



IJCRR

Section: Healthcare

ISI Impact Factor
(2019-20): 1.628

IC Value (2019): 90.81

SJIF (2020) = 7.893



Copyright@IJCRR

Anxiety Among the Nursing Students During the Initial Clinical Experience

Rodrigues Lavina¹, Peter Deepa², Kuriakose Abin³, Rashmi Shwetha⁴,
Mathias Nancy Priya⁵

¹Assistant Professor, Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India;

²Associate Professor, Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India;

³Lecturer, Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India; ⁴Assistant

Professor, Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India; ⁵Lecturer,

Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India.

ABSTRACT

Introduction: The clinical learning environment is a complex social entity that influences student competency within the clinical setting. Anxiety contributes to a student's performance in the clinical setting because it initiates the fight-or-flight response leading to a positive or negative outcome.

Aim: The study was aimed to assess the level of anxiety among nursing students during the initial clinical experience.

Methodology: A nonexperimental descriptive survey was adopted for the study. The sample comprised of 50 first-year General Nursing and Midwifery course and 50 first-year BSc nursing students were selected using a simple random technique. Demographic Performa and Zung Self-Rating Anxiety Scale were used to collect the data.

Results: Descriptive and inferential statistics were used to analyse the data. The analysis revealed that 83% of the students were having a normal range of anxiety whereas 17% of the students were having a mild to moderate level of anxiety with a Mean \pm SD (1.17 \pm 0.318). The Chi-square test showed that there was a significant association between anxiety and the number of siblings ($p=0.004$) at a 0.05 level of significance whereas no association was found between anxiety and other demographic variables.

Conclusion: The findings revealed that the teaching and training given to the students before the clinical experience was adequate and appropriate.

Key Words: Anxiety, Stress, Nursing students, Initial clinical experience, Selected college, Mangaluru

INTRODUCTION

Stress is a perceived concept, that it can be caused by anything that one feels unbalances the harmony in life. ¹ Anxiety is an emotional response to the anticipation of danger, the source of which is mostly unknown or unrecognized. ² Anxiety disorders are the foremost common of all mental illnesses and affect 25 percent of all teens and 30 percent of all teen girls. One in fourteen young Australians (6.9%) aged 4-17 experienced an anxiety disorder in 2015. This can be corresponding to approximately 278,000 young people. ⁴

According to researchers who looked at mental health data for high school and college students from 1938 to 2007, the majority of the young people report symptoms of mental illness generally, and anxiety in particular. They are seeing

more descriptions of feelings like isolation, sensitivity, being misunderstood, narcissistic, worry, sadness, low self-control, and general dissatisfaction. ⁵

NEED FOR THE STUDY

Nursing students report greater levels of stress than the overall population of college students, partly because of competition for entering into programs, course structure, long hours of clinical practice, ward management and caring for sick persons. Excessive anxiety in nursing students can have a negative impact on health, academic, economic as well as patient care outcomes, still, impact future role transition into professional practice; including burnout and poor job performance. ⁶

Corresponding Author:

Rodrigues Lavina, Assistant Professor, Department of Nursing Foundation, Father Muller College of Nursing, Kankanady, Mangalore-575002, Karnataka, India; Tel.: 0824-2438906 / +919008884848; E-mail: lovesyiril@gmail.com

ISSN: 2231-2196 (Print)

ISSN: 0975-5241 (Online)

Received: 18.12.2020

Revised: 03.03.2021

Accepted: 12.05.2021

Published: 20.07.2021

Several studies have shown that nursing students have a higher level of stress and anxiety. A cross-sectional study was carried out among 661 Baccalaureate nursing students in Hong Kong revealed that, the prevalence of depression, anxiety, and stress among these students at 24.3%, 39.9%, and 20.0%, respectively. Female nursing students have reported anxiety and stress symptoms, while male nursing students were reported symptoms of depression than their batchmates.⁷

Initial clinical experience is one of the most anxiety-producing components of the nursing program which has been acknowledged by nursing students. Lack of clinical exposure, unfamiliar ward setting, aggressive patients, fear of making mistakes during procedures, and being evaluated by faculty members was stated by the students as anxiety-producing situations in their initial clinical experience. If the stressors are identified and interventions are provided at the earliest, many physical and psychological consequences of stress may be reduced and student nurses will be able to lead an efficient life.⁸

Objectives of the study

1. To assess the level of anxiety among the nursing students during the initial clinical experience
2. To find the association between the level of anxiety among the nursing students during the initial clinical experience with selected demographic variable.

