International Research Journal of Education and Technology
Peer Reviewed Journal
ISSN 2581-7795

Impact of Clinical Practice Stress among Nursing Students at Selected Colleges in Kerala.

Mr.Jibin S Babu, Research Scholar, Malwanchal University, Indore

Prof .Dr Pradeep V.S. Research Supervisor, Malwanchal University, Indore.

Introduction

The education that students receive in nursing is geared toward preparing them to be professional nurses who are capable of making effective use of their knowledge and abilities throughout the course of their work. Therefore, the primary focus should be on the clinical learning and training that students receive because this is where all of the clinical skills, including affective, psychomotor, and theoretical knowledge, are applied. When it comes to nursing education, the information and the skills that are learned in a clinical setting with actual patients are significantly more beneficial than the structured scenarios that are learned in labs or in a classroom setting. Students of nursing are given the opportunity to participate in clinical practise, which allows them to acquire the applied knowledge as well as the psychomotor skills that are necessary for their future professional development.

During their time in school, nursing students must contend not only with the pressures of academics but also those of the workplace. Research on stress in the workplace has a number of foci of interest, one of which is the sources of stress, also known as stressors, which interact with one another and contribute to the beginning of stress in organisational settings (Spielberger & Reheiser 2005). At work, some of the most common causes of stress are being rushed for time, having a heavy workload, having to make decisions, dealing with constant change, and making economic errors.

In recent decades, the focus of research on health in working environments has shifted from the prevention of physical risks to a more global approach. This shift occurred in the field of occupational medicine. Emerging psychosocial risks, such as stress brought on by one's place of employment, are of particular interest in this context. Disorders of the physical body, the mind, and behaviour are all examples of the negative effects that stress can have on an individual. In turn, stress is linked to problems at the organisational level, including increased absenteeism, decreased work quality, and decreased productivity.

Students' ability to modify and control their levels of stress during clinical rotations is directly correlated to the coping strategies they choose to implement. Students who have developed effective coping strategies report significantly improved academic performance, and these same students report that these strategies also help them feel less stressed. Problem-solving, transference (trying to stay positive about the stressful situation), and unwavering optimism were found to be the most effective and helpful ways to deal with stress.

Over the past sixty years, there has been a significant expansion of nursing education at the undergraduate level in India. The nursing education programme in India lasts for a total of four years. The nursing curriculum is developed to conform to the rules and regulations of the Indian Nursing Council, which is in charge of accrediting university programmes. Students are expected to complete Medical Surgical Nursing I and Medical Surgical Nursing II Practicum II in the second year of practise in India. In the third year, students are expected to complete Mental Health Nursing and Paediatric Health Nursing, and in the fourth year of Maternal Health Nursing, students are expected to complete Community Health Nursing II. The nursing curriculum in India mandates that certain courses be offered in certain years.

Students enrolled in nursing programmes in India are required to complete approximately 2000 contact hours of clinical practise over the course of the programme. Clinical instructors typically hold a master's degree and have significant amounts of clinical experience under their belts. In most cases, students will travel to their clinical experiences in groups, and the typical ratio of clinical instructors to students is one to ten. The goal of this study, which is being done by a researcher, is to find out what causes nursing students the most stress during their clinical rotations.

Methodology

A descriptive comparative correlational research design has been implemented in order to evaluate the common sources of stress that nursing students face while participating in clinical rotations.

Sample and sampling method

For the purpose of selecting the samples, a representative sample is used. The current study included participation from one hundred nursing students in Kerala who were either in their first or second year of nursing school. These students were all enrolled in the Bachelor of Science in Nursing programme (50 from 3rd year and 50 from 4th year).

Tools

We used a self-reported questionnaire that included demographic questions, a perceived stress scale (PSS), and a coping behaviour inventory (CBI). Age, gender, number of years of schooling, interest in nursing, and previous experience as a nurse were all collected as part of the demographic data.

Gathering of Information

The researchers approached students while they were participating in clinical practise in order to ensure that the data collected was sufficiently representative of the students' levels of perceived stress. At the conclusion of their clinical rotation, the researcher approached the students and discussed the objectives of the research project with them. The students were given a cover sheet that contained the information regarding the study. It was requested that any students who were interested in taking part in the research fill out the questionnaire and immediately send it back to the researcher after they were finished. The final sample was made up of only students who filled out all of the questions on the questionnaires they were given.

Data Analysis

For the purpose of describing the study variables, descriptive statistics that were appropriate to the level of measurement were utilised. In addition, inferential statistics, multivariate statistical analysis (multiple regression), and bivariate and multivariate statistical tests (T-test and ANOVA) were used to answer the research questions.

