Stress and eustress in nursing students

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STRESS AND EUSTRESS IN NURSING STUDENTS

ABSTRACT

Background
There is growing body of evidence on the experience of stress in nursing students. Much of this research is quantitative in focus and all draws on their experience of distress with little attempt to understand experiences of eustress.

Aim
The aim of this study was to identify experiences that led to both distress and eustress and to make recommendations to help students cope with course demands.

Method
A series of focus groups were carried out with a number of final year nursing students. The research question was – What are the main sources of stress experienced by pre-registration nursing students and to what extent are these stressors perceived as distressing or as sources of eustress? The data was thematically analysed.

Findings
The core themes identified were clinical experience; support; learning and teaching experience and course structure. There were experiences within each and, for some the same experience, that were perceived as sources of distress and eustress. Many of the sources of distress concord with earlier findings but they are more likely to be experienced and commented on because the demands of the course and the profile of many nursing students mean more effort is invested in meeting course demands compared with typical undergraduate students. The experiential learning and patient care opportunity that placement provided was an important source of eustress.

Conclusion
There is a need for changes in the course structure of nursing programmes to consider the needs of its large numbers of students with dependents. Students that cope well draw on effect support networks and adopt a positive, optimistic perspective towards course issues. The findings informed a number of recommendations to help students cope with course demands and for maximising student learning and well-being.

Key words: Nursing, Qualitative, Focus groups, Nursing student, Nursing education, Empirical, stress.

What is already known about the topic

- Quantitative methods dominate research into nursing student stress.

- Experiences of distress are common among students, among nurses and nursing students.

- These experiences relate to academic, clinical and personal sources of distress but they are felt acutely by nursing students compared to other student groups because of increased course demands and because students frequently have additional family and home commitments.

What this paper adds

- Stressful experiences can simultaneously be both experiences of eustress and distress. Experiential learning and patient care opportunities are important sources of eustress.

- Students that cope well draw on effect support networks and adopted a positive, optimistic perspective towards course demands.

- Effective tutors do not offer significantly more time or any more time compared to those perceived as less effective but they are more effective at tuning into the students' concerns, at showing more empathy and in offering clear guidance.

INTRODUCTION

There is a growing body of evidence that has looked at distress among nurses and nursing students and its affect on well-being (Parkes 1980a, 1980b, 1982, 1984, 1985, 1990, 1994; Firth 1986; Biggers *et al.,* 1988; Phillips 1988; Beck and Srivastava 1991; Russler 1991; Heaman 1995). However, there is scant research that has looked at sources of stress that help students achieve, called eustress (Association for University College Counsellors, 2001, 2002; Leicester University, 2002).

Across a range of professions within the U.K., nurses top the league table for female suicides (Hawton *et al.,* 2002; Kelly and Bunting, 1998). Within recent years the profession has also experienced recruitment problems (Bucchan and Seccombe, 2003; Department of Health, 1999) and stress has been identified as a factor linked to attrition among nursing students (Baldwin, Dodd and Wrate, 1998; Deary, Watson and Hogston, 2003; Jones and Johnston, 1997). Given the impact of stress in the nursing profession, it is imperative that attempts are made to understand the factors that give rise to stress in nursing students. However, most of the research on nursing students has been done in the U.S., which has a longer history of H.E. involvement in nurse education and much of the work done in the U.K. has taken place in Scotland, where nursing is governed by different regulations and as such there are differences in course curricula. This is the first study to consider the sources of stress for nursing students in Northern Ireland.

The stresses reported among nursing students have been categorized into academic, clinical and personal sources of stress. Some of these overlap with the stress experienced by students generally. Sources of academic stress include exams and assessments (Baldwin *et al*., 1998; Howard, 2001; Kipping, 2000) and the timing of exams, as an element of the curricula, impacts particularly on the work-life balance of female students with children. This student characteristic is more common among nursing students compared to other student groups (Pryjmachuk and Richards, 2007). In relation to workload, nursing students experience longer hours of study and an associated lack of free time (Jones and Johnston, 1997; Lo, 2002; Mahat, 1998).

