Nursing Students’ Perceptions of Anxiety-Producing Situations in the Clinical Setting

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ABSTRACT

Aspects of nursing students’ clinical experiences are anxiety provoking. High anxiety may contribute to decreased learning. The purpose of this study was to identify potentially anxiety-producing clinical experiences for student nurses. Thirty-nine junior and 53 senior nursing students from a BS degree program completed the “Clinical Experience Assessment Form,” a 16-item Likert scale. The items included communication and procedural aspects of patient care, interpersonal relationships with healthcare providers, and interactions with faculty. An open-ended question asked students to identify the most anxiety-producing aspect of their clinical practice. The students expressed the highest anxiety for the initial clinical experience on a unit and the fear of making mistakes. Faculty evaluation and observation were also anxiety-producing. The results of the student t-test indicated that juniors were significantly higher in their expression of anxiety than seniors. The main theme from the content analysis was that students’ anxiety was increased in the clinical setting by their perceptions of nonsupportive faculty.

Introduction

The literature indicates that there is a curvilinear relationship between anxiety and learning. Decreased learning occurs in the presence of high anxiety (Eysenck, 1970; Spielberger, 1966). It has been suggested that aspects of a nursing student's clinical experiences are anxiety-provoking (Lewis, Gadd, & O' Connor, 1987, McKay, 1978; Policinski & Davidhizar, 1985). It is possible then, that learning within these situations may be compromised due to the anxiety produced. If nurse educators could identify potentially anxiety-producing clinical situations, they might be able to tailor those experiences in such a way as to make them less anxiety-provoking for the student. The purpose of this study was to identify potentially anxiety-producing experiences for students in the clinical setting.

Literature Review

Blainey (1980) reported her perceptions of what were anxiety situations for student nurses within clinical settings. She indicated sources of anxiety included procedures, nursing care plans, patient conditions, and interpersonal relationships with physicians and faculty. Blainey stated that the instructor can reduce student anxiety by creating a climate of acceptance for learning in which all behavior and knowledge application are not expected to be perfect. She indicated that identification of specific sources of anxiety could facilitate decreasing that anxiety.

Four studies examined specific anxiety situations of the clinical experience from the student’s perception. Brunt (1984) assessed the levels of anxiety for specific clinical situations for nine diploma students. A 4-point Likert scale was used to collect data concerning 26 clinical situations that ranged from interactions with patients, patient’s families, and physicians to the completion of nursing procedures. The reported results did not allow for
### TABLE 1
Items of the Clinical Experience Assessment Form: Means, Standard Deviations and Percent of Sample With Scores Indicating Anxiety

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean</th>
<th>SD</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to Patient</td>
<td>2.6</td>
<td>0.98</td>
<td>20</td>
</tr>
<tr>
<td>Talking with Patient’s Family</td>
<td>3.0</td>
<td>1.07</td>
<td>38</td>
</tr>
<tr>
<td>Reporting to Team Leader</td>
<td>3.0</td>
<td>0.99</td>
<td>37</td>
</tr>
<tr>
<td>Talking with Physicians</td>
<td>*3.9</td>
<td>0.76</td>
<td>71</td>
</tr>
<tr>
<td>Asking Questions of Faculty</td>
<td>2.9</td>
<td>1.00</td>
<td>35</td>
</tr>
<tr>
<td>Evaluation by Faculty</td>
<td>*3.6</td>
<td>0.95</td>
<td>62</td>
</tr>
<tr>
<td>Patient Teaching</td>
<td>2.9</td>
<td>0.99</td>
<td>31</td>
</tr>
<tr>
<td>Procedures, i.e., Injections</td>
<td>*4.0</td>
<td>0.94</td>
<td>77</td>
</tr>
<tr>
<td>Hospital Equipment, i.e., IV Pump</td>
<td>*3.6</td>
<td>1.06</td>
<td>65</td>
</tr>
<tr>
<td>Fear of Making Mistakes</td>
<td>*4.2</td>
<td>0.82</td>
<td>88</td>
</tr>
<tr>
<td>Patient’s A.M. Care</td>
<td>2.5</td>
<td>1.03</td>
<td>17</td>
</tr>
<tr>
<td>Availability of Instructor</td>
<td>2.9</td>
<td>1.07</td>
<td>25</td>
</tr>
<tr>
<td>Initial Clinical Experience on a Unit</td>
<td>*4.2</td>
<td>0.76</td>
<td>83</td>
</tr>
<tr>
<td>Beforehand In-Hospital Preparation</td>
<td>2.6</td>
<td>1.15</td>
<td>24</td>
</tr>
<tr>
<td>Being Observed by Instructors</td>
<td>*3.9</td>
<td>0.93</td>
<td>67</td>
</tr>
<tr>
<td>Being Late</td>
<td>*3.7</td>
<td>1.19</td>
<td>61</td>
</tr>
</tbody>
</table>

*Scores greater than 3.0 were indicative of anxiety

Consideration of individual items, Blunt did report that first-year students expressed higher levels of anxiety and all students expressed increased levels of anxiety for the first clinical day.

