



Stress, resilience and psychological well-being in Chinese undergraduate nursing students



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ABSTRACT

Background: Globally, stress is a well-recognized feature of the life of undergraduate nursing students. However, there currently is little evidence to suggest what role resilience plays in this issue.

Objectives: To examine the relationship between stress and resilience on psychological well-being in a cohort of Chinese undergraduate student nurses.

Design/Participants: A cross-sectional study was conducted using multivariate logistic regression and descriptive statistical analysis in three Chinese nursing schools. A total of 1538 nursing students participated in the study, completing three validated self-administered questionnaires.

Results: Nursing students in their final year reported the highest mean General Health Questionnaire 12 (GHQ-12) scores (Mean 4.50 SD 2.89) and Stress in Nursing Student (SINS CN) scores (Mean 105.11 SD 25.37). Moderate levels of resilience were noted across all four years of nursing training programmes (Mean 121.59 SD 21.49). Resilience scale (RS) scores were negatively correlated with mean total score for stress ($r = -0.236, P < 0.01$) and negatively correlated with psychological well-being ($r = -0.411, P < 0.01$).

Conclusion: Psychological well-being appears impaired in Chinese nursing students, particularly final year students, prior to registration. Globally, more attention could be given to the potential role of resilience training and other forms effective coping strategies to deal with the inevitable sources of stress in student nurse training.

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1. Introduction

Nursing is an inherently stressful profession and there is increasing evidence of the contributory factors that can lead to its development (Watson et al., 2010). In studies to date, stress has been commonly used as a term to denote psychological distress. There is an increasing body of evidence examining the impact of stress on health and well-being in nursing and student nurses, as they are known to carry higher levels of stress than other student populations (Goff, 2011). Although student nurses do not carry the same level of clinical responsibility as qualified nurses, the student nurse experience is known to be an inherently stressful one (Jones and Johnston, 2000). It is therefore important to get some insight into the experience of stress in nursing students, as it may influence future career decisions and could potentially have an impact on attrition from the profession.

2. Background

Stress has been identified as a disease of the 20th century, it has been studied extensively in student nurses (Grobeck, 2016; Fornes-Vives et al., 2016; Edwards et al., 2010). To date, the balance of evidence would suggest that student nurses experience high levels of stress, particularly during the early and latter stages of their education (Jones and Johnston, 1999). Excessive levels of stress may lead to physical and mental health problems and may affect students' academic performance (Lo, 2002). Maintenance of good levels of psychological well-being is an important component in student nurse development, poor concentration, high levels of anxiety, depression and sleep problems provide examples of the detrimental impact stress can have on psychological wellbeing (Timmins and Kalisz, 2002; Gibbons et al., 2008). It has been shown that nursing students employ a variety of coping strategies to deal with stressful situations (Klamin-Yobas et al., 2014). Nursing students may resort to avoidance coping strategies, including excessive alcohol intake, at stressful times (Pines et al., 2012).

Demographic factors aside, the most obvious categories for predictors of perceived stress in student nurses have been grouped into three distinct areas; academic, clinical and personal (Prymachuk and Richards, 2007). Academic reasons for stress in student nurses include fear of failure, competitive environment and heavy workload (Reeve

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et al., 2013). In the clinical environment, student nurses have reported stress associated with working with dying patients, insecurity of clinical competence, fear of making mistakes and interpersonal conflicts with patients and staff. Hostility from staff, patients and relatives in clinical areas has been identified as a potential source of stress on clinical placement (Jackson et al., 2011). Personal reasons for stress in student nurses include; low financial status and lack of time to see family and friends (Lo, 2002).

Historically, determination of the overall extent of the impact of stress in student nursing has been problematic because of diverse approaches to stress measurement (Glossop, 2001). Comparing studies is challenging due to the use of different measurement scales and methods (Pulido-Martos et al., 2011). Despite this, the General Health Questionnaire (GHQ) has been used in several stress related student nurse studies and provides some scope for comparisons to be made. Using this scale, Jones and Johnston (1997) reported that between a half and two-thirds of students had high levels of stress. Using GHQ 12, Prymachuk and Richards (2007) also reported high levels of stress in around one third of student nurses in the United Kingdom. Despite individual geographic and cultural features, Burnard et al. (2008) suggested that across the world nursing students share many common elements that may result in stress during the course of their studies.

Globally, attrition from nurse education training programmes is a cause of concern for higher educational institutions and the nursing profession (Prymachuk et al. 2009; Pitt et al., 2012). Although there is no single reason for student nurses to leave their programme of study, stress has commonly been cited as a major contributory factor (Baldwin et al., 1998).