Thomas (2002) identifies the 'institutional habitus' as a major potential source of distress. A habitus, whether related to an individual, group or organisation, refers to a disposition or set of values, expectations and norms. It characterises how that individual, group or organisation presents itself. The failure of the institutional habitus to dovetail with the habitus of an ever-more diverse student population, such as the distinctive profile of nursing students being female, frequently mature and often with dependents, is seen as a contributory factor affecting student well-being, levels of distress and attrition rates (Pryjmachuk and Richards, 2007; Thomas, 2002).

The fear of failure and the teaching response to student need, as well as the lack of timely feedback on assessments have been reported by nursing students as specific stressors (Beck and Srivastava 1991, Jones and Johnston 1997). The specific elements of the academic programme designed to prepare students for aspects of their placement have also produced significant stress responses (Lawrence *et al,*. 1985).

The main clinical sources of stress relate to placement. Some of these stresses are common to those reported by practicing nurses. These include working with dying patients; conflicts with other staff; insecurity about one's clinical competence; interpersonal problems with patients and work overload (Parkes 1985; Rhead, 1995; Snape and Cavanagh, 1995). Additional stressors faced by nursing students include developing particular clinical skills (Bell, 1991 and Speck, 1990) and, more broadly, a perceived lack of practical skills (Hamill 1995; Kleehammer, Hart and Keck, 1990; Mahat, 1996, 1998). The time pressures in which they are expected to operate on placement, together with the evaluations of clinical experience and performance are frequently reported (Lees and Ellis, 1990; Jack, 1992; Lindop, 1989; Parkes, 1985). Student status on placement and attitudes held by nursing staff towards students on placement have been reported as stressors (Howard, 2001; Kirkland 1998; Kleehammer et al., 1990; Lindop, 1989, 1991; Mahat, 1996, 1998; Mueller et al., 1992; Wilson-Barnett et al., 1995). Initial placements also produce disproportionate anxiety responses compared to future placements (Parkes 1982, Jack 1992).

Personal sources of stress include financial concerns (Baldwin et al.1998; Beck and Srivastava, 1991; Brown and Edelmann, 2000; Jones and Jonhston, 1997; Lo, 2000); a lack of free time (Beck et al., 1997); a concern about career direction (University of Leicester, 2002) and adjusting to change (Fisher and Hood, 1987). These issues are common among students generally (University of Leicester, 2002) but they are more pronounced for nursing students because of the increased course demands; because it is a vocational course, which by definition limits career options; and because those demands affect significant numbers of mature females, where the changes have to be incorporated into home and family commitments (Pryjmachuk and Richards, 2007).

The GHQ has been used extensively within and without nursing student populations and, on this measure, nursing students experience levels of distress comparable or higher than that experienced by any other group of health professionals, whether qualified or as a student, and that includes medical students (Baldwin et al., 1998; Fagin et al., 1995; Firth, 1986; Jones and Johnston, 1997). Some studies report a prevalence that is more than three times that reported for the general population (Borrill et al., 1996; Jones and Johnston, 1997)

Such studies have tended to take a quantitative focus and whilst there are clear merits to such an approach, there is a need to complement this by furthering our understanding from studies that adopt qualitative methods. Moreover, the inventories used to catalogue the stressors in nursing students and the reasons for leaving are only as good as the items they include and a literature review by Jones and Johnston (2000) concluded that more research is needed to explore the link between stress and well-being.

What is common to all the existing inventories to explore stress in nursing students (including the Stress in Nursing Students questionnaire, Deary et al., 2003; the Student Nurse Stress Index, Jones and Johnston, 1999; the Beck and Srivastava Stress Inventory, Beck and Srivastava, 1991, and the Nursing Stress Scale, Gray-Toft and Anderson, 1981) is that they ask respondents to rate perceived stressors in terms of the extent to which

they are distressing. Such an approach ignores the fact that those stressors may, at different times, lead to a level of stress that enhances performance and leads to eustress. Deary *et al.,* (2003) measured burn-out and stress in nursing students and found increased perceived stress combined with increased levels of personal achievement, suggesting that often stress experiences were sources of eustress. It was this finding, combined with the dominance of studies that take a quantitative approach that informed the choice of method and the research question.