HYPOTHESES

H₁: There is a significant association between the level of anxiety among the nursing students and selected demographic variables.

MATERIALS AND METHODS

A nonexperimental descriptive survey design was adopted for the study. The total sample comprised of 100 BSc Nursing and GNM Nursing students who met the inclusion criteria were selected using a simple random technique. The data collection instruments were Demographic Performa and Zung Self-Rating Anxiety Scale (SAS). Ethical clearance was obtained from the Institutional Ethics Committee letter no: FMMCIEC/CCM/100/2018. The investigator explained the need and importance of conducting the study to the participants. Informed consent was taken from the participants and confidentiality was assured. Data was collected using demographic proforma and Zung Self-Rating Anxiety Scale. The data collected was then compiled for data analysis.

Description of the tool:

Part-I: Demographic Performa: This tool consists of 11 items seeking information about- gender, age, residence, course,

family type, sibling, religion, income per month, clinical experience, experience of caring for the sick in the family and relatives in the medical field.

Part- II: Zung Self-Rating Anxiety Scale (SAS): This self-report scale was developed by Zung MD (1929-1992) which consists of 20 items, 15 positively and 5 negatively stated items. The participants’ responses are categorized into A little of the time, Some of the time, Good part of the time and Most of the time. The maximum total score is 80. The negatively stated items were scored reversely. The test-retest reliability of the tool was found to be 0.91. The Cronbach’s alpha was found to be 0.89.

RESULTS

Section A: Description of demographic variables of the sample

The results of the study revealed that the majority of the samples were females (94%) and (77%) were hostelers. About age, most of the samples (53%) were at 18 years of age, and the highest number of the sample (93%) were living in a nuclear family. With regarding the sibling 9% of samples does not have sibling, 44% of samples have one, 19% of the sample have two and 23% of the sample have three or more sibling. About religion, the majority of the sample (85%) were Christians. 13% of the sample belonged to the Hindu religion and only a few (2%) of the sample were Muslim. Data presented reveals that 35% of the sample had an income below rupees 10000/ per month. Regarding the experience of caring for the sick, 49% of the sample had experience in caring for the sick at home. The data also revealed that 55% sample having relatives working in the medical field.

Section B: Level of anxiety among the nursing students during the initial clinical experience

Table 1: Frequency, percentage distribution, mean and standard deviation of level of anxiety among the nursing students N=100

Grading	Range of scores	Frequency	Percentage	Mean ±SD
Normal Range	20-44	83	83.0	1.17±0.318
Mild to Moderate	45-59	17	17.0	
Severe Anxiety	60-74	0	0	
Extreme Anxiety	Above 75	0	0	

The maximum total score = 80 SD = Standard Deviation

The data in **table 1** depicts the mean anxiety level of students shows 83% of the students are having a normal range of anxiety whereas the least number (17%) of the students are having mild to moderate level of anxiety with Mean \pm SD (1.17 \pm 0.318).

Section C: Association between anxiety among the nursing students and selected demographic variables

To find out the association Chi-square test or Fisher's exact test was done. To test the statistical significance the following null hypothesis was formulated:

H₀: There is no significant association between the level of anxiety among the nursing students and selected demographic variables.

Table 2: Association between anxiety among the nursing students and selected demographic variables

Sl No	Variables	Chi square/ Fisher's test	p-value
1	Gender	0.001 (fisher's)	0.982 0.982
2	Age	2.319 (fishers)	0.938
3	Residence	0.686 (fishers)	0.798
4	Course	2.022 (Chi-square)	0.1555
5	Family type	0.041 (fishers)	0.840
6	Siblings	13.245 (fishers)	0.004*
7	Religion	2.455 (fishers)	0.344
8	Income per month	2.278 (fishers)	0.510
9	Clinical experience	1.540 (Chi-square)	0.215
10	Experience of caring the sick	1.420 (fishers)	0.536
11	Relatives in medical field	0.780 (Chi-square)	0.377

*p<0.05 (*significant)

It is evident from **table 2** that there was a significant association between anxiety and number of siblings (p=0.004) at 0.05 level of significance whereas no association was found between anxiety and other demographic variables, like gender, area of residence, course of study, family type, religion, monthly income, clinical experience of caring sick and relatives working in the medical profession. Hence the research

hypothesis was accepted for the number of siblings whereas the other variables research hypothesis was rejected.

