



A longitudinal study of stress and self-esteem in student nurses

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ARTICLE INFO

Article history:
Accepted 15 June 2009

Keywords:
Students
Nursing
Stress
Self concept

SUMMARY

Introduction: It is well recognised that nurse education/training can be a stressful experience and that self-esteem is an important predictor of stress.

Background/literature: While there are a significant number of studies showing levels and contributors to stress among students. There is little evidence of how these levels change over time. The aim of the study was to investigate nursing students' experiences of stress and levels of self-esteem during three years of their undergraduate nursing programme.

Methods: Participants completed the stress in nurse education questionnaire and the culture free self-esteem inventory at various time points in the study, and a demographic questionnaire at baseline. The students who took part in the study commenced their nurse education/training in September 2002.

Data/results: This study has demonstrated that levels of self reported stress and "general" self-esteem are significantly different at different stages the nurse training process. Self reported stress were at the highest at the beginning of the third year and these were significantly higher when compared to stress reported at any other time point. Self-esteem levels were lowest at the end of training.

Conclusions: Trying to obtain data only at single time point during nurse education/training is inadequate as this research has shown that there is indeed variation in student psychological well being across the academic year.

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Introduction

Stress and self-esteem are the guiding concepts of this study, reflecting the view of Lazarus and Folkman (1984), and Rosenberg (1965). Lazarus and Folkman (1984) define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her own resources and endangering his or her well being" (p. 19). Self-esteem broadly defined, refers to the extent to which individuals value themselves (Reber and Reber, 2001), and has long been identified as an important predictor of adjustment to stress (Lazarus and Folkman, 1984). Rosenberg (1965) suggests that individuals respect themselves, consider themselves worthy, recognise their limitations and expect over time to grow and improve. It is inversely related to psychological indicators of stress and strain (Kivimäki and Kalimo, 1996).

It is well recognised that nursing is a stressful occupation (Bennett et al., 2001, Bennett, 2002; Jones and Johnston, 2000; McVicar, 2003). However, the problem of stress does not begin when the nurse qualifies, but is evident during nurse education/training (Rhead, 1995) and may affect academic performance and student

well being. In the UK, a number of studies have investigated the stressors relating to the practical aspects of nursing for students prior to Project 2000 (see for example Jack, 1992; Parkes, 1980a,b, 1982, 1984, 1985). Other studies have identified students' stress experiences during their formal education (see for example Lindop, 1989, 1991) and report that stress increases as training progresses.

Background/literature

More recently, studies among Project 2000 students (Brown and Edelmann, 2000; Evans and Kelly, 2004; Hamill, 1995; Jones and Johnston, 1997, 1999; Timmins and Kaliszzer, 2002a; Tully, 2004) have identified specific academic and clinical stressors throughout the programme of study. Jones and Johnston (1997) reported a number of academic stressors for first year students which included lack of free time, long hours of study, college response to student need and fear of failing.

Several studies have reported academic stressors for students in their final year and these include not being treated as an adult learner, confusing assignment guidelines and the amount of self directed learning (Hamill, 1995), financial concerns and relationships with teaching related staff (Timmins and Kaliszzer, 2002a). Where studies have investigated academic stress throughout the entire

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programme of study the issues that caused them stress included examinations (Evans and Kelly, 2004; Lindop, 1999), the intense amount of work (Evans and Kelly, 2004; Tully, 2004), finding the academic work difficult, being faced with study (Evans and Kelly, 2004) and financial concerns (Brown and Edelmann, 2000). The clinical stressors identified by research studies for students in their first year of study were lack of practical skills, negative attitudes of ward staff and misunderstanding of supernumerary status (Hamill, 1995), whereas for final year students the stressors were identified as death of a patient and relationships with clinical related staff (Timmins and Kaliszer, 2002a). Where studies have investigated clinical stress throughout the entire programme of study the issues that cause them concern have been identified as the theory to practice gap, atmosphere among clinical staff, being reprimanded in front of staff and patients (Evans and Kelly, 2004) and the death of a patient (Rhead, 1995). The most recent study conducted by Prymachuk and Richards (2007) found that stress in nursing students arises from a combination of personal and extracurricular factors rather than from the educational programme itself.

While there are a significant number of studies showing levels and contributors to stress among students, there is little evidence of how these levels change over time. The one longitudinal study to examine this issue (Deary et al., 2003) found increasing levels of stress and use of emotion-oriented, avoidance and distraction coping strategies, as the programme progressed. Stress was measured at baseline and at the end of the first year whereas all other variables were measured again during the second and third year. Burnard et al. (2008) reported data from a series of cross-sectional surveys in student nurses in each year of training, and found no evidence of changes in the intensity of stress during the course of training. Accordingly, there is need of a longitudinal study of student stress over time.

