THE INFLUENCE OF PEER GROUP DISCUSSION TO ANXIETY LEVEL OF CLINICAL PRACTICE EXPERIENCE STUDENT FACULTY OF NURSING UNIVERSITAS **AIRLANGGA**

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ABSTRACT

Introduction: Clinical practice is one of the learning process should be done by nursing student in order to finish their study. Most of nursing student having heavy and medium anxiety during the process of learning practice experience. Anxiety is caused by their lack of knowledge about clinical practice. Peer Group Discussion (PGD) is expected to decrease anxiety of the nursing student during learning practice so they can be professional nurse in the future. **Method**: This research was a quasy experiment with Pre-Post Test Non Randomized Control Group design. It has 72 nursing student as population with one control group and treatment group using simple random sampling and got 46 respondents. The independent variable was PGD and the dependent variable was level of anxiety in learning practice experience of nursing student in Airlangga University nursing school. Data collection was done by using CARS questionnaire (Covi Anxiety Rating Scale) to measure the level of anxiety. The analysis was done using Wilcoxon Signed Rank Test with significant score p = 0.05 and Man Whitney Test with significant level p = 0.05. **Result**: The result showed significant effect between PGD and level of anxiety of the learning practice experience student (p=0.000). **Discussion:** In conclusion, PGD have an effect on the level of anxiety on learning practice experience nursing student because there was perception's changes from maladaptive became adaptive. It is expected for future research to make another method such us tutorial or mentoring to decrease anxiety of the nursing students.

Keywords: anxiety, peer group discussion, clinical practice experience nursing student

INTRODUCTION

Anxiety is an unpleasant emotion characterized by anxiety, concern and fear that sometimes we have experienced in the different levels (Atkinson, et al, 2008). The study conducted by the Finn, Thorburn, and King (2000), quoted from Syahreni and Waluyanti (2007) found many nursing students who experience anxiety caused by one of the difficulties when dealing with real problems during the learning underwent clinical practice. According to Carlson, Kotze & Rooyen (2003) mentions nursing students experience stress and anxiety with a high level while clinical practice due to their first experience of clinical practice, afraid to make mistakes because of lack of knowledge, lack of support from the nurse's room and the difference between theory obtained in the classroom and in the practice of nursing students. Anxiety on clinical practice is not a new phenomenon, a lot of research that's been done. US Department of Health and Human Services (2009) says in order to cope with anxiety can be done by reducing the internal trigger, namely the cognitive approach is able to change to the source of the anxiety that it faces. According Tampubolon (2002) Peer Group Discussion is a cognitive approach by way of providing information to a group of people who have in common, such as the similarity of age, social status or the same tendency toward something that is talking about a topic of a problem.

Kurebayashi, Prado and Silva (2012) conducted a study on nursing students at the University of Sao Paulo Brazil and show students the results of clinical practice experience anxiety were 32.62% and 43.66% had severe anxiety. Research in Indonesia are carried out by Endah and Desmaniarti (2008) obtained from the 1255 nursing students in Health Department Java experienced anxiety during practice at the Hospital. According to the academic data in the academic year 2013/2014, 364 students of Faculty of Nursing, University of Airlangga go to hospilal for clinical practic. Based on preliminary studies at Faculty of Nursing, Airlangga University show 74 %

(102 of the 138 students) experiencing severe anxiety and moderate.

According to Long (1996) in Laksono (2010) anxietyt occurs is influenced by many factors, namely the development of personality (Personality Development), maturational. level knowledge. characteristics of the stimulus and the individual characteristics. Sharif and Masoumi (2005) also mentioned the cause student anxiety clinical practice are concerns about patient harm students through their lack of knowledge. Based on interviews conducted by the researchers to 10 students causes anxiety occurs in students of the Faculty of Nursing, University of Airlangga was 52.5% lack of knowledge about the role and tasks while in 35% because of hospital, the environment, 12.5% of the task and the lack of guidance from the lecturers.

