

# SATISFYING AND STRESSFUL INCIDENTS REPORTED BY STUDENTS DURING THE FIRST TWO YEARS OF A NEW BACCALAUREATE PROGRAMME IN NURSING

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"What is it like to go through nursing school from the student's point of view?" This was the question behind a study done by Fox and Diamond (1964), and expresses the reason for using the same technique with students in a new baccalaureate programme at the University of British Columbia. The students whose answers are discussed here were the first class to be admitted to a newly revised baccalaureate programme in nursing. Not only were they the first taught with a new curriculum, they were the largest entering class in U.B.C.'s history (three times the size of previous classes). It was therefore of interest to the faculty to have some ideas of how students perceived their experiences.

## *METHODOLOGY*

The technique developed by Fox and Diamond (and used here with the permission of Dr. Fox) asks students to describe a satisfying and a stressful incident within some specified time period. At U.B.C. we asked students to write descriptions of such incidents at the end of each term during the first two years of the programme. Incidents were collected in December, March and July of each year. At the end of the second year students could choose to write registration exams, and leave university to work in nursing, or continue at university for two further years to complete the baccalaureate programme. Those who chose to continue were joined in third year by a group of registered nurses entering the B.S.N. programme. Data will continue to be collected on this class over the next two years.

Students were told that this was a research project, part of a larger study of the programme, and that their responses could help those planning and implementing the new curriculum. They were asked not to put any identifying information about individuals in their reports. Time for collecting data was scheduled during regular class time, and students were told that their participation was voluntary. The proportion of students responding varied from 47 - 78%.

Table 1: Percentage of Satisfying and Stressful Incidents in each Category during each Term of the First Two Years.

	Satisfying					
	1st year			2nd year		
	1	2	3	1	2	3
Total number of incidents	72	106	95	63	62	43
	% in each category					
Personal	18	9	6	2	5	0
Social	35	18	15	22	35	16
Academic	47	34	7	5	5	9
Clinical	0	29	72	71	55	75
	Stressful					
	1st year			2nd year		
	1	2	3	1	2	3
Total number of incidents	84	107	101	66	62	43
	% in each category					
Personal	19	7	5	3	8	9
Social	17	6	7	8	6	7
Academic	64	63	59	53	34	16
Clinical	0	24	29	36	52	68

Responses were analyzed for content and grouped into the three broad categories (Table 1) identified by Fox:

- (1) Personal-social. These are events involving family and friends, living arrangements, health, activities, personal values, etc.
- (2) Academic. These are events related to university courses, exams, teaching, library facilities, studying, work pressures, etc.
- (3) Clinical. These are any events relating to clinical practice, clinical teaching and evaluation.

In the remainder of this paper the predominant themes in each time period will be discussed.

## *SATISFACTIONS AND STRESSES*

### *FIRST TERM*

In the first term students were adjusting to a new programme and for some were experiencing their first time away from home at university.

In the personal-social area students described the satisfactions of meeting new friends, developing new kinds of relationships with their families and meeting and relating to boy friends. Stresses in

this area were in two areas: adjusting to school, and relationships with boy friends. One student describes the importance of recognition by new friends:

"My friends and roommates gave me a surprise party with cake, wine and gift and card . . . this incident made me feel more secure in my relationship with these people. University can be very lonely if one has trouble making friends."

Entering university is a significant maturational stage for students and can lead to stress or satisfaction. For some students this created both feelings.

"Coming to a large university campus and adjusting or feeling comfortable in my new way of life. It's so nice to see kids who wouldn't talk to you two years ago because you were only in high school now smiling and asking how your courses are. They seem to recognize you as being mature and grown up in a sense . . ."

"Adjusting to university was particularly stressful to me as I was leaving home and living with someone I'd never met before. I didn't like the room and I didn't like being around people all the time . . . now I realize how much work is necessary and I've adjusted to working with people, now I can sit back and enjoy my social life."

A number of episodes related to boy friends: meeting, going out with, breaking up, being separated, being reunited. One student describes meeting a medical student and being asked out . . . "I was thrilled. It was the first time a boy had asked me out . . . I had confidence in myself and the incident pushed all worries of being a spinster away." It is sometimes hard to remember the agonies of the late adolescent years, the need to be loved and wanted and the conflicts involved in heterosexual relationships. One student described her joy in becoming engaged, and in the next paragraph the stress of knowing she could never marry this boy!

Students also describe new closeness in relations with their families, the satisfaction of having them visit, or being able to go home.

