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Evaluating nursing students clinic stress, and coping with stress during the clinic first day of the Woman Health and Diseases Nursing clinical course[1]

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Abstract

Purpose: This study aimed to explore the clinical stress levels, stress sources and coping strategies of Turkish male and female nursing students attending the Woman's Health and Disease Nursing clinical course on the first day.

Method and material: This cross-sectional study was conducted in March 2010 at a public university located in Istanbul. The study group included 98 nursing students. Data were collected from the nursing students in the study group using a self-report questionnaire, clinical stress questionnaire and Carver Coping scale. The data were analyses using percentages, chi-square analysis, the Mann-Whitney U test and Cronbach's alpha coefficients

Results: Approximately half of the male students (47.6%) reported that they experienced stress since the patient group consisted of females and the majority of male students (76.2%) stated that they were subject to gender discrimination at the clinic and there was a significant difference between the male and female students. The male and female nursing students' stress levels and Carver Coping scale total score of on the first day of the Woman's Health and Disease nursing clinical course was similar ($p>0.05$).

Conclusions: Male students experience stress because the patient group consisted of women, the majority of male students reported that they were subject to gender discrimination and gender discrimination was a source of stress for them. Female and male nursing students experienced stress in the first day of the clinical course of the Woman's Health and Diseases Nursing course, and that the stressors and coping strategies were similar across genders. In the clinical training for the Woman's Health and Diseases Nursing course lectures should be aware of possible stressors and, if necessary, should help students in positive coping.

Keywords: Coping Strategies; Gender; Nursing Clinical Course; Stress; Woman's Health and Diseases Nursing

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Introduction

Gender is the most important sociological characteristic of the nursing profession. Nursing is among the female-dominated professions thoughout the world. Today, the number of male nurses is ever increasing (Ünsal et al., 2010). In the profession of nursing, which started as providing help to the sick or those in need, men had taken the front role in the early ages while women either stood in the background or cooperated with men (Kaya et al., 2011). The literature indicates that males took an active part in caregiving before the work of Florence Nightingale during the Crimean War. However, by the mid-19 th century, Nightingale referred to nursing as intrinsic to women (Kaya et al., 2011; Duman, 2012; Karabacak, et al., 2012).

All educational institutions that train health care professionals have to provide training in a hospital environment in order to be able to provide care to healthy and non healthy individuals (Sarı, et al., 2008). Therefore, the importance of clinical training in nursing education is indisputable (Sendir & Acaroğlu, 2007). Clinical training aims to improve the critical thinking, analysis, psychomotor, communication and management skills of the nursing student as well as increasing confidence in the course of the profession (Sarı, et al., 2008). However, studies have found that clinical experience causes stress in students (Admi, 1997; Burnard, et al., 2008; Cahn et al., 2009; Chesse-Smyth, 2005; Gorostidi, et al., 2007; Shaban et al., 2012). Stress is identified as an important psychosocial factor affecting the well being and academic performance of students (Atay & Yılmaz, 2011).

The presence and level of stress in students may positively or negatively affect thinking and learning. High levels of stress are known to hamper learning, whereas low levels are known to motivate. Stressors in clinical environments can be termed as students having a hard time using the theoretical knowledge they have acquired, difficulty in adapting to the hospital, lack of clinical experience, high expectations from the tutor, and being present in unusual and unfamiliar situations (Sendir & Acaroğlu, 2007; Inoue, et al., 2006).

Men joining nursing training has created different stressors in the clinical environment both with regard to the male students and the patient population. Especially in the applied parts of the Woman's Health And Diseases Nursing Course, the patient population being entirely female is a stressor for male students. When studies about male nurses in the field of woman's health are examined, it can be seen that the opinions of the female patients about the male nurses (Duman, 2012; Inoue, et al., 2006; Morin, et al., 1999; Taşçı, 2007a; Tezel, et al., 2008) and the experience of male nurses (Eswi & El-Sayed, 2011; Patterson & Morin, 2002; Taşçı, 2007b; Tzeng, et al., 2009) in the field are the most widely questioned topics.

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The fact that the clinical course of the Woman's Health and Diseases Nursing course takes place in environments with high stress levels such as the delivery room, high risk pregnancies, and gynecology, and that the patient population consists entirely of women can affect the stress levels of students in these clinical course.

When the researches are investigated there are not found studies aiming to determine the stress levels, stressors, or coping of nursing students in the first clinical day of the Woman's Health And Diseases Nursing Course, which has a all-female patient population, has made us plan this study as a cross-sectional study.

