Coping strategies used by students of the graduate nursing program

ABSTRACT

Objective: to investigate the main coping strategies used by students who were attending the undergraduate nursing course’s first and last periods at a private university in Natal City/RN. Method: a quantitative research developed from a sample of 153 (71.2%) students who were enrolled in the first period and 62 (28.8%) who were in the last semester. For data collection was used a form for stress detection and stress agents and Lazarus and Folkman form to coping strategies. Data were subjected to absolute and relative frequency calculations. Results: the main used coping strategies were those based on clearance, escape or avoidance to the stressor agent. Conclusion: there is a psychological support needy by the institutional educational, in order to mitigate the graduation stress effects arising from the nursing course. Descriptors: Nursing Students; Stress; Mental Health.

RSUMO

Objetivo: investigar as principais estratégias de coping utilizadas pelos alunos que estavam cursando o primeiro e último períodos do curso de graduação em enfermagem em uma universidade privada da cidade de Natal/RN. Método: pesquisa quantitativa desenvolvida a partir de uma amostra composta por 153 (71,2%) alunos que estavam cursando o primeiro período e 62 (28,8%) do último semestre. Para coleta das informações utilizou-se um formulário para detecção de estresse e agentes estressores e um formulário de Lazarus e Folkman para estratégias de coping. Os dados foram submetidos a cálculos de frequência absoluta e relativa. Resultados: as principais estratégias de coping utilizadas foram aquelas que se baseiam no afastamento, evasão ou esquiva, frente ao agente estressor. Conclusão: existe a necessidade de suporte psicológico por parte da instituição de ensino, de modo a amenizar os efeitos do estresse advindo da graduação no curso de Enfermagem. Descriptores: Estudantes de Enfermagem; Estresse; Saúde Mental.

RESUMEN

Objetivo: investigar las principales estrategias de coping utilizadas por los estudiantes que asistían a los primeros y últimos períodos del curso de graduación en enfermería en una universidad privada en la ciudad de Natal/RN. Metodología: la investigación cuantitativa desarrollada a partir de una muestra de 153 (71.2%) estudiantes que se inscribieron en el primer periodo y 62 (28.8%) del último semestre. Para la recolección de datos se utilizó un formulario para la detección de estrés y agentes de estrés y un formulario Lazarus y Folkman para estrategias de coping. Los datos se sometieron a cálculos de frecuencias absolutas y relativas. Resultados: las principales estrategias de coping utilizadas fueron aquellas que se basaban en el aislamiento, evasión o evitación, ante el factor estresante. Conclusión: hay una necesidad de apoyo psicológico por parte de la institución educativa, con el fin de mitigar los efectos del estrés de graduación que surjan en el curso de enfermería. Descriptores: Estudiantes de Enfermería; Estrés; Salud Mental.
Coping strategies used by students of the...

The study is justified given that in search performed in the literature, there was shortage of research focused on the issue of stress in nursing students and coping strategies used front to stressors, an essential factor in understanding the impact of academic life in mental health of nursing students, considering their peculiarities as individual training phase. From the problems arising in graduation students seek termed coping strategies to alleviate conflicts between the study and the stress acquired. Thus, this study aims to assess health-related quality of life (HRQL) in patients with chronic kidney disease (CKD) under hemodialysis.

INTRODUCTION

The mental health status of nursing students is a concern nowadays, considering that throughout their college life face different stressors, as well as the trade in this area requires professional maturity and emotional balance to deal with various situations, both related to the organization of work as to health issues and population of the disease which it cares. Thus, the nature of professional practice and organization of this work may contribute to the development of emotional disorders, including stress, which can be defined as a set of physical reactions, psychological and social, adaptive to a stressor, searching through the fight or flight causing the body to balance.

In this context, Nursing is a profession that requires skills such as scientific knowledge, clinical reasoning, manual dexterity, ability to rapid decision-making, teamwork, professional ethics, in addition to responsibilities with patients, activities that are initiated during graduation and end up exposing their students to numerous situations of stress, of which many do not have the maturity to face, by personal characteristics, lack of preparation, fear and even unsafety.

