Nursing students' perceived stress, coping strategies, health and supervisory approaches in clinical practice: A Slovak and Czech perspective

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A R T I C L E   I N F O

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A B S T R A C T

Objectives: To investigate the relationship between supervisory approaches in clinical practice on the one hand, and nursing students’ level of experience, perceived stress, coping strategies and physio-psychosocial status on the other.

Design: A cross-sectional descriptive study.

Methods: The sample consisted of 275 nursing students enrolled in bachelor’s degree programs in the Czech Republic and Slovakia. Participants provided data on background characteristics as well as completing the following instruments: Perceived Stress Scale; Physio-Psycho-Social Response Scale, and Coping Behavior Inventory. Relationships were examined by parametric Pearson correlations and multiple regression analyses. For group comparisons, multi-factor analysis of variance procedure was performed.

Results: Experienced nursing students perceived higher levels of stress than novice students. Slovak students subject to traditional group supervision by nursing teachers reported higher stress levels related to teachers, peers, lack of professional knowledge and skills, while also reporting a higher frequency of avoidance behaviors; and less frequent problem-solving activity than Czech students under individual supervision by clinical mentors. Clinical stressors accounted for 22% of variance in the students’ physical, psychological and social health. Academic stressors accounted for only 5% of variance and avoidance behaviors only 2% of variance in student’s physical, psychological and social health.

Conclusions: These results suggest that the stress or anxiety perceived by nursing students is accounted for mainly by clinical stressors. Further studies should focus on identifying other predictors (personal, external) of students’ physical, psychological and social health and also examine the effectiveness of specific stress management programs and, individual supervisory approaches in reducing the intensity and, the negative effects of stressors.

1. Introduction

Prolonged or high stress has the potential to have negative effects on students’ learning, clinical and academic performance as well as on physio-psycho-social health and well-being (Sheu et al., 2002; Jimenez et al., 2010; Pulido-Martos et al., 2012; Shaban et al., 2012; Akhuzaheya et al., 2015; Zhao et al., 2015). Significant stressors unique to nursing students are specific clinical stressors such as patient suffering or death, handling emergencies in the clinical area, relationships with clinical staff, lack of professional knowledge and practical skills, negative attitudes of ward staff and misunderstanding of supernumerary status, fear of making a mistake, the gap between theory and practice, and lack of familiarity with the hospital environment (Sheu et al., 2002; Burnard et al., 2008; Jimenez et al., 2010; Pulido-Martos et al., 2012). There is significant empirical evidence that nursing students perceive higher levels of stress than students in other professional degree programs, including medical, social work, and pharmacy students (Burnard et al., 2008; Pulido-Martos et al., 2012; Turner and McCarthy, 2017). Students cannot avoid clinical and academic stressors and the consequences of academic, clinical and external stressors on students’ health and well-being depend on the effectiveness of their coping behaviors (Sheu et al., 2002; Shaban et al., 2012).

Students’ positive clinical placement experiences and satisfaction with the clinical learning environment have been suggested as contributing to graduate nurses’ choice of their future place of employment (Courtney et al., 2002; Edwards et al., 2004).

2. Background

Specific clinical stressors faced by undergraduate nursing students...
have been investigated in relation to other psychosocial constructs, such as coping strategies (Sheu et al., 2002; Shaban et al., 2012; Zhao et al., 2015; Yildirim et al., 2017); adaptational outcomes and health status (Sheu et al., 2002; Jimenez et al., 2010); burnout, self-efficacy (Zhao et al., 2015); self-esteem and social support (Yildirim et al., 2017).

The level and types of stress perceived by baccalaureate nursing students has been investigated in two ways – as a dependent variable (e.g. studies focusing on students’ clinical and academic performance, coping behaviors or health) or an independent variable, an outcome of specific educational and organizational factors (e.g. studies comparing various academic courses, students’ experience, cultural contexts).

There is a considerable volume of literature reviews (Pulido-Martos et al., 2012; Turner and McCarthy, 2017), in addition qualitative (Sharif and Mosami, 2005; Levett-Jones et al., 2009; Melincavage, 2011) and quantitative studies (Sheu et al., 2002; Jimenez et al., 2010; Shaban et al., 2012; Akhu-Zaheya et al., 2015; Zhao et al., 2015) investigating the levels, sources and types of stress or anxiety faced by trainee nurses in several cultural contexts and also the evolution and variations of the stressors when training in clinical competencies (Jimenez et al., 2010; Pulido-Martos et al., 2012).

