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PERCEIVED STRESS AMONG NURSING **STUDENTS**

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Nurses are the back bone of the hospital. Backbones are the largest group in healthcare professionals in the world, who plays the most exhausted schedule to complete the quality care of a patient. Thus, the training period of nursing is designed a way to prepare the upcoming nursing personnel to be ready to deal with these. Stress is a well-known word in today's population which leads to numerous numbers of physical and psychological conditions. Professional course as being more focused always are accompanied by a number of stressors. Throughout the globe it is accepted that nursing institutions are quite stressful due to long study and practical hours, assignments, mingling with peer group, team work etc.1

Nursing course as it is a combination of theory and practical and deals with human life, obviously the training part comes with huge stress and anxiety which might affect imparting knowledge and skill among the nursing students. Mentionably, low to moderate levels of stress may enhance students motivation, leading to good perseverance to achieve greater goal in life, whereas high level os stress may have a negative impact of learning and increasing the chances of depression and despair.²⁻³ Nursing students are experiencing different kinds of academic pressure to succeed, uncertain future and complicated methods of evaluation by the teachers. Never the less most of the time they are compromising the capacity of learning due to stress reactions.⁴ furthermore, the first experience in clinical practice includes stressors such as fear of making mistakes, having to handle emergency situations, irregularities in clinical practice and visiting specialized units.⁵

Although some studies have been done in India, so far in Bihar no such studies has yet been done. In last couple of years nursing profession is coming out to be a booming profession in the state. Currently more than 100 nursing institutions are functioning to create big pool of competent and efficient nurses. This is study is aiming to find out the perceived stress among the ANM nursing students in a particular Government Nursing Institution in Bihar.

Objectives:

- 1. To find out the perceived stress among nursing students.
- 2. To find out any relation with perceived stress and the selected demographic variable.

Methodology:

A non-experimental cross-sectional research approach has been adopted for the study. The setting of the study was ANM Nursing Institute, first year and second year students, who were willing to participate in the studies were included. Students who were not present during the data collection period or were not willing were excluded from the study. Total of 90 nursing students participated. Only the completely filled data were included for analysis. Total 79 students data were analysed for interpretation. Convenience sampling technique was used to select the sample. Demographic profile and PSS (Perceived Stress Scale) by Sheldon Cohen was used for the study. Permission to use the standardized scale was taken. All the related literature suggested this as one of the best tool to assess perceived stress among nursing students.

The study was conducted in the ANM Institute Lakhisarai, in Bihar. Students were explained about the goals and objectives of the study as well as how to complete the data collection tool. It took about 20-25 mints to complete the response. Demographic profiling included age, marital status, monthly income, place of living.

Before the data collection written permission was taken from the Principal, Head of the Institute. Participation was voluntary.

Results:

In this study the stress level was assessed in different domains according to the scale used. At the begging of the data analysis frequency distribution was checked. Table 1 shows the frequency distribution as per the PSS scale.

Table1: Frequency distribution according to the Likert Scale to assess Perceived Stress of Nursing students

		The state of the s	//1		
Indicators	Strongly	Agree	Neutral	Disagree	Strongly
	agree				disagree
I. Stress from lack of professional					
knowledge and skills.					2
Unfamiliar with medical history and terms	18	33	2	25	1
Unfamiliar with professional nursing skills	18	45	2	14	0
Unfamiliar with patients diagnoses and	19	43	3	10	4
treatments					
II. Stress from assignments and	/		1	JF	
workload					
Worry about poor grades	23	45	3	7	1
Pressure from the nature and quality of	19	46	5	7	2
clinical practice.					
Feelings that performance does not meet	12	41	6	17	3
teachers expectation.					
Feelings that dull and inflexible clinical	19	49	3	7	1
practice affect family/social life.					
Feelings that the demands of clinical practice	13	38	6	19	3
exceed physical and emotional endurance.					
III. Stress from taking care of patients					
Lack of experience and ability in providing	18	42	5	13	1
nursing care and in making judgement					
Not knowing how to help patients with	7	49	9	10	4
physio-psycho-social problems					
Unable to reach expectations	6	37	3	26	7
Unable to provide appropriate responses to	14	40	6	17	2
doctors, teachers and patients questions					
Worry about not being trusted or accepted by	16	31	0	26	6
their families					

Care Not knowing bow to communicate with patinets IV. Stress from clinical environment Feelings of stress in the environment where clinical practice takes place Unfamiliarity with ward facilities IV. Stress from rapid changes in a patient's condition V. Stress from teachers and nursing staff Seeing a discrepancy between theory and practice Not knowing how to discuss a patinet's illness with teachers or medical and nursing personnel. Feelings of stress when a teachers instruction is different from expectations Medical personnel lacking empathy and willingness to help Feelings that teachers do not evaluate students fairly Lack of care and guidance from teachers. V. Stress from peers and daily life Experience of competition from peers in school and clinical practice Feelings that clinical practice affects involvement in extracurricular activities.	Unable to provide patinets with good nursing	8	36	4	14	17
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involvement in extracurricular activities.		17	47	3	7	5
	_		.,		1.77	
	Inability to get along with group peers.	9	45	2	19	4

