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ORIGINAL ARTICLE

EXPERIENCES OF NURSING STUDENTS WITH ANXIETY

VIVÊNCIAS DE ESTUDANTES DE GRADUAÇÃO EM ENFERMAGEM COM A ANSIEDADE

VIVENCIAS DE ESTUDIANTES DE GRADUACIÓN EN ENFERMARÍA CON LA ANSIEDAD

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ABSTRACT

Objective: to describe the experiences of nursing students with anxiety. ***Method:*** this is a qualitative study based on participant action-research, through the application of the stages of Community Therapy, performed with six students at a public university of Bahia, in the first half of 2012. Speeches were submitted to thematic content analysis. The research project was approved by the Ethics Committee under the protocol number 23500/12. ***Results:*** analysis of the information has arisen three categories: context of identification with the course; uncertainty as to the labor market; and context of relationships and academic demands. ***Conclusion:*** university experience is experienced differently by students, for the sum of social-familial demands to factors inherent to university context can evoke feelings such as fear, anguish, impotence, stress and anxiety. ***Descriptors:*** Anxiety; Nursing Students; Mental Health.

RESUMO

Objetivo: descrever as vivências de estudantes de enfermagem com a ansiedade. ***Método:*** estudo qualitativo, fundamentado na pesquisa-ação-participante, por meio da aplicação das etapas da Terapia Comunitária, realizado com seis discentes de uma universidade pública do interior da Bahia, no primeiro semestre do ano de 2012. Os depoimentos foram submetidos à análise de conteúdo temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética sob o protocolo nº 23500/12. ***Resultados:*** a análise das informações deu origem a três categorias: contexto de identificação com o curso; insegurança quanto ao mercado de trabalho; e contexto das relações e demandas acadêmicas. ***Conclusão:*** a experiência universitária é vivenciada de maneira distinta pelos estudantes, pois a soma das demandas sociofamiliares a fatores inerentes ao contexto universitário pode mobilizar sentimentos como medo, angústia, impotência, estresse e ansiedade. ***Descritores:*** Ansiedade; Estudantes de Enfermagem; Saúde Mental.

RESUMEN

Objetivo: describir las vivencias de estudiantes de enfermaría con la ansiedad. ***Método:*** estudio cualitativo, fundamentado en la investigación-acción-participante, por medio de la aplicación de las etapas de la Terapia Comunitaria, realizado con seis profesores de una universidad pública del interior de Bahia, en el primero semestre del año de 2012. Las declaraciones fueran sometidas el análisis del contenido temático. El proyecto de investigación fue aprobado por el Comité de Ética bajo el protocolo nº 23500/12. ***Resultados:*** el análisis de las informaciones dio origen a tres categorías: contexto de identificación con la carrera; inseguridad cuanto al mercado de trabajo; y contexto de las relaciones y demandas académicas. ***Conclusión:*** la experiencia universitaria es experimentada de manera distinta por los estudiantes, pues la suma de las demandas socio-familiares a factores inherentes al contexto universitario puede movilizar sentimientos como miedo, angustia, impotencia, estrese y ansiedad. ***Descriptores:*** Ansiedad; Estudiantes de Enfermaría; Salud Mental.

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INTRODUCTION

Life in society, almost always, is based on taking responsibilities and meeting requirements, however, there are many people who have difficulties in adapting to certain requirements, which may lead them to stressful situations. Tense situations may motivate overcoming obstacles, however, the continuity of them makes the person feel overloaded, which can interfere with their quality of life and achieving their goals.[1]

Anxiety is the second cause of benzodiazepine use by nursing students. For the ease of contact with drugs in their daily lives, this population can be considered as vulnerable to self-medication. Insecurities, fears and concern about the inability to resolve personal, family, financial, and academic problems, among others, are some of the situations that lead students to use drugs in order to alleviate discomfort in an instant manner.[2]

Academic environment is a space for student development in multiple dimensions, both to the construction of knowledge in the specific area of their course, as the relational, dialogical, political and others aspects. However, each student experiences a particularity, on the various factors that make up the university context, which can evoke feelings such as fear, anguish, impotence, stress, anxiety, phobias, among others. Most of the time, the academic is young, inexperienced, immature, with little or no familiarity with new situations that require more responsibility, complex expectations and conflicting feelings.[3-4]

Stress and anxiety can be understood as physical and emotional reactions that, in the university space, may be related to the curriculum requirements that exceed the capabilities, resources or needs of the student. Such requirements include assessments, curriculum, academic demands, practical and, even, extracurricular activities.[1]

This situation, coupled with the social and family environment of each particular student, produces a lot of anxiety, anguish and stress, especially during assessments, discussions, presentation of seminars and field practices in health and community services. The experience of these feelings, besides resulting in health problems, interferes in social relationships and academic performance.[5]

This entire context, combined with the experiences that we have in the academic environment, led us to the following research question: what are the experiences of undergraduate nursing students with anxiety? To answer the question we set the objective of the study: to describe the experiences of undergraduate nursing students with anxiety.