Most of the empirical evidence suggests that clinical stressors were the main source of stress for nursing students (Sheu et al., 2002; Jimenez et al., 2010; Shaban et al., 2012; Akhu-Zaheya et al., 2015). Among Slovak and Czech students, lack of professional knowledge and skills was perceived as the main source of stress, followed by stress from dealing with teachers and nursing staff, and students’ assignment and workload (Gurková et al., 2017). Pulido-Martos et al. (2012) in their systematic review of 23 quantitative studies reported that most of the studies were carried in Western European countries. Lambert and Lambert (2001) have emphasized that more cross-cultural studies, carried out in different countries, are necessary. An international comparative study (Burnard et al., 2008) that focused on stress in nursing students in five countries (including the Czech Republic) identified individual cultural features relating to stress over the course of a nurse’s education. However, systematically processed empirical data in relation to stress from clinical practice, and the coping behaviour of nursing students, are unavailable in the Slovakia and Czech contexts.

After the European Union (EU) accession, pre-registration nursing education in Slovakia and the Czech Republic underwent a critical transformation in order to ensure compatibility with criteria of the European Union Directive. Instead of secondary vocational training at specialized high schools, nursing education was gradually shifted to universities and colleges. During the transition, many changes were implemented in the planning and structure of clinical education. In transforming clinical education, an important role was played by international European projects focused on the implementation of clinical supervision and mentorship in the context of the diversity of European post-graduate nursing education. As a result of these reforms, the role of the teacher was reduced, clinical mentors were introduced, and programs for the professional training of mentors were developed. The current clinical education structure in Slovakia and the Czech Republic is characterized by a commitment to sustaining variability and diversity in the implementation of clinical education models, especially as regards the role and professional training of mentors in nursing.

Historically, the clinical support roles in Slovakia and the Czech Republic followed the British model of nursing education (Lambert and Glacken, 2005; Papastavrou et al., 2010), with the “one teacher” (nurse teacher had dual responsibility for theoretical and clinical teaching). There are many differences in supervisory models in Slovakia varied from a traditional model of group supervision provided by nurse teachers to individual supervision provided by certified mentors. However, the traditional model of role of nurse teacher in Slovakia is that nurse teacher is teaching in clinical practice as well as at university. A clinical teacher is a significant person for the students during the clinical placement. On the other hand, in the Czech Republic the most commonly used supervision is individual one provided by certified mentors. A mentor is a certified nurse who is employed either by an educational institution, or healthcare provider. Teachers from higher educational institutions usually work with students in placement at the beginning of clinical training in each nursing field. Clinical mentors from healthcare providers closely cooperate with the higher educational institutions in order to facilitate the students’ practical learning (Dobrowolska et al., 2016). Therefore, this study is focused on evaluation of a relationship between different supervisory approaches in clinical practice and nursing students’ perceived stress, coping strategies and physio-psychosocial status of nursing students.

3. Aims

The specific objectives of the current cross-sectional descriptive study were to investigate the relationships between the level and types of stressful events perceived by baccalaureate nursing students in Slovakia and the Czech Republic, and the physio-psychosocial status and coping behaviors of these students. The present study also focused on differences in these variables (type and degree of stress, physio-psychosocial status, coping behavior) according to the level of students’ clinical experience and methods of clinical supervision.

The following research questions guided this study:

- How do different types and degrees of stress perceived by students relate to their physio-psychosocial status and their coping behavior over the years of study?
- What are the differences in types and degrees of stress, physio-psychosocial status, and coping behavior between students who experienced group supervision led by nursing teachers in Slovakia and those who experienced individual mentorship in Czech Republic?
- Are types, degrees of stress, and coping behaviors the factors that predict students’ physio-psychosocial status?

4. Methods

4.1. Design

A cross-sectional, descriptive study.

4.2. Participants

A sample of 275 nursing students from 2 universities in the Czech Republic and Slovakia was selected on the basis of defined inclusion criteria: each participant was expected to be a first, second or third-year student following a bachelor’s degree course; to have their clinical placement in a hospital.

4.3. Research Instrument

Data were collected by means of self-completed questionnaires. The same data collection tools were adopted in both countries. These measured the following four main areas: the level and types of stressful events perceived by baccalaureate nursing students; physio-psychosocial status; coping behaviors and a student’s background information.

4.4. Types and Degree of Stressful Events During Clinical Practice

Types and degrees of stress were measured using six subscales of the Perceived Stress Scale (PSS). The PSS was developed by Sheu et al. (2002) and is one of the most commonly used tools to assess nursing students’ stress level and types of stressors in several cultural contexts (Sheu et al., 2002; Jimenez et al., 2010; Shaban et al., 2012; Akhu-Zaheya et al., 2015). The instrument is composed of 29 items grouped
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