

Original Article

A Study to Assess Effects of Selected Interventions on Student Nurse Stress in Clinical Learning

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ABSTRACT:

Background: Stress is an inevitable part of life whether it is in relation to a traumatic or harmful event, to change, or to the nuances of everyday life. The present study was conducted to assess effects of selected interventions on student nurse stress in clinical learning.

Materials & Methods: The present study was conducted on 230 nursing students of both genders. All students were put on constructive teaching behaviors methods. After implementing this method for 1 month, a questionnaire such as The Nordic Questionnaire for Psychological and Social Factors at Work (QPS Nordic) in order to assess perceived stress was given to all subjects and asked to respond.

Results: Out of 230 subjects, males were 25 and females were 205.3 males and 15 females had level 1 stress, 5 males and 45 females had level 2 stress, 12 males and 145 females had level 3 pre stress. The difference was significant ($P < 0.05$). 25 males and 195 females had level 1 stress, 0 males and 6 females had level 2 stress, 0 males and 4 females had level 3 post stress. The difference was significant ($P < 0.05$). **Conclusion:** Constructive teaching behaviors methods found to be effective in reducing stress level in nursing students.

Key words: Interventions, Constructive teaching behaviors, Nurse, Stress.

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INTRODUCTION

Stress is an inevitable part of life whether it is in relation to a traumatic or harmful event, to change, or to the nuances of everyday life. It has been found that at a certain level stress can enhance an individual's learning and performance.¹ However, as a result of the body's natural response to stress, an individual's health can be negatively affected when the individual experiences too much or unresolved stress. Consequently, an individual can experience anxiety and negative thinking, can have errors in judgment and decreased performance, and can be more vulnerable to disease and illness.²

Job stress in the nursing profession has been a persistent global problem for many years now. It has been associated with a variety of adverse attitudinal, behavioral, physical and emotional health consequences. Among attitudinal and behavioral consequences is a diminished job satisfaction, turnover intentions, and actual turnover or absenteeism.³

Among adverse physical and emotional health consequences are hypertension, cardiovascular disease, immune disorders, obesity, depression, and burnout.⁴ The delivery of quality services is inextricably linked to the occupational safety and health of healthcare providers and therefore cannot be considered in isolation. Healthy nurses may be more efficient in their healthcare delivery, which may ultimately translate into better patient outcomes. There are many barriers to achieving or maintaining good health for those working in the nursing profession.⁵ The present study was conducted to assess effects of selected interventions on student nurse stress in clinical learning.

MATERIALS & METHODS

The present study was conducted in the Selected Colleges of Nursing, Punjab. It comprised of 230 nurses of both genders. The study protocol was approved from institutional ethical committee. All students were informed

regarding the study and written consent was obtained. General information such as name, age, gender etc. was recorded. All students were put on constructive teaching behaviors methods. After implementing this method for 1 month, a questionnaire such as The Nordic Questionnaire for Psychological and Social Factors at Work (QPS Nordic) in order to assess perceived stress was given to all subjects and asked to respond. A question was asked such as Do you feel this kind of stress these days?" There were five

possible answers: "not at all", "only a little", "to some extent", "rather much" and "very much". The answers "not at all" and "only a little" were labelled very low levels of perceived stress (level 1), and "to some extent" was labelled a low level of perceived stress (level 2) while "rather much" and "very much", were labelled moderate to high levels of perceived stress (level 3).Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I: Distribution of subjects

Total- 230		
Gender	Males	Females
Number	25	205

Table I shows that out of 230 subjects, males were 25 and females were 205.