To summarize, in the first term many students described satisfactions and stresses in the personal-social area. The proportion of episodes in this category was never as high again and suggests that this is a particularly significant area in the beginning of the programme and diminishes in importance as students move along.

In the academic area, there were many described stresses relating to exams and assignments and evaluation. There were also more general comments about the pressures of studying. A number of

students described satisfaction with getting good grades and good evaluation of their work. There were some comments about teaching and the programme in general.

Several students described specific classes that especially moved them, for example a particular slide-tape presentation. "There was something about the presentation that really touched me, it related what we'd been taking to people and this is really important to me. It made me very happy and content with my decision to go into nursing."

On the other hand, negative valuation can be very stressful. "... my English teacher gave an example of bad English from an essay I had written. She did not tell the class that it was mine but when they laughed at it I felt humiliated and belittled."

The overall feeling in this area was of student's need to know if they could succeed in the programme, and therefore considerable concern with exams and evaluation, and satisfaction when they do well. Specific comments about how the programme meets their expectations about nursing will be discussed later.

## *SECOND TERM*

During the second term episodes were predominantly related to nursing courses, as the students began to learn some clinical skills and to have their first encounters with clients. They were meeting people of various ages in the community, interviewing and doing physical appraisals of well people. Many described how happy they were to be learning skills which they identified with "real" nursing. The actual assessments could be either stressful or satisfying, depending on how it went. It was satisfying when they felt they did well and the client expressed satisfaction. It was stressful when they ran into problems they could not solve, or felt rejected by their clients.

There were again a number of episodes related to evaluation. The greatest number related to a videotaped interview which students had to do, to be evaluated. Many described how exposed they felt doing it, and how upsetting they found it when the instructors talked to them about their communication skill in the interview. Failure in this was generalized to a feeling of failure in other areas.

"I failed my communication videotape. I remember leaving the room thinking I really hadn't done anything wrong and felt quite good about it. When my tape was returned with a "re-do" on it I felt totally incapable and inadequate. For a time I didn't even want to tell my friends at least till I thought it out. I began to think that all the things that had gone wrong (like breaking up with a long-time boyfriend) were probably my fault because I couldn't communicate

properly. I began to realize I wasn't alone and when I found others who "couldn't communicate" also, I felt better."

Episodes indicate a continuing high need for external approval and a strong dependence on the views of others as students develop images of themselves as people and as nurses.

### *THIRD TERM*

During the summer term the students began clinical experience in hospital, in maternity, as well as continuing community experience. There were many fewer reported incidents in the personal-social area and the largest numbers of both satisfactions and stresses arose in the clinical area. The other major area of stress continued to be assignments and exams.

Satisfactions in clinical experience arose primarily in situations in which students were able to see themselves in a helping role. This was especially true when the patient expressed gratitude for the care.

"When the mother I was working with said that she liked having me there because I was reassuring. This made me feel like I was doing something worthwhile."

In many cases the satisfaction was purely in doing something new and feeling competent about it. And, more simply, it arose from a new and exciting experience such as seeing the birth of a baby. There were many more episodes expressing satisfaction about the hospital experience as compared to the community experience (55/17).

There were relatively fewer stresses in the hospital experience, and those that were described related to the strangeness and difficulty of adjusting, or to such things as not seeing a delivery during case room experience. The community experience was stressful for some in making initial contacts with clients, and explaining their role. A few were rejected by clients.

Overall, the feeling is of satisfaction with hospital experience. This occurred in situations in which expectations were clear, students felt they had the needed skills, and in which they got positive feedback from instructors and patients.

## *SECOND YEAR*

### *FIRST TERM*

In the first term of the second year the largest number of satisfactions related to clinical practice and feedback from patients. These occurred when students felt they were learning, when their care made a difference to their patients and when patients expressed gratitude to them.

"I had a 78-year old man with acute pulmonary edema. After working through the nursing process I was able to identify some problems and actually intervene. My teaching was in terms of the heart and its function as well as the drugs he was on. This was a rewarding experience to me as I was able to explain to him the situation and he showed his understanding of the explanation to me and his appreciation of the things I had taught him and time I had spent with him."

Stresses arose in clinical practice when the student felt she did not have the needed skills or knowledge.

"In P.A.R. I couldn't find a blood pressure and the doctor was very sarcastic. I felt very embarrassed and was quite clumsy so he got a little more sarcastic. In the end I found it correctly and he commended me for persevering and not "faking it" but while it was going on I felt pretty anxious."