Thus, we believe that this study will help to fill a gap in knowledge regarding experiences of nursing students in the context of their academic career, especially, with regard to anxiety. That way, it may awaken in academic society more attention to this problem experienced by students through planning and implementation of preventive actions and, even, care to those who have their quality of life impaired by anxiety.

METHOD

Article drawn from the monograph **Experiences of Undergraduate Nursing Students with Anxiety**, presented to the undergraduate degree in Nursing at the State University of Bahia Southwest (UESB). Jequié-BA, Brazil. 2012.

This is a qualitative study, using as basic foundation participant action-research (PAR), considered a research model associated with various forms of collective action, oriented to solve problems or for transformation purpose.[6] In this research, the PAR approach was crucial in data collection stage, because it made possible to create a space for nursing students to reflect on their life contexts in the academic, family and social context, and discuss in groups, strategies to solve problems explained by them.

The study field was a public university in Bahia. Participants were six undergraduate academics in nursing that were attending between the fourth and the ninth semester, selected by lot, considering availability and authorization by signing the Informed Consent Form (ICF).

In line with the objective of this study, as well as considering the PAR approach, which allows experiential reflection, development of critical awareness of participants and improvement of their life situations, we sought to employ as information collection technique the group interview. Therefore, we used the Community Therapy (CT) stages, involving welcome, choice of subject, context, questioning and closing.

CT can be defined as a collective space in which participants seek to share life experiences and wisdom, in a horizontal and circular manner, in a warm and welcoming space in which all share responsibility in finding solutions and overcoming daily

challenges, and it is administered by two therapists, whose function is only raise doubts in people through questions, since, in fact, it is the group that develops therapy.[7]

Although in Community Therapy choosing the topic (shared experience for each member that composes the therapy session) is held by the group itself, through voting, in the specific case of this study, we indicated the topic anxiety, considering our constant experience as students and graduate students in nursing, whose listening and coexistence reveal the presence of anxiety situations. In this perspective, we used all stages of CT as a technique of collecting information.

According to what is recommended for CT, its duration is about two hours. This study has obeyed this rule and it was performed only one CT session in the first half of 2012, in one of the rooms of the university campus. We used qualitative analysis technique to analyze the information. The research project was submitted to the Research Ethics Committee of the State University of Southwest Bahia, Jequié Campus, and approved under the number 23500, issued on May 17, 2012.

RESULTS

During CT session, nursing students could expose their experiences related to the course. Their lines showed that anxiety is part of their daily lives, sometimes as an existential condition when one of them says: "I am anxious" and at times as a contingent experience, when a person says, "I am anxious," as it can be seen in the following fragments:

> *I am anxious, I am looking forward for life, I believe that it starts to disrupt my life. (S1)*

> *I am also very anxious, so much that my colleagues are already saying that my disorder is anxiety. (S6)*

Information obtained from the subjects' speeches has identified events that contribute to the occurrence of transient states or constant episodes of anxiety, which we call mobilizing elements of anxiety (MEA). These elements respond to the purpose and originated the categories in this study: **context of identification with the course; uncertainty as to the labor market; and context of relationships and academic demands**.

In the first category, students showed that many questions related to the choice of nursing as a profession had raised anxious episodes and, therefore, in this study, we consider as MEA, as we can see below:

> *[...] up to now, if someone asks me why I chose Nursing, I cannot answer [...] it was my first exam, I do not know if it was precipitated [...]. (S1)*

> *When I finished high school I went to college, I was very happy because it was a dream that came true, to leave home to study, but at the same time I believe I fell in parachute, because I registered on the last day and did it with no motivation. (S6)*

It was also possible to realize that prematurity in professional choice interferes in identifying with the course and implies obstacles to its continuity, which results in feelings of guilt by the decision, impotence and weakness to abandon it, as shown in the following speech:

> *[...] I do not know if blame myself, if I was a coward to admit that I am not liking it, I want to give up, I want to go back [home], I do not know if it could have been cowardice, and going back and saying I do not want anymore, I want to go home, but I never had the courage to do something else [...]. (S1)*