Van Reit et al. (2015) highlighted the potential benefits of specific stress management interventions for student nurses. These include, mindfulness and cognitive appraisal, which can improve overall sense of well-being in students. It has been suggested that further investment in stress management approaches could potentially enhance professional nursing competence (Ranjbar, 2016; Eng and Pai, 2015). However, to date, there limited evidence to support the long term benefits of these types of interventions (Galbraith and Brown, 2011). In recent years, it has been suggested that stress *per se* may not be the main cause of attrition, rather the way that an individual person copes with perceived stressful situations (Pitt et al., 2012; Prymachuk et al., 2009). The demographic profile of the student nurse population in the United Kingdom may provide one reason for the high levels of stress, the student population is becoming increasingly diverse, predominantly female, students tending to be more mature with dependents (Thomas, 2002). However in China the demographics of the student nurse population is very different, most are young female adolescents who start training directly from high school. As such, they may be more vulnerable and susceptible to the negative effects of stress (Hua et al., 2006).

2.1. Chinese Context

With one of the largest global nursing education systems, China holds a pivotal role in the present day development of global perspectives of nurse education (You et al., 2015). It has a comprehensive nurse education system, including a well-established baccalaureate undergraduate degree. Traditionally, undergraduate nursing programmes have been delivered through lecture and direct demonstration teaching methods. The structure and process of nursing educational methods may contribute to the experience of stress in nursing students (Zhou et al., 2016). In the Chinese context, with the exception of laboratory-based classes baccalaureate nursing students have limited clinical experience, prior to their final year fulltime clinical practicum.

With recent rapid economic and social changes in Chinese society has seen an increasing demand for more nurses with higher educational qualifications. However, the nursing profession may not be the first choice of profession for many students, consequently many may enter the profession with varying degrees of ambivalence and motivation

(Xu et al., 2000). In this context, Salamonson et al. (2014) concluded that choice of profession may be a predictor of successful nurse programme completion.

Most Chinese nursing students have to contend with the difficult transition from adolescence to adulthood, whilst adapting to a new academic and clinical environment and establishing new social networks and may not be fully prepared to meet the educational, physical, academic demands they will encounter. For Chinese nursing students, stress is recognized to exert a direct effect on academic studies, everyday lifestyle and on future career aspirations (Ni et al., 2010). Such concerns have led to increasing attention around the mental health of Chinese nursing students (Yang and Honghong, 2009; Hu et al., 2006). Liu and Jia (2008) reported high levels of absenteeism and suicide rates and reported that up to 28.6% of Chinese nursing students suffer from some type of mental health problem. Stress in undergraduate Chinese nursing students may also be intensified as many of them may not have entered nurse education by choice, they may have joined under the influence of teachers and their parents. Another unique feature of student life in China is the role of class leaders, placing students in a unique position of responsibility within the classroom setting.

Increasing attention has been given globally to the health and wellbeing of student nurses. Gibbons et al. (2011) reported that those who coped well with their experience as a student nurse drew on effective support networks and adopted positive attitudes towards their studies. These students displayed resilience and this type of behavior has led to the term stress-resiliency in nurse education (Pines et al., 2012).

2.2. Resilience

Resilience is viewed as an essential quality for success in the nursing profession (Jackson et al. 2011). It has been suggested that resilience may play an important role in persistence through challenges faced by student nurses (Taylor and Reyes, 2012). In relation to the student nurse experience, resilience has been defined as the 'capacity to recover from extremes of trauma, deprivation, threat of stress (Atkinson et al., 2009 p137). Nursing students with limited resilience capacity may be more vulnerable to adverse psychological outcomes, such as anxiety and depression (Reeve et al., 2013). One Iranian qualitative study examined the direct relationship between resilience and stress in student nurses and demonstrated that increased levels of resilience gave the student a greater life satisfaction and improved their chances of success on their program of study (Abolghasemi and Varaniyab, 2010).

Although levels of perceived stress may be similar between student nurses in China and their Western counterparts, little is currently known about the relationship between stress, resilience and psychological well-being in Chinese nursing students. In addition to the cultural differences, the structure and content of the undergraduate nursing curriculum is very different from those in the Western world. Traditionally, nursing clinical placements do not take place in China until the final year. This time has been identified as a potentially a stressful time for students (Chen and Hung, 2014). It was therefore the aim of this study to examine this relationship directly to determine if there is a relationship in Chinese nursing students.

2.3. The Present Study

The present study is designed to analyse the relationship between stress, resilience and psychological wellbeing in a large group of Chinese nursing students. Lazarus and Folkman (1984) theoretical model of stress is the guiding concept of this study. Stress being present when there is an imbalance between demand, resource and an individual's ability to cope.

As such, it was hypothesized that resilience and perceived stress could potentially act as a predictor of psychological wellbeing in Chinese nursing students.

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