Sources of Stress Among Nursing Students During Clinical Placements: A Malawian Perspective

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Presentation Outline

- Introduction
- The study
- Findings
- Implications for nursing education
- Recommendations
Nursing is stressful

Its occurrence is evident among nursing students

Is stress in qualified nurses the same as stress in nursing and midwifery students?

No, Why not?

A different set of circumstances (Deary, Watson & Hogston 2003).

The findings reflect some of the circumstances
The Study

- Hermeneutic phenomenological study
- Explored the clinical learning experience
- Purposive sampling, Participants 3rd & 4th Year BSc.N
  - phenomenological analysis -
  - Part findings and three main themes emerged
  - Sources of stress among nursing students -
    academic, clinical and personal and social
  - Findings report specific sources during clinical placements (Clinical sources)
Emerging themes

Lecturer/Nurse Interaction with Students: A Source of Stress

Stress Associated with Patient Care

OSCE is very stressful!
Lecturer/Nurse Interaction with Students: A source Stress

- Presence of a lecturer is stress inducing
- Observing a student compounds the situation
The most stressful thing are the supervisors (lecturers) (.). They don’t look at positives you are doing, they only look at the bad things. (.). So when (.). The lecturer has come you are stressed (.). Most of them (students) run away. They don’t want to be humiliated.

Another student said:
It becomes stressful (.). When the supervisor has decided to observe me (.). Even if you are doing something right, but because somebody is observing you, you tend to make mistakes.
Why stress when lecturer shows up?

- Erratic clinical teaching & supervision
- Lack of familiarity
- Lecturer perceived as a threat
- Fault finding
- Intimidating and unfriendly interaction
- ‘Policing’
we don’t have much supervision (.) So when they come, (.) they are a threat or a stressor to the students.

Another student said:
Sometimes when lecturers come to the ward you become nervous (.) And then maybe you were doing something right, (.) you become nervous, you don’t even know what to do (.) You fail to explain what you are doing. (.) some use approaches like they are ‘policing’ you.
Stress as students interact with nurses

- Relationships with nurses
- Unwillingness to teach students
- Grapevine communication
- Shouting at students
You ask the nurse to supervise you, they will tell you no, I’m busy. Other nurses will say how can I teach you when you are the one who is pursuing a degree. (.) So it was stressful, you want to learn but the people are not supportive (.) and the supervisor does not come regularly. sometimes you say should I go to the wards? Just having the demotivation.

Another student said:
The stressor was the ward in charge, I heard rumours from my friends that the in charge is very difficult. So by just looking at her, it was stressful to me.
There was a poor relationship between the sister in charge and third year students. So this nurse was projecting her anger on every student. We didn’t learn much (.) this was a very stressful moment for us.

Another student said:
When you are being shouted at by maybe a nurse or a lecturer during a procedure, I feel it’s stressful (.) and when somebody has shouted at you, and is coming again, you will always be stressed (.). it’s stressful (.) and you are not free to ask questions.
Stress Associated with Patient Care

- Resource poor clinical settings
- Lack of resources a major stressor
- Lack of life saving drugs
- Preventable deaths
I have ever seen several situations in a hospital where even lives are lost because you don’t even have resources (.) So if you don’t have the resources it’s so stressful and when you stand there with your knowledge, your skills, everything, but you can’t do anything, and it’s so stressful.

Similarly, another student said:
The patient with COPD (.) you know that if he had this drug or this care, he wouldn’t be dying, but because of the inadequate amount of drugs, the patient is dying. So it would be stressful. You’ve done all for the patient, but at the end of the day the patient dies.
Other factors causing stress during patient care

- Taking care of critically ill patients unsupervised
- Fear of contracting infections such as HIV and tuberculosis
- Death of a patient sometimes causes stress
  - Blaming self
  - Unexpected death where there is a good nurse/patient relationship
  - Patient dying immediately an intervention
Study Excerpt – Caring for critically ill patients

They (nurses) would leave you alone (.) and there are times you don’t know what to do, (.) you are alone as a student, and you are stuck (.) It’s one of the stressful moments

Likewise, another student said:
Some nurses think that our presence in the ward it’s a relief. (.) They will leave critical conditions that they are supposed to take care of (.) which becomes stressful at times.
When I was allocated to go to TB ward, the feeling I had was that by the moment I will be leaving the ward I will be infected as well. (. ) So that alone stressed me, I would put on a mask every time. Where I don’t have any mask I would hold my breath.