DISCUSSION

Description of demographic variables

The demographic findings of the present study depict the majority of the samples are females (94%) with the age of 18 years (53%), 11% of the samples with 17 years and 23% of samples are with 19 years of age. Majority of the sample (93%) belongs to a nuclear family and 9% of samples does not have sibling, 44% of samples have one sibling, and 23% of the sample have three and more sibling. About experiences of caring for the sick at home, 49% of the sample has experience whereas 23% of the samples do not have any experience in caring sick. The data also showed 55% of samples have relatives working in the medical field.⁹

A similar study was conducted on depression, anxiety and stress among undergraduate nursing students in a Public University in Sri Lanka. 92 undergraduate nursing students who participated in the study revealed that 30.4% males and 69.6% were females ranging from 21 to 27 years. The mean age of the sample was 24.1 years (SD \pm 1.6). The majority of the respondents were Sinhalese (98.9%). Buddhist was a major religion (96.7%). The majority of the respondents was from the fourth-year class (32.6%) and lived in university accommodation (87%). The highest number of the respondents' parents had a secondary level education: 62.0% and 66.3%, respectively. From the sample, 19.6% of the participants stated that their monthly family income was not sufficient to meet their family expenditure.^{10,11}

Level of anxiety among the nursing students during the initial clinical experience

The present study depicts the mean anxiety level of students shows 83% of the students are having a normal range of anxiety whereas the least number (17%) of the students are having mild to moderate level of anxiety with a Mean \pm SD (1.17 \pm 0.318).

The findings of the present study are congruent to a descriptive correlation study which presented data from 61 nursing students using survey questionnaires that captured demographic data and included the Trait Anxiety Scale and the Clinical Experience Assessment form. Analyses of data indicate that 36% of the students experienced a moderate level of anxiety. Clinical experiences related to arriving late, being observed by instructors, responding to initial experiences, having a fear of making mistakes, and talking to physicians were the most anxiety-producing for these students.^{12,13}

Association between anxiety among the nursing students and selected demographic variables

The present study showed a significant association between anxiety and number of siblings ($p=0.004$) at 0.05 level of significance whereas no association was found between anxiety and other demographic variables, like gender, area of residence, course of study, family type, religion, monthly income, clinical experience of caring sick and relatives working in the medical profession. Hence the research hypothesis was accepted for the number of siblings whereas the other variables research hypothesis was rejected.^{14,15,16}

In contrast to the present study findings, a study that was conducted on nursing students anxiety in a clinical setting showed that the association between anxiety level and gender of participants was significant ($p = 0.030$). The male students were mostly affected. The result of the study alarms that, out of 28 male students, 6 students had severe anxiety, Students had moderate while 12 students had mild level of anxiety. The Association between the level of anxiety with the age of the participants was not significant ($p = 0.819$), but 77.1% of students of the age of 21-25 years were affected. Association between mode of finance and anxiety level was slightly significant with ($p = 0.065$) as students with self-finance mode were mostly affected by different levels of anxiety. It is also worth mentioning that, all those students who had a severe level of anxiety were in self-finance mode.¹⁷

LIMITATIONS

1. Information for this study was elicited from a self-selected sample; therefore information from the non-respondents cannot be collected.
2. The finding of the study could not be generalized because of the small sample size
3. The study was limited to assess the level of anxiety; there was no intervention was carried out to reduce the anxiety among the nursing students.

Keeping in view the findings of the study, the following recommendation is made for future research.

1. Additional research using a large sample could be performed to enhance the generalizing of the findings.
2. Interventional studies could be performed to overcome anxiety issues of the students
3. A similar comparative study could be performed to assess the level of anxiety in different settings of the hospital.
4. Studies to identify the factors that can enhance learning in clinical settings.
5. The study can be replicated by conducting qualitative studies.¹⁸

CONCLUSION

Although the majority of the students (83%) had a normal range of anxiety whereas the least number (17%) of the students are having mild to moderate level of anxiety with a Mean \pm SD (1.17 \pm 0.318). Chi-square and Fisher's exact tests were used to find the association between anxiety and selected demographic variables showed a significant association between anxiety and number of siblings ($p=0.004$) at 0.05 level of significance whereas no association was found between anxiety and other demographic variables, like gender, area of residence, course of study, family type, religion, monthly income, clinical experience of caring sick and relatives working in the medical profession. Hence the research hypothesis was accepted for the number of siblings whereas the other variables research hypothesis was rejected. The study concluded that the teaching and training given to the nursing students before the clinical experience was adequate and appropriate.