Self-esteem has long been identified as an important predictor of adjustment to stress (Lazarus and Folkman, 1984). Now considered a multidimensional construct that can change over time in response to a variety of external and internal influences (Greenier et al., 1995), high levels of self-esteem are considered important in terms of both managing the demands placed on nurses during their training and for developing a strong and therapeutic relationship with a patient (Ohlen and Segesten, 1998). Although a number of studies have shown how self-esteem varies over the course of the training period, there is little consensus within the data (Begley and Glacken, 2004; Lees and Ellis, 1990; Randle, 2003; Sasat et al., 2002). Different aspects of self-esteem (social, personal and general) in nursing students were investigated across three years of nurse training programmes in two countries and no relationship was found between self-esteem and year of study (Sasat et al., 2002).

The three longitudinal studies conducted in the UK provided conflicting evidence. Randle (2003) found that although the majority of students commenced their nurse training with average levels of self-esteem as classified by the Tennessee Self Concept Scale, by the time they finished their education their self-esteem had fallen to the point that 95% of the students perceived themselves as anxious, depressed and unhappy. By contrast, Begley and Glacken (2004) found that students' self-esteem rose as they neared the end of their education programme, although their overall self-esteem levels at their highest were only average. Lees and Ellis (1990) revealed that self confidence and self-esteem was higher at the beginning of the nursing program and decreased with each subsequent year.

In view of these contradictory or preliminary findings, there is a clear need for more data concerning the longitudinal course of both stress and self-esteem in student nurses. This study provides such data. The aim of the study was to investigate nursing students' experiences of stress and levels of self-esteem during three years

of their undergraduate nursing programme and whether changes occur over this time. This is the first study of its kind which has explored stress and self-esteem. The study was longitudinal and prospective, and followed an entire year-of-entry cohort at one University (including nurses from adult, child and mental health training pathways).

Method

Questionnaires

Participants completed two questionnaires at each time point in the study, and a demographic questionnaire at baseline.

The Stress in Nurse Education questionnaire (Rhead, 1995) is a modified version of the Nurse Stress Scale (Gray-Toft and Anderson, 1981) which incorporates academic stressors and was designed specifically for use within nurse education. The questionnaire comprises 32 items that describe stressful situations. Sixteen items describe clinical situations and another sixteen items describe academic situations. A 4-point Likert scale (0–3; not stressful to extremely stressful) is to measure the intensity of stress associated with each item. A total stress score is obtained by summing responses to the 32 items, with a possible range of scores from 0–96. Clinical and academic stress sub-scale scores can be obtained by summing the relevant item scores. Cronbach's alpha for the overall scale for this study was 0.885.

The Culture Free Self-esteem Inventory – 2 (CFESI-2; Battle, 1981) comprises 40 items measuring four self-esteem subscales: general self-esteem (16 items); social self-esteem (eight items); personal self-esteem (eight items); and lie subtest (eight items that indicate defensiveness).

The items in the instrument are divided into two groups: those that indicate high self-esteem and those that indicate low self-esteem. The responses are of forced choice variety; the individual checks each item either 'yes' or 'no'. 'General' self-esteem is the aspect of self-esteem that refers to individuals' overall perceptions of their worth, 'social' self-esteem is the aspect of self-esteem that refers to individuals' perceptions of the quality of their relationships with peers and 'personal' self-esteem is the aspect of self-esteem that refers to individuals' most intimate perceptions of self worth. Cronbach's alpha for the overall scale for this study was 0.822.

The demographic questionnaire recorded age, gender, previous academic qualifications, marital status and information on children living at home. Questionnaires were administered on the following occasions:

Time one (T1)	The beginning of the 3rd module after two clinical placements (approx 8 months)
Time two (T2)	At the beginning of the 2nd year
Time three (T3)	At the beginning of the 6th module after five clinical placements (approx 20 months)
Time four (T4)	At the beginning of the 3rd year
Time five (T5)	at the end of the 3rd year on the last day of term when exam results would already have been known

The Ethics Committee of the relevant School of Nursing and Midwifery Studies passed the research proposal. The questionnaire was administered along with an information sheet about the study and a consent form and was administered and completed in the presence of the one of the researchers. Prior to administering the questionnaire a full explanation was given to the respondents regarding the status of the researcher and the purpose of the study.

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