THE STUDY

Aim
The aim of the study was to explore nursing students' perceptions of the sources of stress while they have been a student. The focus was on sources in the university, on placement and experiences outside their university studies.

Research design

Sample
An information session on the aims of the study, ethical considerations and the method to be used was outlined before inviting students to take part. The students expressed their interest by emailing the researcher. The age range of the 16 volunteers (all female) was 18-42; six were mature students and eight had children. The volunteers were assigned, on a convenience basis, into four groups of four. Between two and six is the optimal size recommended by Morgan (1998).

Method
The study used a qualitative research design involving focus group interviews. A focus group brings together individuals with a shared experience and through group interaction participants' perspectives and views on the topic are discussed (Urden, 2003). This is an increasingly common method in nursing and education (Morgan, 1998).

Focus groups provide a safe and supportive environment in which participants' opinions, attitudes and perceptions are valued and respected and it was therefore judged to be an appropriate method to gather data on this topic. The researcher acted as the moderator or facilitator, with a focus on being unbiased and reflexive; guiding the group, using open-ended questions, showing an empathic understanding and validating contributions. This phenomenological perspective allows the moderator to control the structure in relation to the topic whilst allowing for flexibility in the group dynamics. It encourages an openness and richness in interactions, thoughts and views, and views that may come to be more clearly articulated in response to comments from others (Owen, 2001; Webb, 2002).

After a preliminary general conversation the key aspects of the participant information sheet were re-iterated, including reference to the discussion being recorded and later transcribed for analysis. Each group was told the aim of the study. The researcher began by asking the students to consider and comment on what they had enjoyed on the course generally and then more specifically on the sources of stress – distress and eustress – related to university, placement and experiences outside the university. Each session lasted approximately one hour. To ensure the credibility of the focus groups the sessions took place in a familiar setting, a small teaching room in the School, with the participants broadly equivalent in their course experience and coming from the same cohort of final year nursing students.

Ethical issues

The study was approved by the University ethics committee. Issues were highlighted about confidentiality and possible feelings of coercion. The information sheet handed to students emphasized that participation was entirely voluntary; that they were free to leave at any time; that being involved would have no affect on course progression and that confidentiality and anonymity would be maintained at all times. These points were re-iterated verbally by the researcher before the discussions began.

Data analysis

The focus groups were recorded and later transcribed. These transcriptions were then read and re-read with the data reduced to key phrases and statements that capture recurring views (Polit and Hungler, 1999). The patterns that emerged were then analysed as broad themes. An integral feature of the focus group research refers to the dependability of the data (Kreuger, 1998) or that different parties arrive at the same conclusions on the results. To achieve this the transcripts were reviewed independently by a second researcher as a validity check on the themes obtained from the data.

RESULTS

Analysis of the transcriptions produced four main themes: clinical experience; levels and sources of support; learning and teaching experience and course structure. The quotations selected to illustrate these themes represent a spread of the views held by students.

Clinical experience

This refers to the activities students engage in to develop the clinical skills they will use on placement, called Objective Structured Clinical Examinations (OSCEs); as well as placement experiences. The OSCEs empowered students and were a source of eustress for some. While students felt such activities were important in preparing them for nursing demands, it also led to a difference between how, in theory, those skills should be practiced and often how they actually were:

Yeh. I found that very stressful – the difference in going out on placement and learning the skills on placement and coming back in the university to be told 'That's not right'.

The frequency of working on under-staffed wards made salient time pressure demands:

I think a lot depends on staff numbers. There are a good lot of wards that are short staffed. There would be some time when you're doing a discharge file. A lot of the time you're rushed off your feet. You get little time to know them [patients].

What seemed to exacerbate the experience for a number of students was the difficulty of balancing the day-to-day ward demands with the course demands they simultaneously had to manage:

It's just too much. It's 37.5 hours a week on placement, so you're doing a full time job, plus your portfolio, which really you could do with time off your placement to do it well and research it, and then to put in an assignment on top of that is crazy.

