Fostering academic success in nursing students through mindfulness: A literature review

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A B S T R A C T

Aim: Mindful-based stress reduction (MBSR) by freshman nursing students could potentially increase academic success in both the clinical and classroom settings by decreasing stress and anxiety levels.

Background: Nursing student anxiety has been widely researched in the literature; however, positive coping mechanisms have not. High levels of anxiety and stress have been proven to narrow the perceptual field, decrease retention of learned material, and increase nursing student failure. MBSR focuses on developing new thought processes in order to elicit the behavior of mindfulness.

Method: Literature search included EBSCO host, CINAHL, and MEDLINE.

Results: There is a lack of research that includes student clinical and classroom outcomes based on MBSR to assist the nursing student in academic success and clinical reasoning.

Conclusion: It is surmised that combining Lazarus and Folkman's Transactional Model of Stress and Coping with MBSR would be a solid framework for guiding nursing faculty in the practice of mindfulness for anxiety and stress reduction in nursing students.

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Nursing school has been shown to cause a high level of stress for individuals. Jimenez, Navia-Osorio, and Diaz (2010) outlined that when comparing nursing students to other students in health education, the nursing students have higher rates of stress and anxiety, which manifests as higher rates of psychological and physiological symptoms. The cause of such high levels of stress has been directly related to the fact that nursing students must perform both academically and clinically in order to successfully be allowed to practice nursing. Academic stress occurs during long hours of studying, feeling as though failure will occur, and while testing. Clinical stress occurs when the student must apply didactic content in the clinical setting, on a real patient, with the instructor watching at all times, and in an unfamiliar environment (Alzayyat & Al-Gamal, 2014; Fang-Fang, Xiao-Ling, Wei, Yan-Hong, & Dong-wen, 2015). Ratanasiripong, Park, Ratanasiripong, and Kathalae (2015) supports this by indicating in their study that academic and clinical performance is directly affected by stress levels in nursing students.

Critical thinking is what drives nursing. Decisions about patient care are made based on evidenced-based practice and sound researched theory. Critical thinking is a necessary skill that must be fostered for both academic and clinical success. Nursing examinations are not easy because the student must prioritize patient care by critically thinking through scenarios and utilize all of their learned knowledge to deduce the best answer. Murff (2005) indicated that students believe that stress affects academic performance and achievement. One study conducted by Gibson (2014) showed that the effects of test anxiety negatively impacted nursing student success and had a direct correlation to student attrition rates.

In the clinical setting, nurses must make quick decisions; these decisions could mean life or death for the patient. Sound academic success and clinical reasoning must be utilized by the student. Jimenez et al. (2010) noted that the most perceived areas of stress for students in regard to clinical academic success were “Being unable to provide appropriate responses to doctors’, teachers’, and patients’ questions... Not knowing how to help patients with biopsychosocial problems” (p. 446). Teaching and learning how to critically think is not an easy task for novice-level student nurses. Each student must learn how to prioritize and draw correct conclusions by using learned evidenced-based practice and rely on the expertise of nurse educator. From start to finish, the student must uniquely figure out how to gather, process information, and make safe decisions.
Knowing that nursing students face high levels of stress is just the beginning. It is necessary to find ways in which nursing educators can assist the student to both clinically and academically achieve under such high levels of stress. Ratanasiripong et al. (2015) concluded that educators should offer some sort of anxiety and stress reduction in the curriculum to assist nursing students. Mindfulness has been researched for use in assisting the patient to manage pain, high blood pressure, anxiety, and depression with success (National Center for Complementary and Integrative Health, 2016). This article will outline how the use of mindful-based stress reduction (MBSR) by first year nursing students could increase academic success in both the clinical and classroom setting by decreasing stress and anxiety levels.

**Literature Search**

The databases that were utilized in this literature search included EBSCOhost, CINAHL, and MEDLINE. The following criteria and key words were used for the main topic search: mindfulness, mindful-based stress reduction, nursing student anxiety, nursing student coping, and nursing student test anxiety. The initial search consisted of articles that were within a 5-year time frame; however, this search was expanded to 15 years; as it was discovered that the topic was not widely researched. Once the conceptual framework was decided, Lazarus and Folkman were added to the search in order to research current articles that pertained to both Lazarus and Folkman and student nurse anxiety.

