# A STUDY TO IDENTIFY THE STRESS AND STRESSORS AMONG 1ST YEAR GNM STUDENTS DURING EARLY EXPOSURE IN CLINICAL PRACTICE AT SELECTED NURSING SCHOOL IN KOLKATA, W.B.

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*Abstract-* A descriptive study was conducted to identify the level of stress and stressors among 100 of 1<sup>st</sup> year GNM students during early exposure in clinical practice at selected nursing school. The objective of the study was to assess the level of stress and stressors, relationship between them and association between level of stress and selected demographic variables among 1<sup>st</sup> year GNM Students during early exposure in clinical practice. Non probability sampling technique was used. The conceptual framework was based on Lazarus & Folkman Model of Stress. Semi structured questionnaire, Standardized perceived stress scale and structured stressors questionnaire were used to collect data. Result showed that 62% students had moderate stress and 37% had mild stress and only 1% severe stress. Students had experienced maximum stress from agony of critically ill patient and minimum stress from providing basic care to the patient. Significant relationship was found between stress and stressors score. Significant association between the nursing personnel present in the family and previous exposure to hospital environment with the stress. The study had important implication in various field of nursing which paves the way for further research. Based on this study a similar study can be done on large sample.

## Key Words: GNM Students, early exposure at clinical practice, stress and stressors.

## **INTRODUCTION**

Stress in nursing education is an acknowledgement as one of the most important issue in modern nursing. Lazarus & Folkman (1984) defined psychosocial stress as a particular relationship between the person and environment that is appraised by the person as taxing or exceeding his or her resource and endangering his or her well being<sup>1</sup>. Stressor is an event or any stimulus that causes an individual to experience stress. It is almost impossible to live without some stress and most of us would not want to because it gives life some spice and excitement.

Study shown that nursing student perceives more stress than other students. Stecker found that nursing students reported higher academic and external stress than students in physical therapy, pharmacy, dentistry and medicine.<sup>2</sup>

In the transitional nature of student life in professional courses like nursing, early clinical practice is stressful and it adversely affects the emotional, physical, social and academic functions. Stress at this period produce questionable behavioural patterns in student nurses like feeling of loneliness, nervousness, sleeplessness, and worrying. This student nurses faces a lot of challenges and problem at the time of early clinical practice. It is known fact that students are subjected to different kinds of stressors, such as pressure of academics with an obligation to succeed an uncertain future and difficulties of integrating into system.<sup>3</sup>

## **BACKGROUND OF THE STUDY**

Mental disorders stand among the leading cause of disease and disability in the world. One in four (25%) people in the world will be affected by mental or neurological disease at some point in their lives. 'Stress' as a universal phenomena reflecting in each aspect of life cycle, was identified as a major cause of attrition among all categories of people. Nursing schools are now recognized as a stressful environment that often exerts a negative effect on the academic performance and psychological well being of the student.<sup>5</sup> In most curriculum, studying nursing spend take away approximately half of their education within the clinical area, so it is alarming that they view the clinical practice as incredibly stressful.<sup>4</sup>

Common source of stress includes fear of the unknown a new clinical environment, a conflict between the ideal and real clinical practices, unfamiliarity with medical history, lack of professional nursing skill, unfamiliar patient's diagnosis and treatment, providing physical, psychological, social care to patient, fear of making mistakes, given medication to children and death of a patient and constant pressure of clinical instructor at ward may produce stress on their mind. Stress leads to deleterious symptoms such as drug, dependency, eating disorder, indiscriminate use of illegal substances, sleep disorder, suicidal tendency, absenteeism, mental health disorder developmental psychological disorder and finally dropout from curriculum.<sup>2</sup>

A descriptive study was conducted in the National Institute of Nursing Education PGIMER, Chandigarh to assess the causes of stress and the ways of coping with stress among newly admitted nursing students. Total 43 Basic B.Sc. Nursing students were selected. Result revealed that 48.83% students were having mild stress and 11.62% were having moderate stress. Academic stress ranked highest among the stresses perceived by the students.<sup>5</sup>

Identifying factors affecting stress among nursing students can help nursing educators to find ways to decrease stress. Stressors faced by GNM students in early clinical practice like working with dying patients, interpersonal conflict with other nurses, insecurity about personal clinical competence, fear of failure, communication problem, contact with sufferings, feeling helpless, emotional involvement, and lack of adequate knowledge and skill.