Graph I: Distribution of subjects

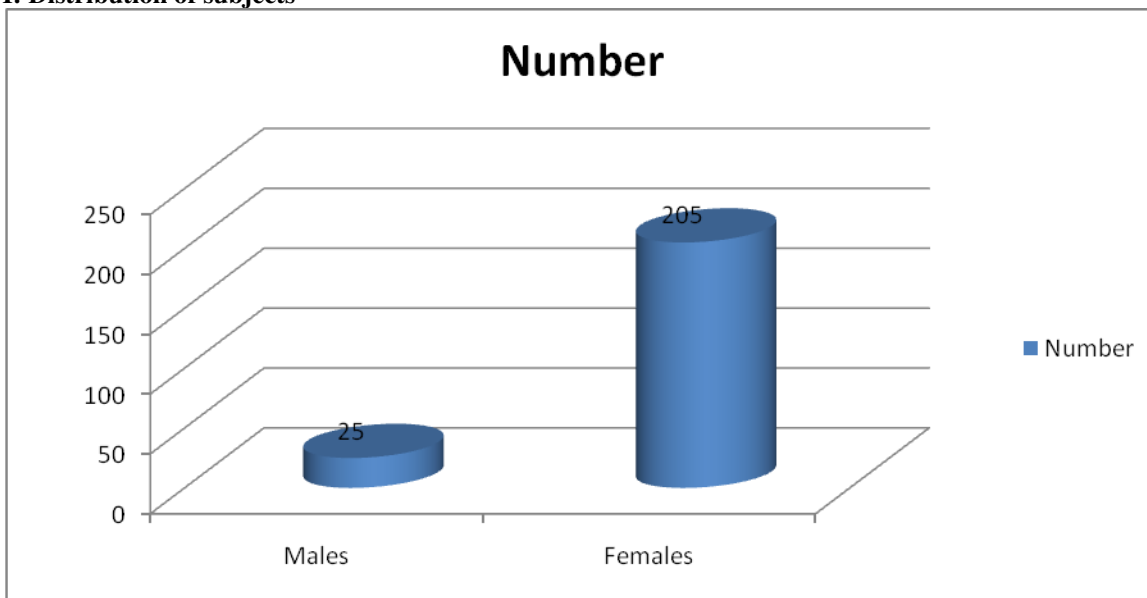


Table II: Assessment of Pre- perceived stress

Parameters	Level 1	Level 2	Level 3	P value
Males	3	5	12	0.05
Female	15	45	145	0.01

Table II shows that 3 males and 15 females had level 1 stress, 5 males and 45 females had level 2 stress, 12 males and 145 females had level 3 pre stress. The difference was significant (P< 0.05).

Table III: Assessment of post perceived stress

Parameters	Level 1	Level 2	Level 3	P value
Males	25	0	0	0.01
Female	195	6	4	0.02

Table III shows that 25 males and 195 females had level 1 stress, 0 males and 6 females had level 2 stress, 0 males and 4 females had level 3 post stress. The difference was significant (P< 0.05).

DISCUSSION

Health professionals, being responsible for the health of others are under the pressure of different stressors. Nursing has been regarded as a particularly stressful profession. The stressful factors in this job have affected nurses in a serious way. Work stress in nursing was first evaluated in 1960 into four sources of anxiety among nurses: patient care, decision making, taking responsibility, and change.⁶The highest rate of job stress is in the 25-29 age groups and minimum in the 35 and above ages. This may be related to greater consistency and increase in their skills and work experience due to increasing age. Stressors for nurses identified by various studies include care about patients, knowledge, skill and tasks of nurses and policies, relation with managers and coworkers, noises, light, shift duty and frequent night shifts. Studies showed that physical environment, responsibility and range of roles are the most important sources of stress.⁷

Constructive teaching behavior is the association between students' perceptions of clinical nursing faculty teaching behaviors and their stress and anxiety in the clinical learning environment is a prominent theme in the nursing literature. By adopting constructive teaching behaviors, such as creating an inviting ambience or using humor, clinical faculty have the opportunity to create a more positive learning environment that can improve students' self concept and lessen their stress and anxiety. Intentionally implementing constructive teaching behaviors in the clinical setting is a simple, yet effective strategy that could alleviate this common clinical stressor experienced by nursing students.⁸The present study was conducted to assess effects of selected interventions on student nurse stress in clinical learning.

In present study, there were 230 students which comprised of 25 males and 205 females. We found that 3 males and 15 females had level 1 stress, 5 males and 45 females had level 2 stress, 12 males and 145 females had level 3 pre stress. We observed that 25 males and 195 females had level 1 stress, 0 males and 6 females had level 2 stress, 0 males and 4 females had level 3 post stress. The difference was significant ($P < 0.05$).

Theories on occupational stress focus on a range of different stressors. One of the most well-known occupational stress theories is the job Demand Control Support model. It states that three job characteristics (stressors) are crucial in explaining adverse health: high demands, low control, and low social support. A situation

in which workpressure is high, and control and support are low is hypothesized to be most detrimental for the employee. Stress among nurses causes tiredness, harsh behaviour, anxiety, increase of blood pressure, lack of self-confidence, lack of job satisfaction, and decrease in efficiency.⁹ It can lead to depression, isolation from patients, absence and decrease of their qualification, absenteeism and turnover, and consequently detract from the quality of care.

CONCLUSION

Authors observed that constructive teaching behaviors methods found to be effective in reducing stress level in nursing students.

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