

12-2011

Decreasing Anxiety in Nursing Students

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Decreasing Anxiety in Nursing Students

Final Scholarly Paper
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Masters of Arts in Nursing Education

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St. Paul, Minnesota

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December 2011

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This is to certify that I have examined this
Master of Arts in Nursing Education Scholarly Project
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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Abstract

The purpose of this paper is to identify and recommend strategies for nursing faculty to help reduce nursing students' anxiety in a clinical setting. High levels of anxiety during clinical can decrease learning. It is important for clinical faculty to support and promote a positive learning environment. Strategies to help reduce anxiety include providing consistent clinical placement, peer mentoring, counseling, faculty role modeling, and developing positive student and staff relationships at clinical sites.

Introduction

Nursing programs provide learning experiences in the classroom and through a variety of clinical rotations in hospitals, clinics, and community settings. Clinical experiences have been identified by nursing students as one of the most anxiety-producing components of the nursing program (Sharif & Armitage, 2004). Nursing education requires placement in a variety of clinical settings to gain hands-on experience and to apply theory to practice. Preparation for practice entails more than developing skills in the on campus lab. It requires developing an ability to provide safe and effective care to other human beings in various clinical settings. This aspect of developing expertise as a student nurse can be very stressful to nursing students and create anxiety. High levels of anxiety can affect student's learning, performance and in some cases retention within a nursing program. It is important for clinical faculty to reduce student anxiety through support and promote a positive learning environment. More nursing programs would be willing to integrate anxiety reducing interventional strategies into curriculum if nursing research provided evidence-based practice models to improve students' clinical performance, success, and retention (Moscaritolo, 2009).

Literature reveals that anxiety has a huge impact on learning. Stress in nursing and in nursing students is a well-documented phenomenon, but the extent to which it occurs and means of coping with it vary (Higginson, 2006). Stress can be seen as the result of unresolved fear and anxiety (Higginson, 2006). Nursing students suffer from a great deal of anxiety, which

sometimes interferes with both classroom and clinical performance. Those students who suffer from severe anxiety may experience impaired academic performance, low grades, and in some cases high dropout rates (Sharif & Armitage, 2004).

Findings indicate that one solution is for clinical faculty to acknowledge how anxiety affects the student learning and how their teaching behaviors are perceived by the student (Cook, 2005). A common theme in the literature is a call for research exploring strategies for decreasing anxiety in nursing students in clinical settings. Nursing programs would benefit from this research. Research is also needed to address faculty teaching techniques and to make aware what is helpful for improving learning and decreasing anxiety in nursing students.

For the purpose of this paper the definition used for state anxiety is “a condition characterized by subjective, consciously perceived feelings of tension and apprehension, resulting in the activation of the autonomic nervous system” (Cook, 2005, p. 157). Symptoms of anxiety that appear in nursing students could include tremors, sweating, increased heart rate, and increased blood pressure (Moscaritolo, 2009). The negative impact of anxiety may be reduced when faculty acknowledges anxiety and provide a supportive learning environment for nursing students where mistakes are accepted as a part of the learning process. The purpose of this project is to identify strategies for faculty to use to decrease anxiety levels in nursing students. Educating nursing faculty regarding teaching strategies that decrease anxiety will both promote a positive and safe learning environment for students and build trusting relationships between faculty and students.

Literature Review

College students today experience greater stress than in the past (Yucha, Kowalski, & Cross, 2009). Students now are older, have more family responsibilities, and many work in addition to their academic course load. The stress and anxiety of these multiple roles has the potential to impede human learning. Nursing programs are intense, complex, and require long hours in the clinical setting. Each agency also expects students to spend valuable clinical time in orientation which can lead to additional stress and detract from learning (Yucha et al., 2009).

As early as 1970, literature reported stress and anxiety as interrupting learning among nursing students in a clinical learning environment (Moscaritolo, 2009). It is disappointing that despite the large body of evidence regarding the stressful demands on nursing students little has been done by clinical nursing faculty to attempt to reduce student anxiety in clinical settings. As healthcare technology continues to advance each year, the clinical setting for nursing students becomes even more stressful. Clinical experiences are also more demanding due to nursing shortage, students having no prior healthcare training, and more acutely ill hospitalized patients (Sprengel & Job, 2004).

Strategies to Reduce Anxiety

There are common themes found in literature regarding anxiety in nursing students. When asked about common sources of anxiety students most often mention: first experiences at a new clinical site, fear of making mistakes, concerns about performing clinical skills and using hospital equipment, angst about faculty evaluating skills, and lack of support of nursing personal (Bell, 1991; Kleehammer, Hart, & Fogel, 1990; Moscaritolo, 2009). Students also find it difficult to close the gap from theory to practice. Anxiety can increase if there is a theory gap which is defined as an inconsistency between what is taught in the classroom and what is

practiced in the clinical setting. It is important for clinical nursing faculty to be aware of the heightened sense of anxiety students may experience during their clinical rotations. Strategies found in the literature to help reduce anxiety in nursing students include providing consistent clinical placement, peer mentoring, counseling, faculty role modeling, and developing positive student and staff relationships are discussed in the next section.