Result

According to the findings of the study, 96.1 percent. The ages of the students ranged anywhere from 19 to 22 years, with a mean of 20.9 years (1.4). Female participants made up more than two-thirds of the total, accounting for 66.2 percent of the total.The greatest proportion of students, 42.4%, were in their second year of study, while only 39.3% of students enrolled in Medical Surgical Nursing I were in their first year. The majority of the participants, 66.5 percent, expressed an interest in pursuing a career in nursing. However, only 18.2 percent of the participants had any prior experience in the nursing field. The majority of the participants, which accounted for 68.9 percent of the total number of instructors, were women. The participants reported an average level of stress of 1.56 (with a standard deviation of 0.63). 44.22 percent of the study's participants reported having stress levels that were above the mean. The stress that was experienced as a result of work-related assignments was the most common type of stressor (M = 2.12, SD = 0.88), followed by the stress that was experienced as a result of peers and daily life (M = 1.65, SD = 0.91) and the stress that was experienced as a result of nursing staff and teachers (M = 1.58, SD = 0.89). The most common sources of stress for students was anxiety regarding their grades (mean value: 2.62, standard deviation: 1.34), followed by feeling pressured by the nature and quality of their clinical practise (mean value: 2.15, standard deviation: 1.22) and believing that their performance does not live up to their instructors' expectations (mean value: 1.98, standard deviation: 1.17). The students felt only a moderate amount of stress when it came to communicating with patients (M =.85; SD = 1.14), being unable to provide patients with good nursing care (M = 1.18; SD = 1.07), and being unfamiliar with medical history and terms (M = 1.25; SD = 1.09). Communication with patients accounted for the majority of this stress.The analysis of variance (ANOVA) was used to investigate the potential for significant differences in the mean stress levels and academic years of students. According to the findings, there was a significant correlation between the academic year of the student and the student's level of stress (F = 6.34; df = 2, 100, p.05).

Discussion

This study evaluates the levels of perceived stress experienced by nursing students, as well as the stress-related factors present in clinical practise during various academic years of study. Additionally, this research investigates the coping mechanisms utilised by BSc nursing students. According to the findings of the study, approximately half of the participants exhibited signs of having a stress level that was above the mean. This is in line with the findings of a previous study that was carried out among Jordanian nursing students in their initial period of clinical practise. This study found that fifty-two percent of nursing students have stress levels that are above the mean. This finding is consistent with the findings of the previous study. According to the findings of this study, students' levels of stress were lower than the mean for three out of the six factors related to stress that were investigated (stress of the environment, stress of taking care of patients, and stress from lack of professional knowledge and skills). On the other hand, it may be challenging to compare the levels of stress experienced by various

populations in response to various circumstances. A trans-cultural model says that a person's perceptions and ways of thinking can explain why he or she might see a certain situation as stressful when, in reality, it might not be stressful at all for that person.

It indicated that there is an internal demand such as basic needs, self-esteem, and self-concept that affects student appraisal of the situation as well as their response to it. This demand has an effect on both the student and the teacher. This can also be understood through the concept of locus of control. This could mean that students who are interested in nursing have more control over the situation, which gives them more confidence

.**Reference**

1. Aiken LH, Clarke SP, Sloane DM, Sochalski J. Cause for concern: nurses' reports of hospital care in five countries. LDI Issue Brief (2001) 6(8):1–4.

2. Aiken LH, Clarke SP, Sloane DM, Sochalski JA, Busse R, Clarke H, et al. Nurses' reports on hospital care in five countries. Health Aff (Millwood) (2001) 20(3):43–53. doi:10.1377/hlthaff.20.3.43

3. Aiken LH, Clarke SP, Sloane DM, Lake ET, Cheney T. Effects of hospital care environment on patient mortality and nurse outcomes. J Nurs Adm (2009) 39(7–8 Suppl):S45–51. doi:10.1097/NNA.0b013e3181aeb4cf

4. Clarke SP, Sloane DM, Aiken LH. Effects of hospital staffing and organizational climate on needlestick injuries to nurses. Am J Public Health (2002) 92(7):1115–9. doi:10.2105/AJPH.92.7.1115

5. Floyd JA. Nursing students' stress levels, attitude toward drugs, and drug use. Arch Psychiatr Nurs (1991) 5(1):46–53. doi:10.1016/0883-9417(91)90009-T

6. Deasy C, Coughlan B, Pironom J, Jourdan D, Mannix-McNamara P. Psychological distress and coping amongst higher education students: a mixed method enquiry. PLoS One (2014) 9(12):e115193. doi:10.1371/journal.pone.0115193

7. Beck CT. Burnout in undergraduate nursing students. Nurse Educ (1995) 20(4):19–23. doi:10.1097/00006223-199507000-00008

8. Aiken LH, Clarke SP, Silber JH, Sloane D. Hospital nurse staffing, education, and patient mortality. LDI Issue Brief (2003) 9(2):1–4.

9. Beck DL, Srivastava R. Perceived level and sources of stress in baccalaureate nursing students. J Nurs Educ (1991) 30(3):127–33.

10. Aiken LH, Sloane DM, Clarke S, Poghosyan L, Cho E, You L, et al. Importance of work environments on hospital outcomes in nine countries. Int J Qual Health Care (2011) 23(4):357–64. doi:10.1093/intqhc/mzr022

11. Decker F. Occupational and non-occupational factors in job satisfaction and psychological distress among nurses. Res Nurs Health (1997) 20:453–64. doi:10.1002/(SICI)1098-240X(199710)20:5<453::AID-NUR9>3.0.CO;2-N

12. Antos MQT, de Almeida AO, Martins HO, Moreno V. Aplicação de um instrumento de avaliação do grau de depressão em universitários do interior paulista durante a graduação em Enfermagem. Acta Sci Health Sci (2003) 25(2):171–6. doi:10.4025/ACTASCIHEALTHSCI.V25I2.2228

13. Jimenez C, Navia-Osorio PM, Diaz CV. Stress and health in novice and experienced nursing students. J Adv Nurs (2010) 66(2):442–55. doi:10.1111/j.1365-2648.2009.05183.x

14. Mediterranean WHOROftE. Occupational Health, A Manual for Primary Health Care Workers. Cairo: Mediterranean WHOROftE (2001).