Difficulties and anxieties that the student experiences in the relationship with the patient, the teacher and the future work environment can also have negative effects regarding the practical experiences of students with patients. Some of these effects are caring for critically ill patients, witness the loss and death, living with the pain, suffering and distress of others, feelings of helplessness, fear and hopelessness, beyond the perception that health professionals need to be insensitive to pain, death and dying, which can trigger stress, depression and/or other emotional disorders. Therefore, nursing education produces stress at levels that may be harmful to the student's physical and psychological well-being, one since this may be related to the direct involvement and/or indirectly with individuals who need care, and a lot of patience, friendliness and attention.

The ways in which people deal with stressful situations and difficult circumstances in their day-to-day awaken researchers of interest for some time. The study of this process has been performed under the construct termed coping responses, which refers to the set of cognitive-behavioral actions developed by those during forward experiences to various stressors, in order to modify and regulate aspects possible adverse threats arising out of these.

METHOD

It is a cross-sectional study with a quantitative approach. The study population comprised all students of the nursing graduate course of a private university in the city of Natal, Rio Grande do Norte, who were attending the first and last six months, in 2010, totaling 215 students. Students were enrolled in one of the two periods of the course.

Data collection was performed using a validated form called Inventory of Folkman and Lazarus - Assessment of coping, which consists of 66 objective items. The respondent was asked to answer the question: "What did you do in STRESS arising from graduate nursing?" and mark each item on a scale of predetermined possibilities, type Likert, which has been assigned a value between zero and three (Zero: I did not use this strategy; One: I used a little; Two: used enough; Three: used in large quantities) that record the level of preference relation (or agreement) of claims.

To perform the data analysis, it was performed the storage of information in spreadsheets in Excel 2007, coping strategies were grouped by similarity in factors: Factor 1 - Coping; Factor 2 - Removal; Factor 3 - Self-control; Factor 4 - Social Support; Factor 5 - Acceptance of Responsibility; Factor 6 - Escape / Dodge; Factor 7 - Troubleshooting; and finally Factor 8 - Positive reconsideration.

Later, the data has been transferred to the input table Epi Info version 3.4.1., where they underwent calculations of Relative and Absolute Frequency.

For analysis of the main coping strategies used by students and grouped by factors (Figure 1), it was adopted the criteria for determining by use of the highlights of the inventory scale (I used a lot and used in large quantities) as a category "USED". To lows (not
used this strategy and used a little), it adopted the terminology of "UNUSED”.

Factor 1 - Coping
6. Did something he believed would not give results, but at least I was doing something.
7. I tried to find the person responsible for changing their ideas.
17. I showed the anger he felt for the people who caused the problem.
28. Somehow my feelings that engine.
34. I faced as a big challenge, did something very risky.
46. I refused to retreat and fought for what I wanted.

Factor 2 - Removal
12. Agree with the fact, I accepted my fate.
13. I made as if nothing had happened.
21. I've been looking to forget the predicament.
41. Don't let impress me, I refused to think much about this situation.
44. I minimized the situation refusing to worry seriously with her.

Factor 3 - Self-control
10. I tried not to do anything that was irreversible, seeking to leave other options.
14. I sought to keep to myself my feelings.
15. I searched to find the bright side of the situation.
21. I've been looking to forget the predicament.
54. I sought not to let my feelings interfere a lot of other things I was doing.
62. I've been reviewing mentally what to do and what to say.
63. I thought perhaps a person who I admire and how she would solve the situation and took as a model.

Factor 4 - Social support
8. I talked to another person (s) about the problem, looking for more data on the situation.
18. Accepted the sympathy and understanding of people.
22. I sought professional help.
31. I spoke with someone who could do something concrete about the problem.
42. I looked for a friend or a relative to ask for advice.
45. I talked to someone about how I was feeling.

Factor 5 - Acceptance of responsibility
9. I criticized, rebuked me.
25. Apologized or did something to restore the damage.
29. I realized that the problem was caused by me.
51. I promised myself that things will be different next time.

