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Relationship Issues Among College Nursing Students: Associations With Stress, Coping, Sleep, and Mental Disorders^{1,2,3}

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ABSTRACT

Maintaining or dissolving a relationship issue among nursing students can add significantly to their overall stress, resulting in a variety of negative consequences, especially when they are unable to cope effectively. The purposes of this study are to examine the associations of relationship issues with stress, coping, sleep, and mental disorders of nursing students. Coping strategies commonly adopted by nursing students to deal with relationship issues are discussed as well.

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Introduction

Mental disorders, such as anxiety and depression, have been identified as the leading cause of disability worldwide (Gore et al., 2011). About one quarter of college students in the United States have reported a mental disorder (Byrd et al., 2014; Concepcion et al., 2014). According to a national survey with the university and college counseling center directors, anxiety is the top concern among college students followed by depression (Mistler, Reetz, Krylowicz, & Barr, 2015). In addition to mental disorders, poor sleep quality and daytime sleepiness are common among college students. One study reported that 70% of college students had insufficient sleep, and 50% had daytime sleepiness (Hershner & Chervin, 2014).

Stress is a major factor affecting college students, often at a higher level than the general public (Pedersen, 2012). College students encounter a variety of stressors such as academics, financial issues, relationships, and work–study–family imbalance. Accumulation of stress from multiple sources makes college students more vulnerable to poor sleep and mental health (Pedersen, 2012), especially when they are unable to cope

effectively. Besides, stress could be associated with other aspects of the academic and health outcomes of college students, such as poor academic performance (Shankar & Park, 2016), suicide ideation (Zhang, Wang, Xia, Liu, & Jung, 2012), substance abuse including binge drinking, and alcohol-related problems (Gonzalez & Hewell, 2012).

Stress among college students is in part from relationship issues (Lewandowski, Mattingly, & Pedreiro, 2014), ranging from romantic to family, professor, and peer relationships. A major cause of relationship issues in college students is lack of autonomy support (Ratelle, Simard, & Guay, 2013). Autonomy support describes the level in which students feel that they are in control of their actions as opposed to their environment coercing them to make decisions (Ratelle et al., 2013). Lack of autonomy support primarily causes family and peer relationship issues but may also stretch across a variety of other relationship issues (Ratelle et al., 2013).

Coping, defined as “the cognitive and behavioral efforts to manage specific external and/or internal demands,” may vary by individual student (Rappaport & Seidman, 2000). Broadly, coping strategies may include engaged coping (direct attempts to influence either the stressor or response to the stressor) and disengaged coping (efforts to distance oneself emotionally, cognitively, and physically from the stressor) or emotional coping (reducing the negative emotional responses associated with stress) and problem coping (reducing the stress by tackling the problem or stressful situation that causes stress; Rappaport & Seidman, 2000). Generally speaking, college students do not acquire appropriate coping skills needed to deal with stress (Brougham, Zail, Mendoza, & Miller, 2009; Mahmoud, Staten, Hall, & Lennie, 2012; Wichianson, Bughi, Unger, Spruijt-Metz, & Nguyen-Rodriguez, 2009). Without effective coping strategies, these students are at a higher risk for the negative effect of stress (Zhang et al., 2012).

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Nursing students should receive special attention for stress-related issues. In addition to similar stressors faced by general college students, nursing students, as primary female student population, face some unique stressors and health behaviors and outcomes. Evidence has supported that female students have a higher overall level of stress (Brougham et al., 2009) and a higher prevalence of mental disorders (Byrd et al., 2014) and poor sleep quality (Tsai & Li, 2004) than male students. Brougham et al. (2009) reported that college women had a greater use of emotion-focused coping strategies than college men. Mental disorders in nursing students from different countries have been associated with multiple stressors, including academic stress, inadequate coping, lack of emotional support and self-esteem, and poor balancing of school, work, and personal life (Cha & Sok, 2014; Chatterjee et al., 2014; Chernomas & Shapiro, 2013; Ross et al., 2005; Xu et al., 2014).

Many previous studies have been conducted in regard to stress and its negative consequences in college students; however, few have been done specifically on stress caused by relationship issues. As a part of young college students, nursing students are still developing emotionally, and maintaining or dissolving a relationship issue can add significantly to their overall stress, resulting in a variety of negative consequences. There are limited resources in the literature about the prevalence of various kinds of relationship issues faced by nursing students and potential problems that may arise from these relationship issues (Lewandowski et al., 2014). In addition, what coping strategies are adopted by nursing students to deal with relationship issues have not been studied previously, which warrants further examination.

Therefore, the objectives of this study are (a) to describe the prevalence of various kinds of relationship issues among nursing students; (b) to examine the associations of relationship issues with stress, coping, sleep, and mental disorders of nursing students; and (c) to identify coping strategies adopted by nursing students to deal with relationship issues.