Grassi-Russo and Morris (1981) examined 102 freshman diploma students’ hopes and fears. The subjects indicated two hopes and two fears at the beginning of the program. Eight months later the students were asked to record two positive and two negative experiences. The students’ greatest fear was failure in school. The second and third fears reflected anxiety about experiences in the clinical settings: they were taking responsibility and making a dangerous mistake. The negative experiences expressed by the students included anxiety about clinical work.

Selleck (1982) conducted a study to determine those events that students found as satisfying or anxiety-producing. Her sample of 65 Great Britain nursing students were from all 3 years of a diploma program. Data were collected through a group interview. The findings suggested that student nurses’ anxiety creating incidents, in decreasing order, were the initial clinical experience, evaluation, interpersonal relationships with faculty, and procedures.

Parkes (1985) reported what she labeled as “stressful episodes” for 150 first-year students at two diploma schools of nursing in Great Britain. The data were collected via personal interviews 6 to 7 weeks after the students began their clinical experiences. Three major categories evolved; issues concerned with the care of dying patients, interpersonal conflicts with instructors, and fear of failure concerning nursing procedures.

Windsor (1984) interviewed nine senior baccalaureate student nurses concerning their perceptions of clinical experiences. The research questions included what students thought facilitated or was detrimental to their learning in the clinical setting. Those things that facilitated their learning were their own preparation and instructors who provided emotional support in a “nonthreatening atmosphere conducive to learning.” Characteristics important for an instructor were humor, respect, and enthusiasm. Problems with the instructor that created anxiety for the students included derogatory comments, lack of feedback, and instructor anxiety. The most frequently discussed subject by all of the students was the clinical instructor. The students indicated higher levels of anxiety in their beginning clinical experiences and of becoming less dependent on their instructor in their senior year.

The reviewed literature indicates several aspects of clinical anxiety for the nursing student. However, the literature does not explore levels of anxiety concerning specific clinical situations. If clinical instructors are to intervene to decrease student anxiety in the clinical area, to promote student learning, more information is needed. This study investigated students’ perceptions of the degree of anxiety felt within specific clinical situations. The questions for the study were:

- What specific clinical situations do junior and senior nursing students indicate as being anxiety-producing?
- Do junior and senior nursing students differ in their anxiety ratings of the specified clinical situations?
- What do junior and senior nursing students indicate as being the most anxiety-producing aspect of their clinical experience?
TABLE 2
Significant T-Tests Between Junior and Senior Students

<table>
<thead>
<tr>
<th>Items</th>
<th>Jr. Mean</th>
<th>Sr. Mean</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking with Patient</td>
<td>2.95</td>
<td>2.34</td>
<td>3.07</td>
<td>.00</td>
</tr>
<tr>
<td>Talking with Patient’s Family</td>
<td>3.26</td>
<td>2.77</td>
<td>2.19</td>
<td>.03</td>
</tr>
<tr>
<td>Procedures</td>
<td>4.24</td>
<td>3.75</td>
<td>2.15</td>
<td>.01</td>
</tr>
<tr>
<td>Hospital Equipment</td>
<td>3.91</td>
<td>3.41</td>
<td>1.21</td>
<td>.03</td>
</tr>
<tr>
<td>Patient’s A.M. Care</td>
<td>2.87</td>
<td>2.30</td>
<td>2.71</td>
<td>.00</td>
</tr>
<tr>
<td>Initial Clinical Experience on a Unit</td>
<td>4.33</td>
<td>4.02</td>
<td>2.01</td>
<td>.05</td>
</tr>
</tbody>
</table>

For the purposes of the study the following conceptual and operational definitions were employed. Anxiety was conceptualized as a feeling of tension or uneasiness based on a perceived threat. Anxiety was operationalized as the scores obtained on the Clinical Experience Assessment Form. Higher scores were indicative of higher levels of anxiety. Specific clinical situations were conceptualized as aspects of the educational experience within a basic nursing educational program. Situations were operationalized as those indicated on the Clinical Experience Assessment Form.

Methodology

The convenience sample consisted of 39 junior and 53 senior nursing students from a small baccalaureate program located in a large midwestern city. The data were collected over a 4-year period. During that time, one faculty member changed, but no curricular or major clinical experiential changes were noted. The students were 98% female and ranged in age from 19 to 35 years (Mean = 22).