Consistent clinical placement. Yucha et al. (2009) completed a research study to evaluate whether or not nursing students who are assigned to one consistent clinical placement experience less stress and improved performance. A home hospital program refers to keeping students at the same hospital, their “home hospital” for as many clinical rotations as possible. In large metropolitan areas many nursing programs may compete with one another for educational sites at several clinical agencies. The idea is to have a contract with one hospital for a specific group of students and have them do the majority of their clinical at the designated site.

The study was conducted in the fall of 2005 at the University of Nevada in Las Vegas (UNLV). At UNLV, students were completing their clinical requirements at four to eight different health care agencies. This required students to spend valuable time in orientation at each new agency creating additional stress that detracted from their learning. The authors wondered if a consistent clinical placement would help decrease the amount of anxiety in nursing students. Student stress was measured using the Student Nurse Stress Index (SNSI) and Spielberger’s State Anxiety Inventory. Students reported a high state anxiety level greater than a non nursing college student. These high levels of state anxiety in nursing students were consistent with other reports of nursing students in Canada, Jordan, and Ireland. The authors concluded a home hospital model or consistent clinical placement should be considered in large

cities with multiple hospital sites to help reduce the amount of clinical orientation and to decrease student anxiety.

Peer mentoring. The second strategy discovered through the literature review is to reduce clinical anxiety through peer mentoring. Peer instruction and mentoring are interventional strategies that can be implemented at all levels in the undergraduate nursing programs (Moscaritolo, 2009). Peer feedback in the clinical setting may help develop collaborative skills, improve communication skills, and assist in developing professional responsibility (Sprenkel & Job, 2004). Peer mentoring is used within schools to provide a supportive and nonthreatening learning environment. Studies of senior level nursing students acting as teaching assistants for beginning students in the clinical setting have shown benefits that include decreased student anxiety, increased hands on learning opportunities, and increased faculty perceptions of patient safety. Freshman nursing students reported a reduction in anxiety level as a result of peer mentoring while sophomore nursing students reported an increase of self confidence (Sprenkel & Job, 2004). Peer mentoring encourages greater student responsibility and promotes active learning.

Moscaritolo (2009) studied research on the use of interventional strategies such as humor, peer instructors, and mindfulness training to decrease stress and anxiety in undergraduate nursing students in the clinical setting. Neuman Systems Model served as the theoretical framework as it applies to anxiety in nursing students. When nursing students experience stress in clinical, the student is affected and anxiety occurs. It is at this point strategies are used to decrease anxiety and prevent further stress with the ultimate goal to increase student's wellness. The author

recommends that if clinical nursing faculty work to minimize student anxiety by using these interventional strategies it would enhance learning outcomes and improve student success.

Counseling. The third strategy to address anxiety focuses on counseling. Kanji, White, and Ernst (2006) completed a randomized controlled trial regarding the use of autogenic training (AT) to reduce anxiety in nursing students. AT is a relaxation technique based on autosuggestion that aims to relieve tension, anger, and stress. This study was conducted in the United Kingdom with 93 nursing students divided into three groups. The treatment group received eight weekly sessions of AT, the second group received laughter therapy, and the third group received no intervention. All three groups were measured by the State-Trait Anxiety Inventory, the Maslach Burnout Inventory, blood pressure, and pulse rate. Results showed a significant reduction of state and trait anxiety in the autogenic treatment group. It also showed a reduction in blood pressure and pulse rate in the AT group. In conclusion this trial showed that AT has a short term effect in reducing anxiety in nursing students.

In 2004, a longitudinal research study was conducted in Japan with nursing students looking at the effects of coping styles and stressful life events that lead to anxiety and stress (Shikai, Shono, & Kitamura, 2009). During clinical students encounter stressful situations that are similar to those experienced by nurses in practice. Situations found to be most anxiety provoking in nursing students included death and dying of patients, conflicts with physicians, inadequate preparation for clinical, lack of support from mentors, and heavy work load. The authors emphasized the importance of providing mental health care of nursing students before and during clinical training. Students who have anxiety prior to their clinical training may benefit

from psychological interventions regarding how to cope with possible difficulties encountered during their clinical training.

Role modeling. The fourth strategy to help reduce anxiety in nursing students described in the literature is role modeling. Role modeling is a powerful way for faculty to help support the beginning nursing student. Kleehammer et al. (1990) conducted a research study over a four-year period looking at junior and senior nursing students. They identified potential anxiety-producing clinical experiences for nursing students. The highest level of anxiety expressed by students was concerns about the initial clinical experience and fear of making a mistake. Faculty observation and evaluation is also a major anxiety provoking issue. Faculty role modeling and supporting students in the beginning nursing clinical helped to decrease anxiety. Faculty may need to consider ways in which students can become better acquainted with the units before patient care is required.