The transition environment from students role in the classroom to the practitioner will make the student experience anxiety where the participants in the practice of land required to be more independent. Syahreni and Waluyanti (2007) says the success of clinical learning is influenced by the knowledge readiness, mental, emotional and availability of a conducive environment. Stuart and Sundeen (1998) says the impact of anxiety is related with level of anxiety. Mild anxiety causes a person to be alert and improve learning. Anxiety was going to have trouble concentrating, requires more effort in learning and will override anything else while focusing on one thing. Severe anxiety will lead to a total inability to focus and coping mechanism. According to Hughes (2005) in Moscaritolo (2009) anxiety in students who were clinical practice would interfere with their academic performance due to low coping skills. Beddoe and Murphy (2004) states severe stress and anxiety would interfere with concentration, memory, and ability to solve problems will result in academic results. According to data from the 2012 Academic School of Nursing there is one student who came out of education due to severe anxiety when clinical practice.

MATERIALS AND METHODS

This study was using quasy experiment design with Pre-Post Test Non-Randomized Control Group Design. The population in this study were 72 students of Faculty of Nursing,

University of Airlangga who experienced moderate or severe anxiety. Sample ware 46 respondent taken by simple random sampling . The independent variables of research waslevel of anxiety and dependent .variabel was Peer Group Discussion. The questionnaire used was CARS (Covi Anxiety Rating Scale). Data were analyzed using Wilcoxon Sign Rank Test with significance level p \leq 0,05 and Man-Whitney statistical tests with significance level p \leq 0,05.

RESULT

The study involved 46 respondents , which divide to 26 respondent as treatment group and the control group 26 respondents . Respondents in the treatment group, 57 % (13 respondents) are 20 years old, 30 % (7 respondents) are 19 years old and 13 % (3 respondents) are 21 years old . While in the control group there are 57 % (13 respondents) aged 20 years , 34 % (8 respondents) aged 19 years and 9 % (2 respondents) aged 19 years . The results showed anxiety levels before and after treatment in the table below .

Table 1 Distribution of respondents anxiety level of student learning experiences before and after being given the Peer Group Discussion on Nursing Faculty Airlangga University Surabaya, April 27 - May 15, 2015.

Anxiety	Treatment Group				Control Group				
Level		Pre		Post		Pre		Post	
	n	%	n	%	n	%	n	%	
No Anxiety	0	0	6	26	0	0	0	0	
Mild	0	0	17	74	0	0	2	9	
Moderate	16	70	0	0	18	78	18	78	
Severe	7	30	0	0	5	22	3	13	
tal	23	100	23	100	23	100	23	100	
ilcoxon	p = 0,000				p=0,083				
ann Whitney	p = 0,500								
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	No Anxiety Mild Moderate Severe tal clocxon ann Whitney etest ann Whitney	No Anxiety O Mild O Moderate 16 Severe 7 tal 23 clcoxon p = clnn Whitney p = clest clnn Whitney p = clnn Whitney clnn Whitne	Level Pre n No Anxiety 0 Mild 0 Moderate 16 70 30 tal 23 Elcoxon p = 0,000 ann Whitney p = 0,500 etest	Level Pre pos n n % n No Anxiety 0 0 6 Mild 0 0 17 Moderate 16 70 0 Severe 7 30 0 tal 23 100 23 clocxon p = 0,000 0 ann Whitney p = 0,500 0 etest 0 0	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Level Pre Post Pre n % n % n No Anxiety 0 0 6 26 0 Mild 0 0 17 74 0 Moderate 16 70 0 0 18 Severe 7 30 0 0 5 tal 23 100 23 100 23 clocxon p = 0,000 p = p = nun Whitney p = 0,500 p = 0,000	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	No Anxiety Pre Post Pre	

Table 1 shows the anxiety level of respondents in the treatment groups before the Peer Group Discussion majority experiencing moderate anxiety (70%) and 30% experiencing severe anxiety. In the control group anxiety level of respondents before the Peer Group Discussion 78% respondents get moderate anxiety and severe anxiety are 22%. After the Peer Group Discussion is given to treatment

group, 74% respondents experiencing mild anxiety and 26% respondents did not experience anxiety. In the control group, 78% respondents still on the moderate level of and the other experiencing mild (9%) and severe (13%) anxiety. Wilcoxon test result is showed in the treatment group p = 0.000, it means there is significant differences in the level of anxiety when the pretest and posttest. Whereas in the control group p = 0.083, it means that there is no difference in the level of anxiety when pretest and posttest. Mann Whitney test analysis results obtained pretest p = 0.500 means there is no difference in anxiety levels between the treatment and control groups before giving treatment, while the Mann Whitney test analysis results obtained when posttest p = 0.000, it means that there is the effect of Peer Group Discussion on the level of anxiety study respondents.