Despite the frustration that many felt from such demands, students varied in how they approached placement and in terms of the rewards they reaped from it. One student commented on her first placement:

I had no ward experience and when I arrived it was like a rabbit caught in the headlights. But at the end they commented on how I'd progressed. I thought they would be thinking 'Here comes another first year student, she'll be no use to us'. But if you make one bed or take one patient to the toilet it meant someone else didn't have to do that and that was a benefit and your confidence grows.

The perceptions of the ward team were a critical factor in determining stress levels and how much one learnt and enjoyed the experience. Being a mature student seemed to make being accepted more likely. One student who came on to the course direct from school commented:

On placements I was treated like a child, and some times called a child and patted on the head like a child, which really annoyed me. It wasn't the patients. They were fine. It was some of the staff that had a problem with my age.

Whilst the appearance of a mature student may help that student be accepted more, it is the perspective held by the student towards the opportunities the placement offers that is critical. If it is a positive attitude and one of optimism, then the experience is one they are more likely to cope with and learn from:

I've put a lot into all my placements. I've worked hard and I got a lot of reward back – when patients comment on how helpful and gentle you are; when you feel you can do something that is of benefit and help that patient's experience while they're in hospital, no matter how small that is, that's the real reward.

Your confidence grows… you're trying to be confident even though it's your first time doing something. But that's a real buzz – whenever you do it and you do it well. You think 'just like a nurse. I did it just like a nurse'

Support
The students' responses indicate a range of experiences on the types of support available and how useful that support was. Students are allocated a personal tutor who is a designated source of support for the duration of their studies, but there were inconsistencies in the quality of such support. There was also a feeling that the information support, through feedback comments on a portfolio, for example, was not always available or was not as constructive as it could be to help the student learn and cope better.

A common perception was that the tutors judged to be more effective in helping students manage their stress did not give excessively or any more time to a student, rather it was the quality of the interaction that was different - they would give their undivided attention to the student. Where the comments were negative, it reflected a student perception that some staff were unapproachable and distant - that it was part of the habitus of the School . For example, one student said, on referring to the first talk the students received as a group on entering their final year:

…I thought that she's bound at some stage say, 'you're in third year now, well done, and you've obviously worked hard to get this far'. But it wasn't. It was, 'you're not allowed to do this, you're not allowed to do that'. It was just all very negative – no support.

For most of the respondents it was a feeling of being criticized rather than supported that added to the stress of the course demands:

It's not playing on your strengths. It's always what you're not doing. Not that you've done this really well or that really was good. The ones that are helpful are really brilliant.

When asked about the networking and support opportunities that come from socializing, a rite of passage for so many undergraduates, a number of students commented that they were too tired and exhausted, or there just wasn't the same opportunity. However, for many students, the demands and intensity of the course meant there was one valuable source of support that they were able to turn to – each other:

That's why I think in nursing everybody goes to friends. I know other people at xxxxxxx university, on other courses, and they would know, like, may be three people off their course. Where, here, you'd know most people because you have to turn to each other for support.

Returning to the University after placement was enjoyable because the support of friends was more readily available:

… it's always lovely to get back into the university after the seven week placement because you get to see all your friends again. It's great to talk about things again.

Teaching experience
There was a mixed feeling on the quality of the teaching. For some the standard was judged to be very high, both generally and in relation to some of the specific topics taught. On the general standard of teaching, two comments included:

When the tutor is able to tell a story around a point. I find it much easier to learn. The good lecturers I have heard are those that have hung points around their experience.

I've never had a bad teaching experience. They've all been good teachers. It would just be nice if some of them were approachable as well.

For others, the teaching experience was more varied. Most comments indicated that little learning occurred if the teaching style was overly didactic and void of meaningful examples. Much more learning occurred when the teacher engaged the students; offered clear applications and allowed more interaction.

Overall, there was a recognition of the teachers' ability to communicate; there was a feeling that there was an inconsistency in students' experience of the pastoral side of the teaching role. However, what was striking was the extent to which all the respondents felt their learning was adversely affected by the disruptive behaviour of other students during lectures:

I feel like walking up and say 'Do you realise how rude you're being?'
It's a joke, It really is a joke.

Especially with a subject you find hard to grasp and you're trying to get your head round it and everybody's talking and all.