Factor 6 - Escape/Dodge
11. I waited for a miracle to happen.
16. I slept more than usual.
33. I've been looking to feel better, eating, smoking, using drugs or medication.
40. I looked for escape of persons in general.
58. I wish the situation was over or that somehow disappeared.
59. I had fantasies of how things were going to happen, as if their orbits careening off.

Factor 7 - Resolution of problems
1. I focused on what should be done next, next step.
26. I traced a plan of action and follow it.
29. Modified aspects of the situation so that everything went well in the end.
48. I sought in past experiences a similar situation.
49. I know what should be done, so I doubled my efforts to do whatever it takes.
52. I found some different solutions to the problem.

Factor 8 - Positive Revaluation
20. Inspired me to do something creative.
23. Changed or grown as a person in a positive way.
30. I got out of the experience better than I expected.
36.

Figure 1. Inventory items of Coping strategies of Folkman and Lazarus grouped in factors

The research had the project approved by the Research Ethics Committee of the University Potiguar under n. 0012.0.052.000-10, meeting the standards of the Resolution 466/12 of the National Health Council. To each research subject there was presented an Informed Consent, and the interview was conducted only by explicit agreement with the term, through signature, ensuring their free will to participate in the study.

RESULTS

Of the 215 students interviewed, 153 (71,2%) were enrolled in the first semester of course, while 62 (28,8%) were other students of the eighth period. This quantitative, 181 were female (84,1%). The predominant age group was concentrated in the range 16-25 years old totaled 102 (47,4%) students, followed by 66 (30,7%) between 26-35 years old and finally, 47 (21,9%) students that were over 35 years old.

In view of the groupings of results by Folkman factors, one can assess the quantification of the coping of graduate
students in nursing, as seen in Table 1. It is observed that the factor 6 is the one with the largest number of students in its composition, which shows a characteristic of escape or avoidance of the stressor. Factor 2 follows as the second choice in the range of students for coping.

The Factors 1 and 8 are in similar choice of scales which can be explained by the correlation between the confrontation (factor 1) and positive reappraisal (Factor 8) as to confront a stressor, we seek that in the end, everything goes as planned and that which causes damage is remedied, so this statistical similarity is based on feedback between the factors.

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td>116</td>
<td>53.9</td>
</tr>
<tr>
<td>Factor 2</td>
<td>196</td>
<td>91.2</td>
</tr>
<tr>
<td>Factor 3</td>
<td>85</td>
<td>39.5</td>
</tr>
<tr>
<td>Factor 4</td>
<td>79</td>
<td>36.7</td>
</tr>
<tr>
<td>Factor 5</td>
<td>59</td>
<td>24.6</td>
</tr>
<tr>
<td>Factor 6</td>
<td>203</td>
<td>94.4</td>
</tr>
<tr>
<td>Factor 7</td>
<td>94</td>
<td>43.7</td>
</tr>
<tr>
<td>Factor 8</td>
<td>101</td>
<td>47.4</td>
</tr>
</tbody>
</table>

Factor 1 indicates confrontation and consists of items that are based on coping strategies where students confront the stressor in an attempt to solve the problem that surrounds them. Quantitatively students interviewed in the survey 53.9% falls into this category (Table 1), use the confrontation to the stressor as mitigation strategy from the harmful effects of stress from the situation.

Factor 2 addresses the removal strategies. About removal, the student front of the stressor, seeks to distance him from this, in order to reduce the disturbing effects on his mental and physical well-being. The studied quantitatively, 91,2% fall under this factor. Thus, you can see Factor 2 as one of the prevalent coping option for students.

In Factor 3, students who possess self-front of the stressful situation. The total number of students who fall into this factor was 39,5% of respondents. The student who falls in Factor 4 is the one who seeks the support of others to deal with stressful situations, given that the search for social support is the foundation of this factor. Thus, social support becomes the student defense mechanism, tending to the needs of other people's opinions about the best thing to do in that condition. A total of 79 students (36,7%) was categorized in that factor.