The setting in which student nurses are placed may also have an impact on affecting well being initial ward placement, produce greater anxiety for students than for any other period. Therefore, nursing students need to assess their stress level and stressors and determine what will decrease their tension. Therefore, based on the above life experience, the researcher took interest in exploring the stress and stressors experience by 1<sup>st</sup> year GNM students during their early clinical practice. Here, the researcher tries to help student nurses to better understand about the phenomenon of stress and stressors. The researcher also tries to help nursing educators to understand the difficulties of nursing students and assist them individually in order to promote the quality of clinical practice.

#### **MATERIALS AND METHODS:**

Quantitative descriptive survey design was adopted for this study.  $100 \ 1^{st}$  year GNM Nursing students are selected from Govt. College of Nursing , R.G Kar Medical College & Hospital , Kolkata by total enumeration method. Semi structured questionnaire, Standardized perceived stress scale and structured stressors questionnaire were used to collect data. The data was tabulated and analyzed using differential statistics like frequency(f) , percentage (%) and various diagram of descriptive statistics.

#### **RESULTS:**

| Variables           | Frequency | Percentage |  |
|---------------------|-----------|------------|--|
| Age                 |           |            |  |
| < 19                | 49        | 49         |  |
| ≥ 19                | 51        | 51         |  |
| Marital status      |           |            |  |
| Unmarried           | 94        | 94         |  |
| Married             | 6         | 6          |  |
| Habitat / Residence |           |            |  |
| Rural               | 82        | 82         |  |
| Urban               | 18        | 18         |  |
| Educational status  |           |            |  |
| H.S/Equivalent      | 90        | 90         |  |
| Graduate and above  | 10        | 10         |  |

Table 1: Frequency and percentage distribution of socio-demographic data of GNM 1<sup>st</sup> year nursing student

n= 100

Table 1 showed that majority i.e. 51 % of GNM students belongs to the age group of at and above 19 years, 94 (94%) of students were unmarried, 82% of students living in rural area and 90% of students were from higher secondary level of education

Rs 5001--10000

R10001-- 15000Above 15000

n= 100

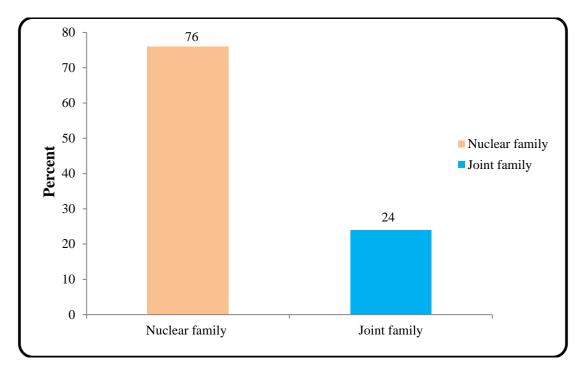
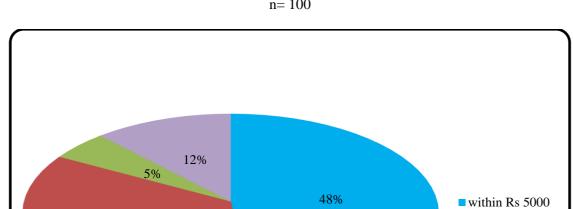
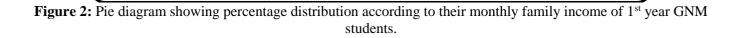


Figure 1 : Bar diagram showing percentage distribution of 1<sup>st</sup> year GNM students in terms of type of family.



35%

The data presented in figure 1 shown that majority 76% of students belongs to Nuclear family n=100



Data presented in Figure 2 shown that majority 48% of 1<sup>st</sup> year GNM students monthly family income were within Rs 5000 and 35 % monthly family income were Rs 5001-10000.

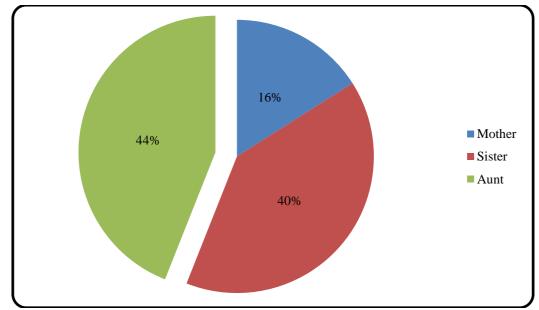
| Table 2 : Frequency and percentage distribution of general inform | ation of 1 <sup>st</sup> year GNMstudents. |
|---|--|
|---|--|

n =100

| n -10                                     |           |            |  |  |  |  |
|---|-----------|------------|--|--|--|--|
| Variables                                 | Frequency | Percentage |  |  |  |  |
| Any nursing personnel in the family       |           |            |  |  |  |  |
| No  | 75        | 75         |  |  |  |  |
| Yes                                       | 25        | 25         |  |  |  |  |
| Previous exposure to hospital environment |           |            |  |  |  |  |
| No  | 71        | 71         |  |  |  |  |
| Yes                                       | 29        | 29         |  |  |  |  |