The major source of stress was the heavy workload, along with fears of failing. "I received a poor evaluation. I was very upset about failing nursing."

"Having a nursing process, nutrition mid-term, anthropology essay, and seminar to prepare for, all in the same week."

" . . . the workload is just unbelievably stressful."

A relatively small number of incidents continue to be in the personal-social area: recreation, meeting new friends and renewing old friendships.

The predominant feeling was of increasing satisfaction with clinical nursing, and stress related to the pressures of course work.

## *SECOND TERM*

In this term, again, the largest number of incidents (both satisfaction and stress) were in the clinical area. There was also an increase in episodes in the personal-social area. These were largely related to other activities which the students did during weekends and holidays.

"spending a weekend just relaxing, talking with and walking on the beach with a very close, newly discovered friend."

"the most satisfying experience was spending Christmas back east with my boyfriend. It was so great to be 2,000-miles away from school and home pressures. It was very relaxing and carefree."

A number of the personal-social incidents, as in the first term, related to boy friends, friends, family. It is difficult to say why there was an increase in numbers of such episodes in this term, after relatively low numbers since first term of first year.



In the clinical area there were almost the same number of reported satisfactions and stresses. Satisfactions continue to come from situations in which students felt they had done well, and/or where patients expressed gratitude.

"When I was on the ward one night I did a dressing, two difficult injections, watched I.V. bottle, etc. I felt very pleased with how I handled the situations encountered, felt my instructor was happy with what I did and felt the patient liked me. I left with a happy satisfied feeling."

On the other hand, stresses arose when students felt they did not have the needed skills, when they were overwhelmed by work, when they got unfavourable evaluation of their work. There were also mentioned, for the first time, the stress of encounters with death and dying.

"The first day I nursed in an adult ward, medicine, I had a C.V.A. 80-year old woman. I didn't know how to treat her or move her and felt extremely nervous and stupid. The day was horrible and I managed to do almost everything wrong."

"Experience in hospital with the death of a child and parental reactions — most stress came in the week following when I took home the experience and thought about it."

Overall, second term responses were similar to first term, except for the increase in personal-social episodes described.

### *THIRD TERM*

In this final term the highest number of stresses and satisfactions were in the clinical area (nearly three-quarters of all reported episodes). The greatest number were related to experience in psychiatry (a new experience this term) and to doing nursing procedures. A few related to the decision to write R.N. exams, as students assessed their competence in terms of their expectations of themselves as graduates.

"I gave an injection (I.M.) to a lady and she told me it was well done and she didn't feel a thing. She regularly receives injections and she says some of them are very painful. It made me feel good because I could do it competently without being nervous or unsure."

"Team leading was satisfying because for once we were given some added responsibility. This responsibility for more than one patient seemed more in line with where we were in our training."

"I found my first week or so in Psychiatric rotation to be very stressful. The whole image is different and I was at a loss as to what was my role . . . . I found it difficult to just talk to patients without

having some task to perform and use an excuse for my being there.”

“I felt very anxious about leaving the course and starting to work as a nurse, I have little self-confidence knowing that there are so many things I haven’t done yet. Also I was very interested in working in obstetrics which hardly seems possible at this point as I have never had any real experience in this area.”

As can be seen, students are now measuring themselves against some yardstick of their own, of what a nurse is like and should know. One could debate the accuracy of their image of nursing but for them it is real and valid.

### *SUMMARY*

years of a new curriculum. These incidents have been categorized as Personal, Social, Academic and Clinical and patterns of responses over the two years are described. Some highlights are:

1. At the beginning of the programme, major concerns and satisfactions derive from two sources: family and friends, and evaluation and grades in courses. It is a time for sorting themselves out as persons, and for measuring themselves against the demands of the programme.
2. Over the six terms there is a shift from stress on academic assignments and evaluation, to a predominance of episodes about clinical practice. Episodes (both stresses and satisfactions) in the academic area decrease steadily over the six terms. Satisfactions in the clinical area stay consistently high from the third term on. Stressful episodes in the clinical area climb continually over this time period, but remain consistently fewer than satisfactions.

This is an ongoing study and data are being collected from these students during third and fourth year along with the Registered Nurse students who entered the programme in third year. The information provides feedback to teachers about how students perceive learning experiences and also raises questions which might be studied as part of the evaluation of the total programme.

### *Reference*

Fox, David J. and Loraine K. Diamond et al., *Satisfying and Stressful Situations in Basic Programmes in Nursing Education*. New York: Teacher's College, Columbia University, 1964.