**Current Research Findings**

The literature review on stress and nursing student performance was sparse. Chernomas and Shapiro (2013) identified that stress among nursing students is particularly high because of the clinical and classroom demands, especially during the first year of study. Galbraith and Brown (2011) also identified that stress can impact student nurse performance and can, “...contribute to sickness, absence and attrition” (p. 709). Sun et al. (2016) did link heightened levels of anxiety in nursing students to poor health, attention difficulties, decreased ability to make decisions, and poor cognitive function. The literate overwhelmingly recommended that further research needed to be conducted on the impact of nursing student stress, utilization of coping mechanism by students, and the recognition of student stress by nursing faculty. “...the importance of educators and clinical facilitators is to be sensitive of these stressors and provide students with effective coping strategies...” (Pulido-Martos, Augusto-Landa, & Lopez-Zafr, 2012, p. 23).

First year students in particular are bombarded with a whole new way of thinking, feeling, and acting with regard to critically appraising data, eliciting empathy and handling professional relationships. In order for nurses to properly care for individuals, they must be able to critically think through stressful situations and respond appropriately and safely. This applies to both the classroom, where the student must choose the best intervention that is listed among other equally appropriate interventions, and in the clinical setting.

Test anxiety must be addressed as it was identified as the precurso to test failure (Gibson, 2014), thereby leading to increased attrition rates. Nursing examinations are the major evaluative measurement tool that demonstrates the student’s mastery of studied material. Nursing examinations require the student to synthesize many bits of assessment data and then pick the best answer out of several equally qualifying answers. This type of testing is new for many students who are used to memorizing material only for testing. In nursing academia, students can no longer take this approach to learning because learned material must be retained and utilized throughout school and for the rest of their nursing career. Gibson, (2014) identified that when testing becomes more difficult within a progression curriculum, the student can feel very overwhelmed if they are not able to adapt to this way of evaluation. The ultimate goal is that nursing students pass the National Council Licensure Examination; therefore, coping with test anxiety early on in nursing school could potentially lead to higher pass rates.

Clinical performance is also a large stressor for first year nursing student because the first year nursing student enters into the patient care arena for the very first time. This is a culture shock because the nursing expectation has not been fully defined yet and individual practice has not been established. Student stressors include fear of making mistakes, witnessing death and suffering, feeling unprepared for giving care, instructor intimidation, nursing staff interactions, and speaking to physicians (Chernomas & Shapiro, 2013; Jimenez et al., 2010; Pulido-Martos, M, Augusto-Lada, J, & Lopez-Zafr, E. (2012) Sun et al., 2016). The student must be prepared and demonstrate academic success while at the same time attempting to process these stressors from the external environment.

**Stress and Anxiety**

Stress and anxiety are intertwined throughout the daily lives of most individuals. By definition, they are in fact two separate entities; however, stress and anxiety coexist with each other as one typically does not occur without the other. Townsend and Morgan (2017) indicated that stress is something that poses a pressure on an individual; whereas anxiety is the response to the stress or stressor (p. 447). Stress in itself is not bad for individuals, as stress can motivate and drive achievement. How the individual deals with the stress and level of anxiety achieved from the stress is what is important.

Mild anxiety opens the perceptual field, is motivational, and creates an increased awareness of the individual's environment; whereas, moderate-to-severe anxiety narrows the perceptual field and diminishes concentration and retention of information and causes physiological discomfort (Townsend & Morgan, 2017). Continuous high levels of stress have been found to negatively affect communication, collaboration, and empathy in the nursing profession according to Beddoe and Murphy (2004). Stress that affects or impedes nursing function can have a direct impact on decision making and patient care. In the primal days of human existence, the stress response was directly linked to survival; eat or be eaten. In today’s society, the stressors that once prepared the individual to run away from impending death have changed dramatically; however, the physiologic responses have not. Muff (2005) discussed that when the human body senses a stressor the heart rate increases, blood pressure increases, glucose is released for energy, and the respiratory rate rises. This physiologic response is necessary to give muscles the necessary fuel to run away from danger. If, however, the body is under constant stress and the compensatory reactions do not shut off, it leaves the body exhausted. What is left is an exhausted individual that exists in the endless spiral of stress and the stress response. For the nursing student, daily life and school can create escalating stress and this endless spiral, which can lead to academic failure, mistakes, and loss of confidence (Wallace, Bourke, Tromoehlen, & Poe-Greskamp, 2015).

**Mindfulness**

There are many ways in which an individual can relax. Medications have been shown to reduce the stress response; however, it was identified that such medications as benzodiazepines, which are prescribed frequently for anxiety and stress, are overused and highly addictive (Platt, Whitburn, Platt-Koch, & Koch, 2016). Nursing students are taught that alternative forms of healing revolve around the mind–body connection, particularly in relationship to coping. Finding holistic ways in which to assist with stress and anxiety is necessary. Nursing students should be directed by faculty to find alternative means for stress and anxiety reduction that incorporate the mind, body, and spirit, as nurses themselves instruct their patients.
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