under stress were reported by 42.1% ($n=45$) of all students. This is worrisome, especially when considered with the maladaptive coping strategies reported, such as separating self from others, crying, and being irritable.

Coping Strategies

The nursing students surveyed were asked to select all the strategies they utilize to decrease their stress including working out, hanging out with friends, talking to family, talking to friends, ignoring the

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