Similarly, another student said:
When I was in TB Ward for the first time, it was stressful for me (. ) I failed even to care for the patients I was thinking about is my safety, Am I going to come without having this disease? So it was also a stressful allocation for me in TB Ward, yah.
The most stressful thing that I can say was something about death. When you are in year one, when a patient has died, you feel stressed. You start analysing all those things that you did for the patient and for you to look after someone who is chronically ill, you don’t have the courage.

Likewise, another student said:
Sometimes a patient would die soon after you have done something, so eventually it was difficult to accept that the client has died due to something a natural death. It was difficult to continue working you just feel guilty that I have killed a patient.
OSCE is very stressful!

- An evaluation strategy for assessing clinical performance
- Very stressful
- Why?
  - Unfamiliar and unfriendly examiners
  - Time factor
  - Ideal practice required yet there is minimal teaching
  - OSCE in the Skills lab, while learning takes place in resource poor clinical settings
OSCE is very stressful. When you see the lecturers, some lecturers, just reading their faces, you tend to develop fear to say will things go well with me? So it is so stressful. They give us ten minutes to conduct the procedure and prepare equipment, it is too short, so you become stressed and you tend to miss out.

Another student said:
Supervision is poorly done in the wards, but if it comes to OSCE, there are a lot of lecturers; two at one station. How can they test us on what we have learnt if they were not there to support us? OSCE is stressful because we know when we are in the ward we are alone. We don’t do the correct things, we do short cuts.
We fail OSCE not because we don’t know, but because we are having lecturers whom we don’t know … so it’s really threatening to us.

Another student said:
Most clinical settings do not have that equipment which we are supposed to use when carrying out procedures, but that equipment now appears on OSCE. When I was at the clinical area I was doing those procedures, but perhaps I was doing shortcuts.

Similarly, another student said:
But all in all, OSCE should be done on real human beings, on patients, especially in the clinical area where the real equipment that we normally use is.
Implications on Nursing Education

- Eustress - Normal physiological arousal or a level of stress that enhances performance (Gibbons, Dempster, & Moutray, 2008)
- Distress - Occurs when the source of stress is perceived as exceeding one's capacity to cope
- The findings seem to portray distress among nursing students during clinical placements.
Implications on Nursing Education

- The CLE is multidimensional
- Swamp analogy (Edgecombe & Bowden, 2009)
- Multiple stimuli (Papp et al., 2003)
- The CLE inherently stressful
- Stress factors presented compound the situation
Implications of Nursing Education

- Stress impedes learning and performance (Jimenez et al., 2010)
- The findings in this study indicate how this occurs.
- Stress can impair cognitive functioning (Yonge, 2002), and the findings reflect this:
  - Error in performance of procedures
  - Not knowing what to do
  - Failure to explain what they are doing
- Stress is an emotional response and emotions and thought are interconnected, hence the impaired cognitive function (Weiss, 2000)
Implications on Nursing Education

- The findings also reveal the following which also impede learning:
  - Avoidance of the lecturer
  - Demotivation
  - Lack of freedom to ask questions
- Learning requires that students interact with their teachers and not avoid them, be motivated and ask questions
Recommendations

- Building connected teacher/student relationships (Gillespie, 2002; 2005). Essential qualities are knowing, trust, respect and mutuality and knowing the teacher has a positive influence on student’s trust and ease with the teacher (Gillespie 2002).

- Preparation of educators to support them in developing relational competence (Gillespie, 2005) and the same applies to continuing professional development programmes for educators and clinical nursing staff responsible for teaching student nurses.
Recommendations

- Workshops on communication skills (Al-Zayyat & Al-Gamal 2014) and effective clinical teaching for nurse educators and clinical staff to enable them to work effectively with students.

- OSCE is extremely stressful as an evaluation strategy (Alinier, 2003; Muldoon, Biesty, & Smith, 2014), but if used in a formative way can promote confidence in students and reduce stress (Alinier, 2003)

- ‘Mock’ OSCEs conducted prior to the final OSCE are helpful to ease stress (Muldoon et al., 2014)
References

Thank you !!!
Zikomo Kwambiri !!!!