



Reliability and validity of Turkish version of clinical stress questionnaire

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Summary This study was conducted for the purpose of testing the validity and reliability of the Turkish version of the Clinical Stress Questionnaire, which was developed to examine the stress that nursing students experience in their first clinical experiences that are threatening or challenging. The study sample was comprised of 80 first-year nursing students who had their first clinical practice experience. Internal consistency of the total questionnaire was Cronbach's $\alpha = 0.70$ and the factor analysis supported the original construct. Based on these results the Turkish version of the Clinical Stress Questionnaire can be used as a valid and reliable instrument.

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Introduction

Clinical practice has an undisputed place and importance in nursing education. These clinical experiences not only help students establish links between theoretical knowledge and practice, but they also ensure the development of psychomotor skills, which form the foundation of nursing practice, and the socialization of their future roles (Aşti and Taşocak, 1995; Oermann and Sperling, 1999; Chapman and Orb, 2002). However many research studies have shown that the clinical experience

contributes to student stress (Clarke and Ruffin, 1992; Thyer and Bazeley, 1993; Rhead, 1995; Admi, 1997; Timmins and Kaliszer, 2002). In the literature it has been reported that stress has always been a factor in the clinical education process for students. Frequent sources of stress for students include the following: being in an unfamiliar environment, making a mistake, injuring someone, concern that knowledge and skills are inadequate for practice, and the instructor (Pagana, 1988,1990; Oermann and Sperling, 1999; Acaroğlu et al., 2003).

The presence and level of stress in students can have a negative or positive effect on thinking and learning. It is known that a high level of stress makes learning difficult and, not surprisingly,

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a low level of stress is motivating (Rhead, 1995; Hanson, 2000; Timmins and Kaliszer, 2002; Alpar et al., 2003; Living and Learning, 2004). For this reason, to achieve the desired behavioral changes as a result of clinical education, it is important to determine students' stress levels to eliminate as many sources of stress as possible that can negatively affect learning.

There are various instruments that can be used to measure nursing students' stress levels. One of these is the Clinical Stress Questionnaire (CSQ) which was developed by Pagana in 1989.

Characteristics of clinical stress questionnaire

The clinical stress questionnaire (CSQ) is a self report Likert-type instrument that was developed by Pagana in 1989 for the purpose of determining the beginning stress value that is threatening or challenging to nursing students in their first clinical experience. The theory of cognitive appraisal of stress as described by Lazarus and his colleagues was adopted as the theoretical framework in the development of this instrument. During the cognitive appraisal process an individual evaluates a stressful situation as a threat, challenge, or harm/loss. Threat refers to potential for harm; challenge refers to potential for mastery, growth, or gain; and harm/loss refers to friendship, health, or self-esteem (Pagana, 1989).

The majority (15 items) of the 20-item CSQ was obtained from a research project reported by Folkman and Lazarus in 1985, while the remaining five items were added as a result of a pilot study by Pagana. These items are divided into four categories, based on the effect each has on emotions: threat, challenge, harm, and benefit. The responses are assessed on a five-point Likert scale that ranged from 0 (not at all), 1 (a little), 2 (moderately), 3 (quite a bit), and 4 (a great deal). Every item is calculated as scored so the total score can be as low as "0" or as high as "80". A low score signifies a low level of stress, and a high score denotes a high level of stress (Pagana, 1989).

In the construct validity of the original instrument developed by Pagana the challenge and benefit scales were revised and two of the items (exhilarated and pleased) from the four-item benefit scale were evaluated under the challenge scale. As a result in the revised CSQ offered for use, the threat scale includes six emotions (worried, anxious, overwhelmed, apprehensive and fearful); the challenge scale includes seven emo-

tions (stimulated, exhilarated, hopeful, pleased, eager, excited and happy), the harm scale has five emotions (angry, sad, guilty, disgusted and disappointed); and the benefit scale has two emotions (relieved and confident). In the validity-reliability study for Pagana CSQ, the internal consistency for the challenge and threat scales, which is the focus of this instrument, was found to be, respectively, $\alpha = 0.85$ and $\alpha = 0.84$ (Pagana, 1989).

Purpose

The basic purpose of this study was to test whether or not the Turkish version of the CSQ is a valid and reliable instrument for determining the beginning value of stress that is threatening or challenging to nursing students in their first clinical experience. Another objective of the study was to contribute to the development of a new instrument that would sufficiently reflect the perception of stress in students' the first clinical practice, and is appropriate for Turkish culture.

Methodology

This study was planned to adapt the CSQ culturally to the Turkish language and to evaluate of validity and reliability of the Turkish version. The sample was comprised of students enrolled in the "Fundamentals of Nursing" course, in a Nursing School of Istanbul University during the spring semester of the 2002–2003 academic year. In total 124 first-year students were asked to complete the questionnaire at the end of the first day of their clinical practice with six instructors in the fields of neurosurgery, general surgery, and orthopedic wards at two hospitals of Istanbul University. After data were collected, from these students 80 first-year students comprised the study sample. They had no clinical experience, had not received information about clinical practice from students in more senior classes, and had fully completed the questionnaire. Permission to conduct this study was received from the school's educational committee which is the review board for research in education within the university. The nursing students were informed about the purpose of the study and what would be expected of them. The nursing students were assured of their right of refusal to participate in or to withdraw from the study at any stage without any negative consequences. The anonymity and confidentiality of nursing students was guaranteed.

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