Methods

Setting and Subjects

This study used the cross-sectional data collected from a sample of 242 undergraduate nursing students at a public university in the northeast United States. A nonprobability convenience sampling method was used to recruit study participants. All nursing students over 18 years old and enrolled in the baccalaureate nursing program at the public university in fall 2015 were eligible to participate.

Measurement of Variables

Dependent Variables

Perceived Stress. Perceived stress was assessed with the Perceived Stress Scale, the 10-item version. This scale is used to assess the degree to which individuals perceive their lives as stressful during the past month (Cohen, Kamarck, & Mermelstein, 1983). Each item is rated on a 5-point Likert scale (0 = *never*; 1 = *almost never*; 2 = *sometimes*; 3 = *fairly often*; 4 = *very often*) with a range in total score from 0 to 40, and a higher score indicates more perceived stress. This scale demonstrates good reliability in the study sample (Cronbach's alpha = .88).

Coping Styles. Coping styles were assessed with the Coping Strategies Inventory Short Form, the 32-item version (Tobin, Holroyd, Reynolds, & Wigal, 1989). This scale assesses how individual deals with an event or situation that have been very stressful during the past month. Each item is rated on a 5-point Likert scale (1 = *not at all*; 2 = *a little*; 3 = *somewhat*; 4 = *much*; and 5 = *very much*). The instrument has eight primary subscales including problem solving,

cognitive restructuring, express emotions, social contact, problem avoidance, wishful thinking, self-criticism, and social withdrawal. The primary subscales are aggregated to four secondary subscales including problem-focused engagement, emotion-focused engagement, problem-focused disengagement, and emotion-focused disengagement, with a range in score from 8 to 40 for each secondary subscale (Tobin et al., 1989). The reliability (Cronbach's alpha) of the secondary subscales in the study sample averages .76.

Sleep Quality. Sleep quality was assessed with the 19-item Pittsburg Sleep Quality Index. The instrument assesses seven components of sleep quality during the past month, including subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989). Each component is assessed on a 4-point Likert scale with a range in global score from 0 to 21, and a higher score indicates poorer sleep quality. A global score > 5 yields a diagnostic sensitivity of 89.6% and specificity of 86.5% in distinguishing good and poor sleepers (Buysse et al., 1989). The reliability of this scale (Cronbach's alpha) in the study sample is .68, which is consistent with previous studies with nurses (Ruggiero, 2003).

Daytime Sleepiness

Daytime sleepiness was assessed with the Epworth Sleepiness Scale, an 8-item scale that assesses daytime sleepiness (Johns, 1992). All items are assessed on a 4-point Likert scale (0 = *would never doze*; 1 = *slight chance of dozing*; 2 = *moderate chance of dozing*; and 3 = *high chance of dozing*) with a range in total score from 0 to 24, and a higher score indicates more daytime sleepiness. A total score of 10 or more is considered excessive sleepiness (Johns, 1992). This scale demonstrates good reliability in the study sample (Cronbach's alpha = .82).

Anxiety. Anxiety was assessed with the Patient-Reported Outcomes Measurement Information System (PROMIS) Emotional Distress Anxiety Short Form, a 7-item scale that assesses the pure domain of anxiety in individuals age 18 and older during the past week (Lanting, Saffer, Koehle, & Iverson, 2013). Each item is rated on a 5-point Likert scale (1 = *never*; 2 = *rarely*; 3 = *sometimes*; 4 = *often*; and 5 = *always*) with a range in total raw score from 7 to 35, and a higher score indicates greater severity of anxiety. A T-score is calculated from the total raw score with a range from 36.3 to 82.7 based on the instrument scoring manual. A T-score of 60 or more is considered as moderate to severe anxiety. This scale demonstrates good reliability in the study sample (Cronbach's alpha = .93).

Depression. Depression was assessed with the Center for Epidemiologic Studies Depression Scale, the 10-item version (Radloff, 1991). This scale is used to identify current depression symptomatology in individuals age 18 and older during the past week. Each item is rated on a 4-point Likert scale (0 = *rarely or none of the time*; 1 = *some or a little of the time*; 2 = *occasionally or a moderate amount of the time*; and 3 = *most or all of the time*) with a range in total score from 0 to 30, and a higher score indicates greater severity of depression symptomatology. A total score of 10 or more is considered depression (Andresen, Malmgren, Carter, & Patrick, 1994). This scale demonstrates good reliability in the study sample (Cronbach's alpha = .88).

Independent Variables

Relationship Issues. Relationship issues were assessed with questions to evaluate how often the students have run into issues with the following relationships during the past year, including roommates, friends, romantic relationships, professors, and parents. Each question is rated on a 5-point Likert scale (0 = *not during the past year*; 1 = *less than once a month*; 2 = *once or twice a month*; and 3 = *three or more times a month*).

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