53 students (24,6%) are in line with what was adopted for inclusion in the factor 5, ie accept responsibility arising from the stressor. Among the students inserted in Factor 6, are those that address the Escape and Dodge across from the stressor, ie a distance from the source of stress. A total of 203 students (94,4%) are inserted into this category, characterizing this as the main coping category of graduate nursing students. Factor 2 and Factor 6 are closely linked, hence the similarity in numbers results from both factors. 10

94 students (43,7%) are within the grouping Factor 7 or Factor Troubleshooting. Students who make up this profile are those who accept that coming issue of stress and seek to resolve it in some way, be thinking of better output, is performing actions based on acquired knowledge. Finally, Factor 8, based on the positive reappraisal obtained a total of 102 pupils (47,4%) classified in that category. The student inserted this group is one who seeks positive ways to plan for the future, that student that wants everything ends well somehow.

**DISCUSSION**

When entering the academic teaching, students face a time of duplicity: on the one hand dazzle up by passing the entrance exam, the other are unnerved by the unknown of the future. In addition to requiring great dedication and commitment, the basic disciplines such as anatomy, biochemistry, physiology frustrate students who desire immediately the practical components. Thus, the course of basic training becomes a martyr in the lives of many of the students who attend the first period. 10,13

The basic disciplines require mostly prior knowledge obtained in high school, so when some of the students receive the first test results, is the largest frustration on the way to face the low notes, common at the start of the course, and how to recover the results below average. Students also face the need to adapt to the new environment, new classmates, teachers and routine academia. Many live in other cities and acquire in
addition to the responsibilities to the studies, the challenge of living alone and take from the care home and its power to make payments and bank transactions.10

In a study of Japanese nursing students there were identified as stressful elements in the academic setting, conducting tests, the workload, delivery of reports and excess responsibility11. In this framework is combined with anxiety depend on the parents, it cannot work like other kids his age, and the will to win a scholarship or paid internship to assist in family costs.

Throughout the course, and started with the entrance exam, the student is faced with an extremely competitive environment where there creating real disputes in college8,10. Competitiveness in the quest for knowledge and individual differences among classmates are also reported in the literature as stress provoking. In a nursing student survey of Egypt has been shown to conflict with classmates was regarded as one of the most stressful frequency.14

After the challenging start and adjustment phase, the student is faced with curricula that include, according to Article 6 of the National Curriculum Guidelines15, different areas of knowledge, which can be grouped into themes: Biological and Health Sciences, Social and Human Sciences and Nursing Sciences. Latterly, past the disciplines of basic and vocational education, the concerns of the students turn to new areas, the work of completing the course, the last stages and the labor market, among other factors triggering concerns on the part of the boarding students in nursing and other health courses such as medicine, which is the last period of the course, where the knowledge acquired during the theoretical training is placed in practice.10,13

Nursing has peculiarities in their practice because of the nurses act, often among risks and unfavorable conditions that can act directly on their physical and mental health, resulting in stress and personal damage.15 Thus, the practices developed during the academic stages become direct source of problems that can compromise the quality of life of nursing students and their academic14,13 income. The daily contact with the disease, human suffering and death, is nursing a defined how stressful profession compared to other professions of Health Area.16

In a research conducted in Japan there were reported to provocative situations of stress in nursing students: the fear of the unknown situations, the use of medical terms, diagnosis and treatment of patients, provision of care, the possibility of error in care, handling equipment and the lack of knowledge and professional skills.3

The combination of academic affairs from demands for jobs, completing courses of articles, monographs, among other activities regarded as theoretical with hospital practice, ended up forming a patchwork of responsibilities and duties that may trigger frames of psychological distress and physical from the accumulated stress in such functions is required on the part of students, the search for coping mechanisms that can sometimes come to change the quality of life of the same, given that the escape, avoidance or removal of the stressor is one of the most used ways.