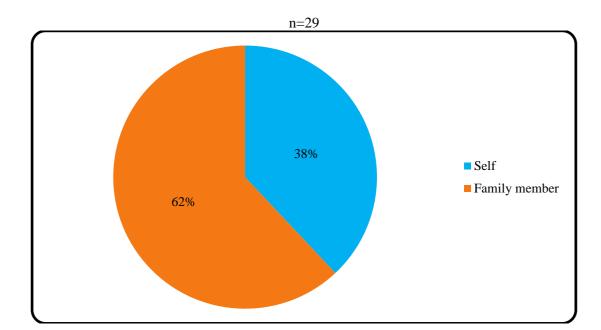
Data presented in table 2 shown that most 75% of  $1^{st}$  year GNM students there were no nursing personnel within their family and 71% of students reported had not been exposed to hospital environment previously.

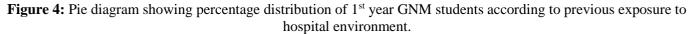
n= 25



**Figure 3:** Pie diagram showing percentage distribution of 1<sup>st</sup> year GNM students according to nursing personnel present in the family.

The data presented in figure 3 shown that 1<sup>st</sup> year GNM students reported that they had nursing personnel within their family i.e. 44% aunt, 40% sister and 16% mother





The data presented in figure 4 shown that  $1^{st}$  year GNM students had previous exposure to hospital environment i.e. 62 % students had exposure due to admission of their family members and 38 % had exposure due to admission of self.

## Section II

Table 3 : Frequency and percentage distribution according to the level of stress score.

|      |                                   | n=100          |               |  |
|------|-----------------------------------|----------------|---------------|--|
| S1 . | Perceived stress of               | Obtained score | Frequency and |  |
| No   | 1 <sup>st</sup> year GNM students |                | Percentage    |  |
| 1    | Mild stress                       | 11 - 20        | 37            |  |
| 2    | Moderate Stress                   | 21 -30         | 62            |  |
| 3    | Severe Stress                     | Above 30       | 1             |  |

Data presented in table 3 shown that the majority 62% of 1<sup>st</sup> year GNM students had moderate level of stress during early exposure in clinical practice.

## Section III

Table 4: Item wise rank order of stressors score

|           | n   | =100                         |                           |                    |               |
|-----------|---|------------------------------|---------------------------|--------------------|---------------|
| Sl.<br>No | Item  | Maximum<br>possible<br>score | Obtained<br>mean<br>score | Mean<br>percentage | Rank<br>order |
| 1         | Agony of critically ill patient                   | 4                            | 3.15                      | 78.75              | 1             |
| 2         | Sight of dead bodies                              | 4                            | 2.92                      | 73                 | 2             |
| 3         | Caring of terminally ill patient                  | 4                            | 2.89                      | 72.25              | 3             |
| 4         | Conflict between ideas and real clinical practice | 4                            | 2.47                      | 61.75              | 4             |
| 5         | Assignment and workload                           | 4                            | 2.41                      | 60.25              | 5             |
| 6         | Handling unknown machinery and                    | 4                            | 2.40                      | 60                 | 6             |
|           | equipment   |                              |                           |                    |               |
| 7         | Rapid change in patient's condition               | 4                            | 2.28                      | 57                 | 7             |
| 8         | Insufficiency of professional                     |                              | 2.12                      | 53                 | 8             |
|           | knowledge and nursing skill                       | 4                            |                           |                    |               |