A study conducted at the University of Jordan including first and fourth year nursing students investigated the relationship between self-esteem (SE), state anxiety (SA), and critical thinking (CT) (Suliman & Halabi, 2006). The authors reported there is a need to develop programs that enhance critical thinking (CT) and self confidence which in turn would reduce student state anxiety (SA). They suggested faculty act as role models for their students as well as engage students in critical thinking that will strengthen the self-confidence of their students.

Cook (2005) investigated teaching behaviors of clinical faculty and nursing students' activity regarding anxiety. She looked at 229 junior and senior baccalaureate nursing students involved in a clinical experience from ten different regions within the United States. State anxiety was measured through the demographic data questionnaire, the Clinical Teaching

Survey, Self-Evaluation Questionnaire, and Spielberger's State-Anxiety Scale. This information was used to explore the relationship between junior and senior nursing student's perception of teaching behaviors of clinical nursing faculty and student's state anxiety while interacting with faculty during their clinical experiences. A person's state anxiety is usually high when the person perceives threatening circumstances. Faculty who use inviting teaching strategies such as respecting the students, trusting, caring, optimism, and good communication create less anxiety in students. The results reflect the need for faculty to be aware of how their teaching behaviors are perceived by students and how this can influence student anxiety during their clinical experience. This supports the notion that students perceptions of inviting teaching behaviors which include showing respect, trust, and providing positive feedback all lower state anxiety in the nursing students. State anxiety levels were comparable in junior and senior students which indicate both groups needing emotional support from faculty to help decrease anxiety during clinical.

Positive student and staff relationships. The fifth strategy found in literature review relates to anxiety from staff and student relationships. Levett-Jones, Lathlean, Higgens, and McMillan (2009) interviewed third year nursing students from two Australian universities and one United Kingdom university. The purpose of the study was to examine staff and student relationships and how they impact nursing students learning and feelings of belonging. These relationships are important to clinical learning because when people are deprived of feeling of belonging they are more likely to experience a low self esteem, increase stress and anxiety, depression, and a decrease in general well-being. Students evaluated the nursing staff and whether or not they were welcoming and friendly. Students described how nursing staff

receptiveness and approachability affected their anxiety, sense of well-being, and motivations to learn. Some students recalled hostility and resentment that caused them to feel uncomfortable which lead to varying degrees of distress and anxiety. When nursing staff was welcoming the nursing students had a better learning experience and were excited and felt valued. Attitudes and behaviors of clinical staff impact student learning. Positive staff and student relationships are crucial for students to feel accepted, included, and valued.

Summary and Recommendations

Faculty need to be creative and use the strategies found in the literature to decrease anxiety in nursing students. These strategies include providing consistent clinical placement, peer mentoring, counseling, faculty role modeling, and developing positive student and staff relationships. The key for clinical faculty is to acknowledge students' fears and anxiety. Role modeling is a powerful way for faculty to support the beginning nursing student. Faculty need to use inviting teaching strategies to help improve learning and decrease anxiety in nursing students.

References

- Bell, M. (1991). Learning a complex nursing skill: student anxiety and the effect of preclinical skill evaluation. *Journal of Nursing Education, 30*(5), 222-226.
- Cook, L. (2005). Inviting teaching behaviors of clinical faculty and nursing students' anxiety. *Journal of Nursing Education, 44*(4), 156-161.
- Higginson, R. (2006). Fears, worries and experiences of first-year pre-registration nursing students: a qualitative study. *Nurse Researcher, 13*(3), 32-49.
- Kanji, N., White, A., & Ernst, E. (2006). Autogenic training to reduce anxiety in nursing students: randomized controlled trial. *Journal of Advanced Nursing, 53*(6), 729-735.

- Kleehammer, K., Hart, A., & Keck, J. (1990). Nursing students' perceptions of anxiety-producing situations in the clinical setting. *Journal of Nursing Education, 29*(4), 183-187.
- Levett-Jones, T., Lathlean, J., Higgins, I., & McMillan, M. (2009). Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing, 65*(2), 316-324. Retrieved from EBSCOhost.
- Moscaritolo, L. (2009). Interventional strategies to decrease nursing student anxiety in the clinical learning environment. *Journal of Nursing Education, 48*(1), 17-23.
- Sharif, F., & Armitage, P. (2004). The effect of psychological and educational counselling in reducing anxiety in nursing students. *Journal of Psychiatric & Mental Health Nursing, 11*(4), 386-392.
- Shikai, N., Shono, M., & Kitamura, T. (2009). Effects of coping styles and stressful life events on depression and anxiety in Japanese nursing students: a longitudinal study. *International Journal of Nursing Practice, 15*(3), 198-204.
- Sprengel, A., & Job, L. (2004). Reducing student anxiety by using clinical peer mentoring with beginning nursing students. *Nurse Educator, 29*(6), 246-250.
- Suliman, W., & Halabi, J. (2007). Critical thinking, self-esteem, and state anxiety of nursing students. *Nurse Education Today, 27*(2), 162-168.
- Yucha, C., Kowalski, S., & Cross, C. (2009). Student stress and academic performance: home hospital program. *Journal of Nursing Education, 48*(11), 631-637.
- doi:10.3928/01484834-20090828-05