Research questions

1. What are the first day stressors for male and female students in the clinical course of the Woman's Health and Diseases course?
2. What are the first day stress levels of male and female students in the clinical course of the Woman's Health and Diseases course? Is there a difference between genders?
3. What are the first day stress coping strategies for male and female students in the clinical course of the Woman's Health and Diseases course? Is there a difference between genders?

Method and material

Research design

The study was planned as a cross-sectional study aiming to determine the stressors, stress levels and coping strategies of students studying in the Nursing Department of the Health Sciences Faculty in the 2009-2010 academic year who were taking the Woman's Health and Diseases Nursing course in the first day of the clinical course of the relevant course. The Woman's Health and Diseases course is, by curriculum, given in the sophomore year in the spring semester. The clinical course of the course is performed in the same semester in 6 different state hospitals where students can gain nursing skills in the fields of obstetrics and gynecology. Thus, the study was performed in the spring semester of the 2009-2010 academic year.

Study population and sample

The population of the study consisted of 106 students studying in the Nursing Department of the Health Sciences Faculty of a state university in Istanbul in the 2009-2010 academic year who were taking the Woman's Health and Diseases Nursing course and were going to clinical course in six different state hospitals. Since the whole universe was reachable, no sample was selected and

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data was gathered from the whole universe. However, since 5 students didn't come to the applied course in the first day and 3 students didn't want to participate, the study was completed with 98 students (92.4% response rate)

Instruments

Student Information Form

The student information form, which was developed by the researchers, included 20 questions and was administered to the students on the first day of clinical practice. The student information form aimed to evaluate the students' socio-demographic characteristics and situations which cause stress during clinical practice (the hospital, peers in the practice group, the patient group).

Clinical Stress Questionnaire (CSQ)

The clinical stress questionnaire (CSQ) is a self report likert –type instrument that was developed by Pagana in 1989 for determining the beginning stress value that is threatening or challenging to nursing students in their first clinical experience. The CSQ, whose Turkish validity and reliability was established by Sendir and Acaroğlu (2007), may be applied in all internal and operational clinics after the "student's first clinical practice day". The questionnaire has 4 sub-dimensions including threat, fight, damage and benefit emotions. Each item is assessed at 5 degrees and requires one of the options of 0-"none", 1-" a little bit", 2-"moderate", 3-"much", 4-"too much" to be chosen. The score ranges between the least "0" and the most "80" based on points given for each item. Lower scores indicate lower stress levels while higher scores indicate higher stress levels. In order to use the CSQ on the first day of the Woman's Health and Diseases Nursing course's clinical practice, permissions were obtained from Sendir and Acaroglu, who conducted the Turkish validity and reliability study of the CSQ. Sendir and Acaroglu had found that the CSQ's Cronbach's α coefficient was 0.70. In the current study, the CSQ's Cronbach's α coefficient was found to be 0.72.

COPE Assessment Scale (for coping strategies)

The COPE assessment scale was developed by Carver and colleagues in 1989 (Carver, et al., 1989). Ağargün et al. (2005) translated the scale into Turkish and conducted validity and reliability studies for the scale. This scale aims to examine how people react when confronted with a difficult

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situation that causes stress. The scale consist of 60 questions and 15 sub-scales. Each of these sub-scales give information about different strategies for coping with stress. A high score obtained from a subscale implies that the particular strategy is used more often (Ağargün, et al., 2005). In the current study, the COPE's Cronbach's α coefficient was found to be 0,82.

Ethical considerations

In all stages of the study, ethical principles were carefully taken into consideration. Students were told that they could quit the study at any time during the data collection period. Permission to conduct the study and access to the nursing students were obtained from the Dean of Health Sciences School.

Data analysis

Data analyses were carried out using the Statistical Software Package for the Social Science (SPSS), version 15.0. All data were examined with percentages, chi-square analysis, the Mann-Whitney U test and Cronbach's alpha coefficients. The accepted confidence interval was 95% and the significance level for all analyses was set at $p<0.05$.

Results

Sociodemographic characteristics

In our study, most of the students were female (78.6%). The mean age of female students was 20.39 ± 1.90 years (range 19–34 years). The mean age of male students was 21.10 ± 1.17 years (range 19–24 years). Bivariate analysis showed that sociodemographic characteristics (family type, high school, residence, smoking, level of income) for female and male students were similar. None of the students was married.