Subjects’ human rights were protected in the following manner. The research protocol was approved both by the university administration and the school of nursing faculty. The questionnaires contained no identification numbers and subjects’ names were not collected. One student reported that she did not experience anxiety in the clinical area and did not participate in the study.

The tool used for data collection was the “Clinical Experience Assessment Form.” Situations for the tool were determined by a review of the literature, interviews of student nurses, and from one of the authors’ own experiences. The 16 items included communication and procedural aspects of patient care, interpersonal relationships with healthcare providers, and interactions with faculty.

A Likert format that ranged from “strongly agree” with a score of 5 to “strongly disagree” with a score of 1 was used. An open-ended question was added to the assessment form of the last 59 subjects to identify what had been the most anxiety-producing aspect of their clinical experience.

All data were collected in a classroom setting during the second semester of the school year. All students had clinical experiences in obstetrics, pediatrics, community health, and therapeutic communication. In addition, seniors had experiences in the adult medical surgical areas and adult mental health facilities.

A Cronbach alpha reliability coefficient was obtained as a measure of internal consistency ($r = .82$). For construct validity of the items as being part of the student’s concept of clinical experience, a factor analysis was completed. A .30 was considered to reflect a salient loading. All of the items loaded satisfactorily on one factor. The largest loading being a .88 and the lowest a .31. The factor analysis results suggest that all items on the assessment form measured one concept.

For analysis of the first research question (What specific clinical situations do junior and senior nursing students indicate as being anxiety producing?), means, standard deviations, and percents for each assessment form item were obtained. The second research question (Do junior and senior nursing students differ in their anxiety ratings of the specified clinical situations?) was analyzed by using the t-test.

The open-ended question concerning student indications of what was the most anxiety-producing aspect of their clinical experience was analyzed by content analysis. Agreement among three judges was used to establish reliability for this qualitative technique.

Findings

The means, standard deviations, and percent of subjects who indicated anxiety on each assessment form item demonstrates which individual clinical situations were or were not anxiety-producing for the subjects (Table 1).

Aspects of patient care, such as talking to patients and their families, patient teaching, morning care, beforehand preparation, and reporting to the team leader were not indicated as being anxiety-producing for this sample of students. In addition, the students indicated that asking questions of faculty did not produce anxiety nor did the availability of the instructor.
The highest levels of anxiety expressed by students concerned the initial clinical experience on a unit and fear of making mistakes. Clinical procedures, hospital equipment, talking with physicians, and being late were identified by the students as producing anxiety. Faculty observation and evaluation were also indicated as situations that promoted student anxiety.

Both juniors' and seniors' total assessment mean scores were above the neutral point (48) for expressing anxiety on the assessment form. The juniors expressed a higher anxiety with a mean score of 55; the seniors total mean score was 51. The results of the t-test to determine if there was a difference between the two classes of students for their total assessment mean scores was significant \( t = 2.20, p < .03 \). In addition, the \( t \)-test reached significance for differences between the two classes on six of the clinical situations (Table 2).

ANOVAs were completed to determine if there were differences within the junior and senior years based on class years as a control for the variable, across years data collection. No significance was reached, providing support that the student scores were not affected by year of data collection.

Ninety-seven percent of those subjects asked answered the open-ended question, “What has been the most anxiety producing aspect of your clinical experiences?” From the content analysis four major themes emerged. Negative interaction with the instructor was mentioned most often, with student anxiety concerning nursing procedures, fear of making mistakes, and the initial clinical experience as second, third, and fourth.

Discussion

The purpose of this study was to identify specific clinical situations which were anxiety-producing for junior and senior nursing students. Talking with physicians was indicated as producing anxiety for the majority of the students with juniors expressing significantly higher anxiety than seniors. This finding is in agreement with Windsor (1984) and Blainey (1980). As a result of these collective findings, faculty need to be aware that interventions in this area to decrease student anxiety are important. Such interventions, as faculty role modeling and the support of students in their beginning nurse physician interactions, may serve to decrease students' anxiety levels.

The results of the analyses of items concerned with interactions between students and faculty indicated that most students were anxious about faculty observation and evaluation. In the qualitative analysis of the third research question, observation and evaluation were again expressed as anxiety-producing. These findings were in agreement with many authors (O'Shea & Parsons, 1979; Parke, 1985; Selleck, 1982; Wong, 1978). These united findings serve to reinforce to nurse educators how important the observation and evaluation processes are to students. Observation and evaluation are necessary aspects of the clinical educational situation, but they should be done in a supportive, nonthreatening manner and be used for formative guidance, not just summative evaluation. To decrease the anxiety concerning evaluation, some schools have gone to the pass-fail system for clinical grading, which was the case for the sample students. This method did not appear to remove the anxiety from observation and evaluation aspects of the clinical situation for this sample.