| 9  | Making mistake in clinical placement    | 4 | 2.10 | 52.5  | 9  |
|----|---|---|------|-------|----|
| 10 | Observed by superiors                   | 4 | 1.97 | 49.25 | 10 |
| 11 | Talking with physician                  | 4 | 1.95 | 48.75 | 11 |
| 12 | Unfamiliarity with medical diagnosis    | 4 | 1.92 | 48    | 12 |
|    | and terms                               |   |      |       |    |
| 13 | Giving medication to children           | 4 | 1.86 | 46.5  | 13 |
| 14 | Unfamiliar condition in clinical field  | 4 | 1.68 | 42    | 14 |
| 15 | Initial ward experiences and feeling of | 4 | 1.63 | 40.75 | 15 |
|    | helplessness                            |   |      |       |    |
| 16 | Reporting patient's condition to        | 4 | 1.50 | 37.5  | 16 |
|    | clinical teachers                       |   |      |       |    |
| 17 | Hostility of patient's relatives        | 4 | 1.49 | 37.25 | 17 |
| 18 | Acceptance by the patients              | 4 | 1.48 | 37    | 18 |
| 19 | Lack of cooperation from clinical staff | 4 | 1.41 | 35.25 | 19 |
| 20 | Providing basic care to the patients    | 4 | 0.81 | 20.25 | 20 |

Data presented in table 4 shown that the mean % of stressors score ranged was from 78.75 - 20.25. The highest mean % of stressors score was 78.75% on agony of critically ill patient and the lowest score 20.25% on providing basic care to the patients.

#### Section IV

**Table 5 :** Correlation between the level of stress and stressors score.

| Variables Mean Median 'r' value'   |          |
|------------------------------------|----------|
| variables ivicali ivicali i variae | t' value |
| Stress 21.53 22                    |          |
| 0.44 4.90*                         |          |
| Stressors 40.53 41                 |          |

't' df (98)=1.98 \* p < 0.05

Data presented in table 5 shown that, significant correlation (0.44) between stress score and stressors score of 1<sup>st</sup> year GNM students during early exposure in clinical practice.

#### Section-V

**Table 6 :** Association between the level of stress (< median and  $\geq$  median. Median of stress score was 22 ) with<br/>selected variables.

|   |                     | n =100   |     |              |
|---|---------------------|----------|-----|--------------|
| Variables                                 | $\chi^2$ value      | P. value | df. | Significance |
| Age                                       | 1.402               | 0.2365   | 1   | NS           |
| Habitat/Residence                         | 0.151               | 0.6972   | 1   | NS           |
| Educational status                        | 1.469               | 0.2255   | 1   | NS           |
| Monthly family income                     | 3.17                | 0.0751   | 1   | NS           |
| Any nursing personnel<br>the family       | <sup>in</sup> 3.93* | 0.0474   | 1   | Significant  |
| Previous exposure<br>hospital environment | to 4.07*            | 0.0437   | 1   | Significant  |

Data presented in table 6 shown that there was significant association between level of stress and any nursing personnel in the family and previous exposure to hospital environment at 0.05 level of significance.

## DISCUSSION

The present study findings revealed that 1<sup>st</sup> year GNM students were having 37% mild level of stress, 62% moderate level of stress and remaining 1% student had severe level of stress during early exposure in clinical practice.

The findings was supported by the study done by Prasad CV, et al. in Yenepoya Nursing College, Mangalore. The results showed that 1.7% of students had severe stress, 46.7% had moderate stress, and remaining 51.6% had mild stress<sup>3</sup>.

The present study findings revealed that source of the stress that was item wise stressors scores. The highest mean % of stressors score was ranged from 78,75 % in stressor factor "agony of critically ill patient", 73% in "sight of dead body", 72.2% in handling of terminally ill patient, 61.75% in conflict between ideas and real clinical practice and the lowest score 20.25% on providing basic care to the patient, lack of cooperation from clinical practice (35.25%) and acceptance by the patient (37%).

The findings was supported with the study done by Wejdan A. RN. in Jordan to assess stress and sources of stress in clinical practice The result showed that of participants 47.82% had stress level above the mean. Common stressors perceived from assignment, patient care and stress from nursing educators and clinical staff. .Major stress, even students experienced pressure from the nature and quality of clinical practice  $(M=2.15 \text{ SD}=1.22)^6$ .

The present study revealed that there was a significant positive correlation (0.44) between stress score and stressors score of 1<sup>st</sup> year GNM students during early exposure in clinical practice.

The findings was supported with the study done by the MR. Kevine et Al. General Hospital Piparia, India to assess the level of stress and coping strategies of student nurses during their initial clinical practice. The result revealed that, there was weak co-relation (0.312\*) between level of stress and coping strategies among student nurses<sup>7</sup>.

#### CONCLUSION

The findings of this review present worth the data for clinical educators in identifying nursing student stressors, facilitating successful clinical teaching methods. Clinical educators can reduce their student's stress by encouraging problem solving as a coping strategies and through open communication, meditation and yoga etc.

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