Classes cancelled at short notice and with no alternative arrangement was widely commented on as a source of stress. This was true for both lectures and tutorials. In addition, almost all respondents felt that basing the tutorials largely round student-led presentations added to their stress and did not provide the learning opportunities they had hoped for. However, there were some who saw merit in student presentations, though all felt its use was excessive:

Personally I find presenting very difficult but it does force me to have to learn the topic well, so it does help me in that respect.

This student's comment reflects more typical views:

I personally just feel that they're a waste of time. I think the tutorials should be geared towards identifying the common problems that people have and working through this so you gain a deeper understanding of the material with everyone having some input based on what they've read and learnt prior to the tutorial.

A real concern for a number of students was the perception of a variation in tutor support and guidance, for example in the kinds of guidance material provided. This meant some students felt disadvantaged:

It's been continually raised by students over the last three years every time an assignment is due or an assessment is coming up. Some tutorial groups are getting a lot of input and guidance from their tutor and a lot aren't.

Students also commented on the variation in the effectiveness of the tutorial leaders - the teachers involved in facilitating and leading the tutorials. For some, a source of distress was that they felt the tutorial system did not equip them with the skills they would be expected to demonstrate in the exams:

I was expecting, in tutorials, that we'd have much more debate. To discuss and understand the pros and the cons, to try and critically analyse our questions, which we're supposed to be able to do in the exam.

Students also felt stressed and disadvantaged because of the delays in getting feedback on assessments in time to learn from that feedback for their next piece of work.

Course structure
There were a number of factors that related to the structure of the course that were seen as a source of distress. Some relate to the level of organization and how key information is communicated to students:

I've found the early part each year so disorganised. Because of my family situation, I needed to know as much as possible about my timetable to be able to organise my childcare around it. The lack of information was a big stress factor.

For some, this early experience of disorganisation on the course was very distressing:

Well that just starts the whole year off – it really creates a stress problem that can set the tone for what follows in the year.

Built into the course is the provision of a bursary. However, for the vast majority of students, this money only went some way to covering their living costs and this meant that most worked part-time and this added to their time pressures:

I find working all those extra hours so stressful – having to go from here straight to work and come home to do work for tomorrow's tutorials. I found that was the most stressful part.

The pace and intensity of the course was widely commented on:

You only get three or four weeks off and it all snowballs very quickly. If you don't hit your deadlines you would just go under very, very quickly.

Finally, the demands of the course were pushing many students to the edge of their ability to cope, such that any additional stressor led to disproportionate distress and this was frequently commented on by those with dependents.

DISCUSSION

The Job-Demand-Control-Support Model (JDCS) (Karasek and Theorell, 1990) provides a framework in which to understand the results. The job or course demands refer to workload or the perceived sources of stress the student is exposed to and which affects well-being. The availability of control and support systems represent two important moderators one can draw on to manage perceived stress. Moreover, the perceived absence of support or control is an additional source of distress as well as their presence offering the potential to help one cope and sustain a healthy well-being.

Some of the experiences that led to distress are similar to those found in earlier research, such as the lack of timely feedback and financial constraints. That this, in turn, gave rise to the need to work part-time, adding time pressures on a course already regarded as an intense undergraduate programme (Beck and Srivastava 1991, Jones and Johnston, 1997). Clinical sources of stress included the attitudes of some staff; working on under-staffed wards and student status on placement. Initial placements were very distressing and the sheer pace and intensity on the ward was an experience that meant some became disillusioned with nursing as a career. This reference to time pressures contributes to a perceived absence of control and those relating to relations with staff and staff attitudes is a measure of perceived support. However, students felt empowered with a sense of control by the opportunity to practice clinical skills before placement.

All the respondents believed that mature students were more readily accepted and respected on placement and were more likely to find it easier to fit in. This may reflect the attributions of other staff towards mature students and the greater life and communication skills mature students bring. In short, they appear to be more skilled at utilizing support systems.

However, it is important to note that it is not within the realm of a student, course manager or ward sister to control the various stressors that accompany any clinical experience, but it is within the capacity of the student to adopt the perspective and coping strategy that means they are able to take what they can from the experience. Whilst, for many, the experiential learning and patient care opportunity placement provided was a source of eustress, it was the most enjoyable aspect for those with this positive perspective. Having a habitus or belief system that places a high premium on engaging in activities that make a difference is an important ingredient to successful coping not recognized by the JDCS model.