The finding that the majority of students expressed anxiety about nursing procedures was in agreement with Blainey (1980), Brunt (1984), and Selleck (1982). In addition, clinical procedures were identified in the open-ended question as anxiety-producing. As the push to include more subject matter in curricula has increased, clinical laboratory practice sessions have decreased. It may be that faculty need to rethink this situation and to provide student practice time for developing procedure proficiency. In addition, hospital equipment was identified by students as being anxiety-producing and should therefore be an expanded part of laboratory practice sessions. Manderino and Yonkman (1985) suggested that nursing procedure scenarios in a laboratory setting would be helpful in decreasing student clinical anxiety.

The highest anxiety-producing situation for both juniors and seniors was the fear of making mistakes. Making mistakes was identified as a theme expressed by the students in response to the third research question. These findings were in agreement with Karns and Schwab (1982) and Grassi-Russo and Morris (1981), whose samples listed making a dangerous mistake as their worst fear. Blainey (1980) suggested that risk-taking and learning involve the making of mistakes. As a result of these findings, it would appear appropriate for faculty to explore with students, prior to clinical experiences, the possibility of making mistakes in the clinical setting, how the mistakes will be corrected and what students can learn from them.

The finding, both quantitatively and qualitatively, that the initial clinical experience on a unit was anxiety-producing for students was not surprising as most people have some fear of the unknown. This finding was in agreement with Selleck (1982) and Lewis, et al (1987). It may be that faculty members need to explore ways to decrease the number of times that students must change units by developing clinical objectives that can be accomplished within the same clinical setting. Brunt (1984) found that student anxiety decreased after time spent in one setting. In addition, faculty need to consider ways in which students can become better acquainted with units before patient care is required.

Being late, as an anxiety-producing situation, was not identified by any previous study. However, for these students it was a concern. An implication for faculty as a result of this finding is that they need to be aware that a late student may be at a level of anxiety that is not conducive to learning. Such students may need to be encouraged to stop and collect their thoughts before proceeding with patient care.
The analysis of the second research question indicated that juniors were significantly higher in their expression of anxiety than seniors. This finding was in agreement with Blainey (1980). An additional finding was that talking with patients and their families and patient’s morning care are of greater concern for the beginning clinical student. For junior students, completion of the morning care and having patients talk to them, may be signs of a successful clinical day. Thus, it would be easily understood why these two items would be more anxiety-producing for juniors. It may be of assistance for the faculty of beginning students to understand that these two areas can be a major concern.

The other significant differences between the two classes were on the mean assessment scores concerning hospital equipment, procedures, and initial clinical experiences. Seniors expressed less anxiety than juniors. This finding seems logical based on the assumption of increased senior knowledge and experience.

The only item on which the seniors expressed a higher score than the juniors concerned the availability of the instructor. This finding disagreed with Windsor (1984), who reported less concern in seniors for the availability of faculty. These mixed results are an indication that further study is needed. The study is needed not only for students but for faculty, as faculty are often evaluated on their availability to the student. Availability to students may need to be evaluated differently for junior and senior faculty.

The third research question has already been partially answered by the previous discussions. However, the main theme that evolved from the content analysis was that students’ anxiety was increased by what they perceived as nonsupportive faculty in the clinical area. This finding was in agreement with McCabe (1985), O’Shea and Parsons (1979), Selleck (1972), Windsor (1984), and Wong (1978). This agreement among findings is an indication that clinical faculty need to continually be cognizant of how their interactions with the student are perceived. A faculty member seen as nonsupportive may have a great impact on the student’s ability to learn due to increased student anxiety.

The clinical situations assessed are a small part of a large amount of experiences that could be interpreted by a student as anxiety-producing. The results must be interpreted with caution as subjects were from one school of nursing, and the tool lacked previous reliability and validity.

It is not anticipated that all anxiety that students experience can be relieved, but if clinical learning is to be facilitated, anxiety must be kept at a moderate level. Nursing educators need to continue to examine what are anxiety-producing situations for the clinical student, and what interventions can be instituted to decrease that anxiety. Recommendations for additional studies include longitudinal studies to determine if student clinical anxiety changes over time and in what ways. Interventions that can contribute to decreased student anxiety of the first experience on a unit and the fear of making mistakes need to be studied. Finally, faculty teaching techniques need to be examined, so that those seen by students as supportive can be encouraged as interventions to decrease student anxiety in the clinical setting.

References