Regarding the profile of the students interviewed, one sees a higher quantitative of females, find common when there is research involving the nursing staff or students of such a course, given that the female prevalence comes from a historical perspective of course.17

In terms of age, because it is a study with students from a graduate degree in Nursing, the youngest age group (16-25 years old) was the most prevalent, given that this is the most common profile of college, demonstrating increasing the number of young people entering the Nursing course.18

With regard to coping mechanisms, students showed a higher search for expulsion and flight of stressors, considering that there was a higher frequency of Factor 2 (Clearance) and Factor 6 (Escape) in the search. This result may indicate possibly an increase in absences of students at the university, the slow delivery of works and others. Thereby increasing absenteeism and decreasing sometimes academic success. Thus, students mostly seek detachment from stress in an attempt to preserve their physical and psychic well-being.8,10

It is difficult for the students to reconcile the curricular activities with personal, emotional and social demands. Thus, with the entry into higher education, the student begins to experience an intensification of academic requirements, in addition to different opportunities in research and teaching area, the need to work for their own maintenance and often shift to the university campus. In this context, it is necessary that the student manage various demands and to match this new daily routine to family and social life, which contributes to raising the stress level of students.1 In a study of nursing
students in Saudi Arabia it was evidenced that excessive academic responsibilities was the most common stressor among those persons.19

The presence of a significant number of categorized students in Factor 1 (Confrontation), Factor 3 (Self-control) and Factor 8 (Positive reconsideration) shows greater maturity of a large portion of the students interviewed, since the quest for control of the situation, direct coping and positive reappraisal strategies have to deal with the stress arising graduation, even in moments of psychic or physical disturbance. This fact may be related to age of the students interviewed, given that about 52,6% of them were over 25 years old.

The statistical similarity in the frequencies Factor 1 (Coping) and Factor 8 (Positive reconsideration) it was also found in other studies that evaluated the influence of network relationships, coping and neuroticism in youth life satisfaction of students6 and coping and adolescent mental health of the university ingresed.10

A small portion of the study population reported seeking the social support for coping with stress from studies, which can be inferred that the fun and life in society are often not used to dealing with problems accompanying tables stress, which highlights a student isolation, without a share of stressful situations with others since the interaction is impaired.

The Factors 3, 4, 5 and 7 are in statistical similarity, which shows a median trend in the choice of these coping classes by the students, which was also found in the study of Serafini and Bandeira9, factors related to a greater predisposition to confront the stressor as well as the search for acceptance and search for solving the problem source of it.

There were limiting factors for the study the difficulty of finding studies with the updated methodology and with the public nursing students, most studies found in the surveyed foundations had as subjects, medical students.

CONCLUSION

Female students and young age were more exposed to stressors from graduate nursing. In view of the feminine weakness and changes in mood and behavior that occur in youth, are also vulnerable to the appearance of pictures of psychic and physical suffering.

Coping strategies commonly used were those that tended to the remoteness of the stressor, escape or avoidance. Thus, the results show the trend of the graduation student to isolate the source of damage to his psyche or matter.

The strategies they adopt confrontation and positive reconsideration have intimate relationship of cause and consequence, thus the statistical results similar to these strategies is justified by the relationship which makes these two types of coping resilience tool against the stressor, demonstrating greater need for maturity and readiness for contact with the triggering situations of suffering.

An important fact was regarding the factor 4 or factor of seeking social support, which had low frequency which sometimes can show the removal of the student from society so that there is no sharing with respect to the stressor with other individuals causing behavioral changes insulation.

Regarding the acceptance of the conditions resulting from the stressor or Factor 5, there was less frequently among the possible coping strategy factors evidencing the difficulty that some students still have to face the stressors or acceptance of their existence. Thus, students have their different ways of coping with stressful situations, varying according to the profile of each individual. There is thus need for psychological support by the education institution in order to moderate the effects of arising stress of undergraduate nursing for their students, as the professional must remain fit to face stressful situations, enabling him to best approach to personnel management of stressful situations.

Finally, the study provides the basis for further research about stress in Graduate Nursing students from other institutions, in order to assess which practices they use to cope with the stressors of daily academic.

REFERENCES


20. Stress Strategies used by students of the...
Coping strategies used by students of the...

Correspondence
Phelipe Gomes de Barros
Universidade Estadual da Paraíba
Núcleo de Estudos e Pesquisas Epidemiológicas
Rua Baraúnas, 351
Prédio da Central de Aulas, 3º andar
Bairro Universitário
CEP 58429-500 –Campina Grande (PB), Brazil