A number of the demands perceived as distressing in the university related to the nuances of the course – such as the perception of disorganization in the early stages; the quality of personal tutors; tutorials and some teaching; the limited opportunity to develop critical thinking; inconsistencies in guidance material and cancelled classes. Together, these relate to the teaching and faculty response to student need, and whilst it is incumbent on course managers to monitor and look to redress such concerns, these remain 'living issues' on all programmes of study. It is noteworthy that the calibre of teaching, personal tutor support and experiences in tutorials were also important sources of eustress.

While many of these sources of distress are commonly reported on other courses, they are more likely to be commented on where the student has to invest more effort in that programme of study. Nursing courses attract larger numbers of female students, mature students and students with dependents. This means, as a cohort, they are more likely to commute further and invest more time and effort to make classes and meet course demands compared to most other student groups and therefore find more distressing those same stressors.

The failure of the institution to attempt to structure its course demands with some consideration to the needs of its large number of students with dependents is a concern raised by others (Baldwin *et al.,* 1998; Kipping, 2000; Prymjachuk and Richards, 2007). It reflects Thomas' (2002) finding that the failure of the institutional habitus to dovetail with the habitus of an ever-more diverse student population is a factor affecting student well-being, levels of distress and attrition.

Some reported the student-led presentations as a eustress but all felt that this mode of learning was used too much and at the expense of other ways they could engage with their subject. The benefits of experiential learning are well documented (Kolb, 1984), but the use of other types of student-centred learning, such as critical thinking activities will increase learning, eustress and was sought for by students.

Change brings with it stress (Cox, 1993, Cooper and Williams, 1994) and the unrelenting pace, time pressures and changing course demands commented on by these nursing students indicates that training to be a nurse holds significant potential for distress. Two important moderators or coping resources are a sense of control and support, but the pace of the course leaves the student with little sense of control. Moreover, nursing students are frequently fatigued and do not have the same opportunity to the kinds of social life typical of most undergraduates, even compared to those training for other health professions, such as medicine (Baldwin *et al.,* 1998). This may reflect a student population with large numbers of mature students and students with dependents and it may reflect an institutional habitus which does not provide social opportunities for such students. However, it was peer support that was seen as an important source of eustress. Students drew on each other's understanding with assignments, in sharing clinical experiences, for friendship and laughter.

In terms of limitations, convenience sampling was used and the final sample was small and all were female. This means there is little way of knowing how representative and generalisable the results are. Wall *et al.,* (1997) suggests comparing the results with other studies with similar populations to test for a possible non-response bias. The core of the stressors reported were not dissimilar to those reported in other studies, though for the eustress findings there was little with which to compare. Borrill *et al.,* (1996) also suggests comparing those who responded when first invited to take part with those who required more prompting. In this case, the final focus group consisted of those students where more prompting was used and their responses were broadly similar.

CONCLUSIONS AND RECOMMENDATIONS

To identify sources of distress when exploring stress in nursing students is to misconstrue what is meant by stress and offers an incomplete picture of the student experience. One must also consider sources of eustress and recognize that academic, clinical and personal sources of stress can variously lead to distress and eustress. Moreover, given the distinctive profile of nursing students and the link between distress and course attrition (Deary *et al.,* 2003), it would be useful to integrate course changes that consider the work-life balance of students with dependents.

The findings indicate a high premium was attached to support systems as a coping resource. It would be useful to encourage students to optimize social and peer relations in early induction activities and through learning and teaching initiatives.

Similarly, personal tutoring is a critical component in helping students manage course demands. The effective tutors here did not offer significantly more time but it was the quality of the interaction that differed. They were more tuned into the student's concerns, showed more empathy and gave more guidance and it would be useful for all tutors to be reminded or refreshed on the skills that underpin 'active listening' (Tschudin, 1995).

The students' perspective and coping style were critical in determining a successful placement experience and in managing course demands. Students with such perspectives and coping strategies should be encouraged to share this with other students, such as, more experienced students with new students during course induction and in the run up to their first placement.

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