As shown in Table 1, stress sources (not introducing the hospital, difficulty in communication with the clinic staff, and difficulty in accessing the hospital, communicate with peers in the practice group, the large number of students in the practice group, difficulty in communicating with the instructor, etc.) of male and female nursing students were compared and found to be statistically similar ($p > 0.05$). All of the female students did not experience stress because the patient group consisted of women; whereas approximately half of the male students (47.6%) reported this to be a source of stress and there was a statistically significant difference between the two groups ($p < 0.01$). All of the male students did not experience difficulty in duty sharing, but 17 (22.7%) female students reported difficulty in duty sharing, reported this to be a

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source of stress and there was a statistically significant difference between the two groups ($p < 0.05$). In addition, the majority of male students (76.2%) reported that they were subject to gender discrimination and 61.9% of the male students stated that patients' gender discrimination was a source of stress for them; and it was determined that there was a significant difference between the male and female students ($p < 0.001$). The students' patients group related stress sources such as worrying about harming, feeling of not being able to help, fear of making a mistake, and difficulty in communication with the patients were compared and it was observed that there was no statistically significant difference between the groups ($p > 0.05$).

Table 1. Comparison of female and male nursing students' stress sources

Stress sources	Gender						*P* (χ^2)
	Female student (n=77)		Male student (n=21)		Total (n=98)		
	n	%	n	%	n	%	
Not introducing the hospital							
Yes	30	39.0	8	38.1	38	38.8	0.05 (0.05)
No	47	61.0	13	61.9	50	61.2	
Difficulty in communication with clinical staff							
Yes	37	48.1	8	38.1	45	45.9	0.05 (0.659)
No	40	51.9	13	61.9	53	54.1	
Difficulty in accessing to the hospital							
Yes	15	19.5	11	52.4	26	26.5	0.05 (9.163)
No	62	80.5	10	47.6	72	73.5	
Not able to communicate with friends in the clinic							
Yes	5	6.5	0	0	5	5.1	0.05 (fisher exact)
No	72	93.5	21	100.0	93	94.9	
Difficulty in duty sharing							
Yes	17	22.1	0	0	17	17.3	0.019(fisher
No	60	77.9	21	100.0	81	82.7	exact)
Excess of the number of students							
Yes	17	22.1	7	29.2	24	24.5	0.05 (0.288)
No	60	77.9	14	66.7	74	75.5	
Difficulty in communication with instructor							
Yes	16	20.8	6	28.6	22	22.4	0.05 (0.448)
No	61	79.2	15	71.4	76	77.6	
Working with female patients							
Yes	0	0	10	47.6	10	10.2	0.001 (fisher
No	77	100.0	21	52.4	88	89.8	exact)
Gender discrimination							
Yes	11	14.3	13	61.9	24	24.5	0.001 (20,233)
No	66	85.7	8	38.1	74	75.5	
Worrying about harming							
Yes	26	33.8	6	28.6	32	32.7	0.05 (0.202)
No	51	66.2	15	71.4	66	67.3	
Feeling of not being able to help							
Yes	19	24.7	4	19.0	23	23.5	0.05 (0.291)
No	58	75.3	17	81.0	75	76.5	

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Fear of making mistake							
Yes	28	36.4	4	19.0	32	32.7	0.05 (2.250)
No	49	63.6	17	81.0	66	67.3	
Difficulty in communication with patients							
Yes	5	6.5	5	23.8	10	10.2	0.05 (5.399)
No	72	93.5	16	76.2	88	89.8	

Table 2 shown the stress levels on the Woman's Health And Disease Nursing clinical course clinic first day according to gender. There was no significant difference in CFD stress levels between the male and female students ($p > 0.05$). When we evaluated the CSQ sub dimensions, we determined that male students obtained higher scores from the benefit sub scale compared to female students and that there was a significant difference between the groups ($p < 0.05$).

Table 2. Comparison of Women's Health And Disease Nursing clinical course CSQ scores on the according to gender

The Clinical Stres Questionnaire	**Female student n=77**		**Male student n=21**		***P****	
	$\bar{x}$	***Sd***	$\bar{x}$	***Sd***	Z^a	***p***
Threat	9,55	4,24	8,05	4,68	-1,255	0,209
Challenge	11,62	5,30	13,67	5,31	-1,618	0,106
Benefit	2,52	1,90	3,52	2,08	-2,112	0,035*
Harm	6,06	3,48	7,67	4,00	-1,781	0,075
Total	30,18	8,31	33,52	11,66	-1,483	0,138

[a] **Mann-Whitney U**

In Table 3, status of coping with stress in the Woman's Health and Disease Nursing clinical course were compared. The male and female students obtained similar scores from the Problem focused, Emotion focused, Non-functional coping strategies, and the total coping scale, and it was determined that there is no significant difference between the groups ($p > 0.05$).