Decreased anxiety after Peer Group Discussion given to the students has occurred in all categories of respondents. Significant changes decrease the anxiety from moderate to mild category. Walgito (2003) says Peer Group is one of the characteristics that formed in social behavior which will affect the behavior of the group as well as the behavior of individuals who become members. Through the Peer Group, individuals feel a similarity to one another as the field ages, needs and goals. A group of peers can meet the personal needs of the individual, respect them, provide information, raise self-esteem and give them an identity. Peer Group Discussion makes people be more open in expressing their problems. In this study, a small group of 11-12 people who already know each other, have relatively the same age, have the same needs and goals and intentionally formed to follow the peer group discussion. The learning process will result in an understanding or cognition. Cognition in a person contains elements of perception, thought, memory, processing and preparation of information (Bastable, 2002).

Peer groups says if the problems that caused anxiety is less concerning rooms used for clinical practice and students role and duties. This is in accordance with the opinion expressed by Long (1996) in Laksono (2010) which states anxiety will happens is affected by several factors, one of which is the level of knowledge. The level of lack of knowledge about clinical practice on students caused them

to feel anxious. Peer Group Discussion increase their knowledge through the learning process. This method makes students more convenient because it can discuss with their peers already known. If positive perceptions are formed, then the coping mechanisms will be effective. If the individual has an effective coping mechanism when face the stressors, it will not cause stress (Nursalam, 2007). Pleasant learning process will have a positive impact both in cognitive development. Cognitive development in a positive direction can change student perceptions regarding clinical practice situation. Positive perception about clinical practice will lead to positive coping mechanisms as well. This corresponds to that disclosed by Carlson (1994) in Nursalam (2007) that depends on the individual's coping abilities. As individually, students will not consider as threat to endanger themselves and the patient, so that anxiety will be reduced. They also know what they need to do to deal with anxiety. So they can perform to the optimal clinical learning and improving their academic evaluation results.

Provision of information facilitated by peer group discussion fits perfectly with the students who are still skeptical and worried about the clinical practice but still reluctant to express it directly. The material is supplied not only about it but also share and solve the problem faced by students which causing anxiety during clinical practice. Through support and share anything, they do not feel embarrassed to share the experience with her friends, is evident all respondents express things what they worry, even in their discussions are able to provide advice and support aimed at reducing anxiety in peers face a problem. The support from peers makes an individual feel if they have friends who pay attention, appreciate them, and the sense of common. Cohen and Wilis (1985) suggest that individuals with high levels of support have a sense of ownership and good selfesteem. Coopersmith (1967) says a person with high self-esteem shows independent behavior, active, courageous, confident and have high self confidence that he was able to control the situation and give positive results. Confidence will be helping students reduce anxiety. The statement in accordance with the opinion of Nevid (2005) if self-confidence is one factor that affects cognitive anxiety individuals.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Students learning experience before the Peer Group Discussion experience anxiety due to a lack of knowledge and experience of their clinics that will affect an individual's coping process cause feelings of anxiety.

Anxiety student learning experience after the Peer Group Discussion decreased in the treatment group than that experienced anxiety, worry and fear become more calm and know what to do in overcoming anxiety. This is because the individual becomes an adaptive coping mechanism after the learning process that increases the level of cognition of respondents.

Peer Group Discussion decreased the anxiety level of nursing students because it adds the knowledge through the learning process, comfort and fun with a group of peers, learn the process of change will affect their perception into an adaptive coping and reducing their anxiety and support in a group of friends improve confidence and self-esteem of an individual.

Recomendation

For educational institutions are expected to provide preparatory material in accordance with the clinical room such as the delivery of information about the characteristics of the room along with a disease that is in the room carefully before and during clinical learning. Peer Group Discussion method can be used as an alternative way of presenting the material in groups and using a facilitator of sister level .

For nursing students are expected to perform Peer Group Discussion before and during clinical practice more often so get the material deeper

For researchers conduct further research on strategies to reduce student anxiety clinical practice with other methods

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