Students have also reported to pursue activities that contribute to increase the affinity for the course through internships, tutoring, research and activities considered pleasurable, as they allow a positive approach and more interaction with the demands of the course, as we can see in speech:

> *[...] Throughout the course [...] I was trying to find myself [...] I ended up creating bonds [...], getting involved with many things, research, monitoring, I tried extra [curriculum] internships, imagining the practice and technique, we keep trying, then we learn something we like, we study something pleasant, get engaged in the activities that the university offers [...]. (S1)*

The second category, entitled **uncertainty as to the labor market**, arose from the reports of the subjects regarding expectations related to professional future, highlighting the integration into the labor market. In this phase, varied concerns arise, such as the possibility of not being absorbed by it, insecurity about the preparation for professional practice, as it can be seen in the following statements:

> *[...] The crisis is to get a job and, if I can, the crisis is: how will it be like? The feeling is insecurity, and I might say, My God I am here alone without a teacher, and will I know what to do without any classmate to help? Now it is up to me. [...] And insecurity comes if when we get there, there is no structure, no material, no one to give me a support, then, I will have to do with what I have here and now [...] this brings some anxiety for us because we, as professionals, are demanded and then I will have to work*

there with the knowledge I acquired, adapting to that reality. (S1)

I am very sad because I am graduating and at the same time I do not feel ready because it is a lot of responsibility, it seems that I do not have enough knowledge, I do not have enough practice [...] I do not want to graduate and one of the reasons is because I think I am not ready to be a nurse. (S6)

In some reports, it is noticed also the frustration of the subjects about the social devaluation of nursing today:

[...] when living the practice, we end up getting too disappointed, because we study and listen a lot; when we go to practice, we get disappointed because we all know that nursing is not what has been happening, it is not for the population to see us in the way they see us. (S1)

Family demands and those imposed by the labor market to new employees, together with the uncertainty about being absorbed by the market can also cause discomfort and anxiety in graduate students that aim the acquisition of a job immediately after graduation, which can be identified in the following narrative:

Where am I going and what will happen? [...] As if I had waited all these years and now life, family, friends, everybody wonders what happens next, including us [...] when we see all this is over and this is already ending, and now? (S1)

It has already coming to the end of the course and you are full of questions: will I graduate and get a job? Will I get back to the city I used to live? (S2)

I still have many questions, I want to start my Master's degree, but at the same time, I say: no, I need to practice, I want to work on assistance and at the same time I think: no, will you have the opportunity to choose whether you will work on assistance or if you want to start Master's degree? (S3)

Also in the context of getting a job in nursing, the fear of not having the satisfaction and identification with the activity performed and the likely professional frustration was reported, which can be a key driver of personal conflicts and the appearance of anxious episodes.

[...] sitting on nursing clinic in the hospital, then looking at the four corners and say: my God, if I do this for the rest of my life, will I be happy here? I think there, in the acting field, was one of the times I thought more ... I do not want it. (S1)

Sometimes we want a specific area, but the need to work ... So sometimes, you end up going to the other side, which was not what you wanted, but it is a necessity that you have. (S5)

The category referring to the **context of relationships and academic demands** arose due to reports of students about situations experienced in the academic environment in which they felt pressured, overwhelmed and exposed to tension, stress and anxiety. Aware of market expectations, the student begins, still at university, to press themselves in studies and practices in order to develop an effective performance in their professional field. Such a requirement can cause discomfort and anxiety, especially in the face of unknown situations, for example, when performing a new procedure. The student becomes insecure and scared, as can be seen below:

The issue of the first anxiety on how to approach the patient, we feel embarrassed to talk to the person, not knowing how to ask, how to talk, we get stuck [...] when I am in a practice in the hospital, then I am doing it here now and I am wondering five minutes from now, will it go wrong? You know, so many "if"s comes to our mind. And if this goes wrong here, I will have to go back and do it again or something will happen that will delay and I have something else to do? (S1)

The professor's attitude may also influence the development of anxiety in students. That fact is seen in the following lines:

In practice test on foundations subject, I do not know if it was immaturity or the pressure of professor [...] I knew all the content and went to the practical test knowing, then I was there, took the test [...] only at the end I had done everything, I sat aware that I had done the procedure correctly. [...] When she started to talk to me, I started to cry, I felt a despair, anguish, I do not know where it came from. (S1)

[...] I went to the first day of stage, only there was so much psychological pressure on us, I remember I did a bandage, a simple procedure, then, with no reason I started to cry, I and had no reason to cry. (S3)

In their speeches, students showed that anxiety results from both the expectations they have of themselves, as regards the performance of academic activities, as expectations that professors have about them, demanding maximum agility in practical skills.