Table 3. Comparison of Women's Health And Disease Nursing clinical course COPE scores on the according to gender

COPE	**Female student n=77**		**Male student n=21**		***p***	
	$\bar{x}$	***Sd***	$\bar{x}$	***Sd***	U/Z^a	***p***
Problem focused coping strategies	55,79	6,88	56,76	6,37	-0,416	0,677
Active coping	11,56	1,82	11,00	1,61	-1,373	0,170
Planning	12,04	2,12	12,19	2,13	-,434	0,665
Restraint coping	9,51	1,50	10,90	1,33	-3,673	0,001
Seeking social support for instrumental	12,97	2,18	11,90	1,92	-2,166	0,030
Suppression of competing activities	9,71	1,84	10,76	1,89	-2,532	0,011

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Emotion foceused coping strategies	54,38	6,05	53,00	6,90	-0,702	0,482
Positive reinterpretation	12,57	1,75	13,14	1,45	-1,319	0,187
Turning to religion	11,73	2,81	11,86	2,85	-0,162	0,872
Humour	8,04	2,72	8,00	2,81	-0,057	0,955
Seeking of emotional social support reasons	11,70	2,84	10,62	2,51	-1,447	0,148
Acceptence	10,34	1,91	9,38	2,29	-1,654	0,098
Non-functional coping strategies	39,45	6,12	38,19	8,36	-0,993	0,321
Mental disengagement	10,62	1,92	9,57	2,18	-2,046	0,041
Focusing on and venting of emotions	10,83	1,92	9,24	2,64	-2,344	0,019
Denial	6,64	2,09	6,76	1,84	-0,233	0,823
Substance use	4,62	2,07	5,24	2,38	-1,581	0,114
Behavioural disengagement	6,74	2,03	7,38	2,41	-1,081	0,280
COPE TOTAL	152,49	13,59	150,48	17,08	-0,615	0,539

[a] **Mann-Whitney U**

However, it was found that restraint coping and suppression of competing activities, which are among the problem focused and positive coping strategies, were used more frequently by male students and that there was a statistically significant difference between the male and female students ($p < 0.05$). On the other hand, it was determined that seeking social support for instrumental reasons, which is one of the positive problem focused coping strategies, was used more frequently by female students compared to their male counterparts and that there was a significant difference between the groups ($p < 0.05$). Female students obtained higher Focusing on and venting of emotions and Mental disengagement scores, which are non-functional coping strategies, compared to male students and the difference between the groups was statistically significant ($p < 0.05$).

Discussion

The stressors in each course can be different, and which situation cats as a stressor tends to differ in time. For example, while in the clinical course of Fundamentals of Nursing being in the hospital environment for the first time or applying injections under the supervision of a tutor act as stressors, later providing post operational care to patients just out of anesthesia, caring for a bleeding or dismembered patient in the ER internship, or observing a resuscitation in intensive care become stressors. Nursing students are expected to get better in coping with stressors as they gain experience in working in those fields. In this cross-sectional study which aims to determine the stress sources, stress levels and the status of coping with stress during the clinic first day of the woman health and diseases nursing clinical course, approximately half of the male students reported that having a female patient group was a source of stress and three-fourths of male

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students stated that the patient group's gender bias was a source of stress; and it was determined that there was a significant difference between the female and male students There was no significant difference in clinic first day stress levels between the male and female students. In addition, it was demonstrated that male students used beneficial coping strategies such as Restraint coping and Suppression of competing activities better than females, whereas female students used non-functional coping strategies better. However, the coping strategies of male and female students were found to be similar in general.