Table 2: Mean and Standard deviation of 6 different domains

Domains	Mean	Standard
		deviation
Stress from lack of professional	11.17	2.15
knowledge and skills.		
Stress from assignments and workload	19.98	6.63
Stress from taking care of patients	27.54	5.18
Stress from clinical environment	7.86	1.24
Stress from teachers and nursing staff	20.96	3.12
Stress from peers and daily life	15.24	2.50

The table 2 shows maximum stress contributing indicators are coming from the stress of taking care of sick patient with a mean of 27.54 and standard deviation of ± 5.18 , followed by stress from the teachers and nursing staff related lack of empath, discriminating evaluation with a mean of 20.96 and standard deviation of \pm 3.12. although clinical environment makes them stressful but comparatively it is less, the mean and standard deviation are 7.86 and ± 1.24 . the rest of the two domains stress from assignments and workload and stress from lack of professional knowledge and skill the mean and standard deviation are

19.98, ± 6.63 and 11.17, ± 2.15 . Hence, it can be said that taking care of patients and to fulfil the pressure of meeting the expectations of the teachers and the relative of the patients are most stressfull for the nursing students.

Table 3 depicts that majority of the students, are suffering from moderate level of stress 64.2%, followed by 17.9%, suffering from severe stress and a less percentage of students, onlu 1.1% are confronting mild level of stress. Table 4 depicts that majority of the students suffering from moderate to severe stress are belonging to the age group of 20-22 yrs (12), are not married (14). Although the numbers are showing that with increasing monthly income the stress level lowers, meaning less the income more the stress level, but statistically no significance have been found with any of the demographic variable and stress level (Table 5). All the significance was measured at 0.05% level.

Table 3: frequency and distribution of stress level

Stress level	Frequency	Percentage
Mild	1	1.1
Moderate	61	64.2
Severe	17	17.9

Table 4: Cross tabulation of level of stress with demographic variables

Demographi	c variable	Stress level			Total
		Mild	Moderate	Severe	
Age	Less than 20yrs	0	16	3	19
	20-22 yrs	0	32	12	44
12 Ca	More than 22 yrs	1	13	2	16
Marital	Never married	1	49	14	64
status	Married	0	12	3	15
Monthly	Less than Rs 10,000	1	27	10	38
income	Rs 10000-15,000	0	21	4	25
	More than Rs 15,000	0	13	3	16
Place of	Hostel	1	60	17	78
living	Home	0	1	0	1

Table 5: Association of level of stress with the demographic variables

Variable	Chi-square	df	P value	Significance
Age	5.778	4	0.216	Not significant
Marital status	0.273	2	0.872	Not significant
Monthly income	2.266	4	0.687	Not significant
Place of living	0.299	2	0.861	Not significant

Discussion:

This study was conducted to assess the stress level among the ANM nursing students, in different aspects of their educational exposure. The findings demonstrated that sudden change in patients condition acts as a major contributing factor for stress, secondly, competition from peer group in theory and clinical practice

are and lack of teachers guidance in the same are capturing a major part, they also get worried about the effect of getting poor grade.

Clinical experience and the gap between theory and practice creating confusion among the students causing stress. Rigid clinical practice hours and teachers unexpected instructions leads to stress, demonstrated by the students.

Consequently, however students have shown pretty much confidence and capability regarding communication, discussion patients care with the health team members, fulfilling patients expectations and most valuably, they were satisfied with the indiscriminate evaluation by the teachers. Knowledge, skill and professional mingling with the groupmates has also shown a progressive positive feed back lowering the stress level among the students.

Students has also shown concern regarding the clinical practice and the facilities available, as they are quite different then taught in their classroom set up. Students perceive stress when they are expected to change their role suddenly from a student nurse to a skilled experience nurse, and quite often they could not understand how to fulfil the physio-psycho-social need of the patient.

Overall it was evident that the changes and the ambience of making a competent nurse, the process is quite stress generating. Further studies are suggested to check the coping up mechanism adapted by the student and the efficacy of those adaptation, professionalism, ethical value development field etc. also, a revision can be taken into consideration for the education system and inculcated into the curriculum.

Conclusion:

Nursing students have expressed an alarming amount of perceived stress raising different issues related to the training period and into the process of making a competent nurse. The issues are almost generalised among the students, as the students are belonging to the state of Bihar only, further studies can be done in different part of the country to find out similarity or discrepancy.

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