ACKNOWLEDGEMENT

The authors acknowledge the immense help received from the scholars whose articles are cited and included in references of this manuscript. The authors are also grateful to authors/editors/publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed

Financial Support and Sponsorship

Received the funding from Father Muller Research Centre, FMMCH, Mangalore

Conflicts of Interest

The author has declared no conflicts of interest. The Principal Investigator is grateful for the contributions received from the co-investigators: Peter Deepa and Mathias Nancy Priya were helped in data collection and coding the data into the master data sheet, Kuriakose Abin helped in result analysis, Rashmi Shwetha contributed to the discussion and conclusion of the study findings.

REFERENCES

1. Boyd MA, Nihart MA. Psychiatric Nursing: Contemporary Practice. 5th Ed. Philadelphia: Lippincott; 1988. ISBN 978-0-397-55178-1
2. Townsend MC. Psychiatric mental health nursing: concepts of care in evidence-based practice. 6th ed. Philadelphia: F.A. Davis; 2009. P.561-592
3. Contributor, N.T. Nursing Times. [Online]. Available from: <https://www.nursingtimes.net/students/we-must-act-on-anxiety-experienced-by-students-29-05-2015/>

4. Young people - Beyond Blue [Internet]. [cited 2018 Jan 9]. Available from: <https://www.beyondblue.org.au/who-does-it-affect/young-people>
5. Nott L. Teens Are Feeling More Anxious Than Ever [Internet]. Promises Behavioral Health. 2013 [cited 2018 Jan 9]. Available from: <https://www.promisesbehavioralhealth.com/addiction-recovery-blog/teenagers-are-feeling-more-anxious-than-ever/>
6. How Long is Nursing School? [Internet]. Study.com. [cited 2018 Jan 1]. Available from: https://study.com/how_long_is_nursing_school.html
7. Papastavrou E, Lambrinou E, Tsangari H, Saarikoski M, Leino-Kilpi H. Student nurses experience of learning in the clinical environment. *Nurse Educ Pract*. 2010 May;10(3):176-82.
8. Chernomas WM, Shapiro C. Stress, depression, and anxiety among undergraduate nursing students. *Int J Nurs Educ Scholarsh*. 2013 Nov 7;10:/ijnes.2013.10.issue-1/ijnes-2012-0032/ijnes-2012-0032.xml. doi: 10.1515/ijnes-2012-0032. PMID: 24200536.
9. Jones MC, Johnston DW. Distress, stress and coping in first-year student nurses. *J Adv Nurs*. 1997;26(3):475-82.
10. Bayoumi MMM, Elbasuny MMM, Mofereh AM, Assiri MAM, Al fiscal AH. Evaluating Nursing Students' Anxiety and Depression during Initial Clinical Experience. *Intl J Phys Beh Res*. 2012; 2(6):277-281.
11. Daengthern L. Factor influencing stress among nursing students of faculty of nursing during clinical practice. *Intl J Phys Beh Res*. 2014; 2(1)
12. Cheung T, Wong SY, Wong KY, Law LY, Ng K, Tong MT, et al. Depression, Anxiety and Symptoms of Stress among Baccalaureate Nursing Students in Hong Kong: A Cross-Sectional Study. *Int J Environ Res Public Health*. 2016;13(8):779.
13. Nelwati L, McKenna R, Plummer V. Indonesian student nurses' perceptions of stress in clinical learning: A phenomenological study. *J Nurs Educ Pract*. 2019;3(5): 56-65.
14. Nasrin H, Suroor P, Soodabeh J. Nursing Challenges in Motivating Nursing Students through Clinical Education: A Grounded Theory Study. Marziale MHP, editor. *Nur Res Pract*. 2012 Jul 8;2012:161359.
15. Melincavage SM. Student nurses' experiences of anxiety in the clinical setting. *Nurse Educ Today*. 2011 Nov;31(8):785-9.
16. Mahat G. Stress and coping: junior baccalaureate nursing students in clinical settings. *Nurs Forum*. 1998 Jan-Mar;33(1):11-9. doi: 10.1111/j.1744-6198.1998.tb00976.x. PMID: 9668813.
17. Wedgeworth M. Anxiety and education: An examination of anxiety across a nursing program. *J Nurs Educ Pract* 2016 May 25;6(10):23. doi: <https://doi.org/10.5430/jnep.v6n10p23>
18. Baraz S, Memarian R, Vanaki Z. Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *J Edu Health Promot [serial online]* 2015 [cited 2019 August 8]; 4: 52. Available from: <https://www.jchp.net/text.asp?2015/4/1/52/162345>