In a study by Ünsal et al. (2010), which aimed to determine the thoughts of employees in different professions about male nurses, it was demonstrated that the public's reaction to male nurses was positive, the majority of the participants thought that males can work as nurses, and the participants supported the idea of males becoming nurses as well. A large number of national and international studies which recruited different sample groups support the study's findings (Ünsal, et al., 2010; Arıkan, et al., 2000; Kocaer, et al., 2004; Meadus & Twomey, 2007; Özbasaran, et al., 200227). However, Wood (2004) found that male nursing students in the United States faced more difficulties than did females (Wood, 2004). For example, they were rejected by maternity clients or their families and nor allowed to practice in certain care areas. Morin et al. (1999) studied women's responses to care provided by male nursing students. They found that women expressed a preference for female students because of the private nature of such care (Morin, et al., 1999). Male nursing students in Turkey have faced the same situation. In a study by Duman (2012), it was found that all of the participating women did not want to receive care from male nurses throughout the pregnancy and labor period. Nearly nine of the ten pregnant women emphasized that nursing was a profession that only women could do, that male nurses could not work at the maternity and childbirth services and that they could not receive care from male nurses throughout the pregnancy and labor period (96.7%). Similarly, in a study by Kocaer et al. (2004), it was determined that approximately half of the nursing students did not want male nurses to work in labor services (Kocaer, et al., 2004). In the present study, it was shown that approximately half of the male students regarded working with a female patient group as a source of stress and the majority of male students thought they were subject to gender bias. Despite the studies yielding positive results about males' participation in the nursing profession, the field of woman's health is largely affected by gender bias throughout the world. Female patients do not want to receive care from male nurses and in turn, male students experience stress because of the gender bias.

Moderate levels of stress have positive effects on an individual's motivation due to its stimulating affect. However, it has been demonstrated that high levels of stress is an important

factor which prevents academic success and it also affects the student's clinical performance and the ability to develop skills (Atay & Yılmaz, 2011). In our study, it was determined that the students experienced moderate levels of clinical stress reported. This finding is similar to the results of studies conducted by Chan et al. and Karabacak et al. On the other hand, the same scale was used other research showed that, the clinical stress levels of our participants is lower than those of Atay and Yılmaz's (2011). This difference can be explained by the facts that Atay and Yılmaz used the CSQ for the clinical practice of the course Fundamentals of Nursing and that the students who participated in the present study had more clinical experience since they are in 2nd grade.

Benefiting from various coping strategies in order to minimize or eliminate the negative effects of stressors is a universal attitude. "Coping" can be defined as an individual's resistance to stressful situations or factors and all of his/her cognitive, emotional, and behavioral reactions aimed at resisting stress (Ağargün, et al., 2005). Although students cannot avoid stressors, their ability to cope is important in achieving success in their academic and social environments (Watson, et al., 2009). The effects of stress on health depend on the adequacy of coping behaviors. Coping behaviors play a vital part in the stress adjustment process (Shaban, et al., 2012). In our study, it was found that the students experienced moderate levels of stress on the first day of the Woman's Health and Diseases Nursing clinical course. However, male students emphasized that they were subject to gender bias and more than half of the male students regarded gender bias as a source of stress. When we examined the students' status of coping with stress, we observed that male students more frequently used restraint coping and suppression of competing activities, which are among the problem focused and positive coping strategies; whereas female students more frequently used Focusing on and venting of emotions and Mental disengagement, which are non-functional coping strategies. This finding can be explained by the fact that women's emotional characteristics reflect on their ways of coping and male students develop coping strategies which are appropriate for the type of stress they experience. In a study by Sarı et al. (2008), which examines the ways of coping with stress in female midwifery students, it was found that negative coping strategies were used more frequently on the first clinical day. This finding is similar to our results. Although male students developed more appropriate coping strategies in the process of coping with stress on the first clinical day compared to female students; there was no significant difference between the male and female students' coping strategies, which is in line with Shaban et al.'s (2012) findings.

Conclusion

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In our study, half of male students experience stress because the patient group consisted of women, the majority of male students reported that they were subject to gender discrimination and 61.9% of the male students stated that patients' gender discrimination was a source of stress for them. It was found that students experienced medium levels of stress in the first day of the clinical course of the Woman's Health and Diseases Nursing course, and that the stressors and coping strategies were similar across genders. As an important results, male students were found to use problem oriented positive coping strategies Restraint coping and Suppression of competing activities better than female students. In light of findings from the current study, the following suggestions have emerged:

- Students who have previously gone to the clinical course of this course should be enabled to share their experiences with the students.
- Before the clinical training for the Woman's Health and Diseases Nursing course, the students should be provided information in a classroom or laboratory about possible difficulties or stressors they could face in the hospital.
- Male students experience stress due to having a patient group of women in the clinical practice of the course Women's Health and Diseases; therefore, during the first clinical days, male students should be supported by lecturers and clinical nurses in patient care.
- Nursing is not exclusive to females and men can also be nurses. Public awareness on this topic should be raised.
- Female students who use malfunctional coping strategies when faced with stressors in the clinical environment should be encouraged to use problem-focused coping strategies by lecturers.
- In the clinical training for the Woman's Health and Diseases Nursing course lectures should be aware of possible stressors and, if necessary, should help students in positive coping.

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