DISCUSSION

Reports showed that anxiety has been constant element in the academic experience of nursing students who participated in the study, showing that being anxious can interfere in the process of living. Thus, entry into the university does not always mean stability, as would be desirable, since

university students can express concerns, doubts, insecurity, fear and stress, which are potential triggers aspects of anxiety episodes.

Although anxiogenic episodes give visibility to the ways young people deal with their own anguish from psychological and social development, they can constitute prodromes, or behavioral reactions to a new and/or challenging situation in which the subject cannot or does not have resources to assist them in coping, because their repertoire does not meet the needs of the situation, which may support the use of rigid and extremist attitudes and result in a typical state of anxiety with potential to progress to a psychotic framework.[7-8]

In the first category, it was observed that the mobilizing element of anxiety (MEA): **context of identification with the course** is related to the lack of reflection facing the choice of nursing as a profession, which emerged accidentally or by the influence of others, not having therefore a plausible justification for entry into the course. Aspect that favors the occurrence of feelings such as frustration, anxiety, anger, guilt, fear of not being happy and not having the expected financial return, or even, impotence to decisions to be taken.

Most of the time, the beginning of the university trajectory coincides with the change from adolescence to adulthood and, among the demands inherent in this transition, is the vocational option, which, although present in earlier stages of human development, is accentuated at this stage due to sociocultural influences. Thus, the professional choice may be affected imperceptibly by factors that are not consistent with the real desire of the young person for their future, culminating in doubts and uncertainties that may contribute to the development or enhancement of typical anxiety episodes.[9]

Uncertainties present for the choice of occupation can last during the first years of university education, in which students manifest difficulties both with regard to the activities of professional practice as well as the changes of life, such as the change of city with the objective to study.[10] These transitions experienced by young people can affect them very intensely and provide changes of perception and behavior, which interferes with the occurrence of negative feelings, questions as to their present and future states and difficulties to face and overcome adversitys.[11]

Lack of confidence in relation to the choice of nursing can also be a result of the devaluation of the profession by family members, friends, society or, even on an individual basis, considering it hierarchically inferior to medicine, as the vocational option is typically secondary and culturally weighted. Thus, the entry into the nursing program may represent a failure of the person because it was not approved for medical school.[12]

However, some students have found alternatives in extracurricular activities such as research projects, extension, tutoring, study groups, and other events that motivate them and make them experience professional possibilities that the classroom and practice environments do not permit.[10]

Experiences in non-compulsory activities contribute both to personal growth and also constitute a differential in academic education. In addition, students who engage in complementary activities tend to be more satisfied with their learning and feel more involved in campus life, which signals the need to develop more flexible curricula that favor an expanded training, covering the comprehensiveness of the human being in professional and personal formation.[13]

Transition process from academia to the professional practice also proved to be an MEA between nursing students, because at the same time they are anxious to start working, coping with an unknown situation, the need for acceptance and familiarity with the new environment, combined with increased responsibility - since there is no professor, or classmates to assist them - can constitute a stressful situation.[14]

There are also difficulties in conciliating the ideal learning, acquired at the university, with the actual actions of the practice. In the face of such mismatch, when the egress student arises in the labor market, they start to be subjected to a new formation from their personal experience added to the culture and philosophy of the institution where they are inserted. Thus, the fragile relationship between training and professional practice creates uncertainty, fear and search for remedy the graduation gaps, which features a challenge to be overcome by forming units: to develop a learning linked to the world of work.[15]

In addition, the available internship campuses are generally public health services, which often are in precarious situations of installation, equipment, clinical resources, and shortage of professionals in number and quality, significantly limiting nursing education. Moreover, these difficulties are opportunities for students to have greater contact with the reality of their daily routine,

since these institutions are the ones that proffer more jobs for graduates.[16]

Research subjects also showed anxiety in the face of illusory perception that a general education would enable them to act with complete dexterity and scientific knowledge in any area of nursing. It is now known that nursing offers numerous possibilities for action ranging from teaching and research to technical assistance, passing for management services and health systems. However, since they have no knowledge on the range of possibilities of acting, and do not have certainty about where they will work, they feel anxiouss.[17]

Shortage of professional models and social devaluation of nursing also mobilizes students' anxiety and weakens the construction of professional identity. Several factors contribute to this devaluation, for example, the perception that nursing work is subordinate to other professions in the health area and the expansion of graduate programs in nursing that, besides increasing the disparity between job vacancies and employees, does not always provide quality training, questioning the competence and the work of the profession.[12]

Limitation of job vacancies restricts the nurse's option to act on a specific area in which they have more affinity. Thus, nurses fall in field of action as they can, as the market demands and financial needs, however, regarding professional satisfaction, such insertion may not match the desired performance of the function, and thus result in gaps.

The reports for the category called **context of relationships and academic demands** point to the difficulty of students in managing the requirements of the course, among which the insecurity during practical classes are highlighted, when they are in direct contact with users of the health service, because they feel pressured to demonstrate their skills and practices, aggregated to the theoretical knowledge acquired, in order to meet the expectations they have of themselves, the professor who supervises and users to whom they will provide the care. The pressure exerted by such demands can generate intense anxiety and hinder the student's academic performance, especially if the professor is very demanding and unable to cooperate.

The issue of being in a new location, for example, the hospital, and the encounter with an unknown person, the service user, demands from the student the ability to deal not only with their emotions, but also with the emotions of others. The student is subject to feel emotionally unprepared to develop care, to relate to the person they care for and to resume the scientific knowledge needed. This context of tension and threats, real or symbolic, that the student is subject to come across in daily life, can develop imbalance or internal crisis.[11]

Therefore, nursing program presents a challenge to the students: the complex task of dealing with human limits, such as caring for cancer patients or in critical situations and, even, those in terminal stage- situations that academics are not always prepared to face - due to stress, anxiety and insecurity, which hinders their performance with regard to support and comfort necessary for the user of the services and their families. In addition, it is known that nursing acting comprises another challenge, since Academy does not provide many of the skills that are required in nursing work.[18-9]

Thus, the student often develops feelings of inadequacy in the face of required activities, which can lead to problems arising from stress, such as low attention and learning span, favoring the fall of academic performance and quality of nursing care during internships.[20]

Realizing that they will have to act, either with the user with a professional attitude, either as students being evaluated by teachers, nursing students experience intense anxiety due to the difficulty in user-student or student-professor interaction, whose main concern is the sense of loss that can be caused to the user, by their inabilities and still limited knowledge but also with the performance as university students in the learning process and subject to evaluation.

Evaluation is also a time of intense anxiety because it has historically taken a qualifying purpose, in which the assessment is still related to measurement, and this measurement says how much the student has certain ability, judging their performance. Therefore, the student is concerned to make a good impression, afraid to look incompetent, which may also compromise the perception that they have on their intellectual capacity. This context favors the occurrence of low academic performance, failures, doubts about the professional choice or, even, the withdrawal of the university.[5]

This may still be related to the concern that graduate students of a Brazilian public university have to match that recommended by the trainer axis based on the tripod teaching-research-extension. The student shall engage in various research and extension

activities, besides teaching, and start pressuring themselves to account for all the demands with competence, which makes it difficult to focus on just one activity, because they are already looking forward to the other. Thus, the university needs to rethink curriculum strategy, so that the student has the opportunity to meet the academic demands more productively and in a less consuming manner.[20-1]

Anxiety can be minimized from the warm, relaxed teaching approach that recognizes and values individual differences, encouraging the construction of knowledge and strengthening the teacher-student relationship, as demanding, intimidating and restrictive attitudes of teachers imply the increase in the index of anxiety of students, especially before evaluative situations.[3]

Study comparing the identification of feelings of students by university professors found that teachers of other categories (dentist, pedagogy and biomedicine) obtained better understanding of students' feelings than those of medicine and nursing categories.[22] Worrying about reading the signs of students' body language, the professor will become more sensitive to himself and to the emotions of others, allowing early identification of changes in behaviors that may signal episodes of harmful anxiety.

Thus, this category showed that academic activities, while promoting vocational training through internships, tests, projects, interpersonal relationships with professors and users of the service can also generate anxiety in students, hindering the development of these activities in a competent and harmonious way.

CONCLUSION

In this light, this study revealed the look of undergraduate nursing students about their experiences with anxiety, both in academia and in other areas of life, which reflects on their mental health, making them angrier, more stressed with decreased self-esteem and discouraged. This context points to the need for preparation of future health professionals for the development of self-care, as precedent for the condition to take care of others. From this perspective, there is the challenge to redesign the curriculum so that it allows the flexibility of strategies and spaces for the student to learn more themselves, promoting their growth and development as a human being and future professional.

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