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**A Comparison of Perceived Stress  
Levels and Coping Styles of  
Junior and Senior Students in Nursing  
And Social Work Programs**

**Robin L. Walton**

**Dissertation submitted to  
The College of Graduate Studies at  
Marshall University  
In partial fulfillment of the requirements  
For the degree of**

**Doctor of Education  
In  
Higher Education Administration**

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**Marshall University**

**Huntington, West Virginia  
2002**

**Keywords: perceived stress, coping styles, nursing students, social work students**

## **ABSTRACT**

### **A Comparison of Perceived Stress Levels And Coping Styles of Junior and Senior Nursing and Social Work Students**

Robin L. Walton

The purpose of this study was to determine if there is a difference in the perceived stress levels and the coping styles of junior and senior students in nursing and social work programs. The study used a descriptive comparative approach and was non-experimental. Research questions were developed to guide this research. The population for this research included all junior and senior nursing and social work students preparing for or in clinical courses at a selected university. The sample consisted of 89 nursing students and 33 social work students. Data was obtained through self-reported survey procedures. The researcher visited appropriate classrooms identified by faculty. Participants were given a packet with three instruments. The first instrument was a demographic tool developed by the researcher. Perceived stress levels were measured by Cohen's Perceived Stress Scale. Coping styles were identified by the Moos Coping Responses Inventory. Responses indicated that social work students have significantly higher perceived stress levels than nursing students. Nursing students identified more reliance on approach coping responses, while social work students identified more reliance on avoidance coping responses. No significant differences were identified between the two groups based on age, gender, marital status, employment status or class.

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# CHAPTER I

## Introduction

The topic of stress among college or university students has been the subject of much research for many years. Researchers have found that the perception of high stress levels in students can lead to poor academic performance, depression, attrition and serious health problems (Pengilly & Dowd, 2000; Misra, McKean, West & Russo, 2000; Hudd, Dumlao, Erdman-Sager, Murray, Phan, Soukas, & Yokozuka, 2000). Therefore, the study of this phenomenon and how students deal with it can have important implications for higher education administrators.

The perception of nursing faculty and students is that nursing students have higher perceived stress levels than the general student population (Beck & Srivastava, 1991; Carter, 1982). Nursing students have the same academic stressors as other college students such as midterm and final examinations, research papers and other assignments. In addition, however, nursing students also experience a clinical component, which is highly stressful. Students have a large amount of preparatory work before their clinical assignment. They often must travel long distances to clinical sites (Shriver, 2000). In their clinical rotations, students must exhibit a high level of responsibility and accountability in dealing with patients (Carter, 1982). Students often perform procedures that can cause serious harm to their patients and fear making a mistake. They use highly technical equipment. Time management can be a pressure as they have many tasks that must be accomplished in a short period of time. They deal with patients that are seriously ill or often dying. Students may face hostility or rejection from patients and their families. Many times the atmosphere on the nursing unit may be unfriendly or aloof,

which adds to the student's sense of self-doubt and insecurity. Additionally, students are in continuous contact with faculty and often believe that every task or interaction is being evaluated (Jones & Johnson, 1997; Kleehammer, Hart, & Keck, 1990; Mahat, 1998).

The literature indicates that students in other disciplines may perceive stressors that are unique to their discipline. According to Zastrow (1985), social work students experience a variety of challenges on their path to a career. Many students in social work may have concerns about their capacity to handle field placements. They worry about their ability to assist clients without becoming emotionally involved. Often, they see situations that are emotionally draining such as child abuse, mental illness and homelessness. These students often express anxiety about their own emotional strength and are concerned whether social work is the correct choice for them as a career (Zastrow, 1985).

Therefore, researchers have documented that perceived stress levels are high in nursing students (Burke, 1999; Mahat, 1996; Shriver, 2000). However, is this perception of stress in nursing students different than those of students in other helping professions? This study will attempt to identify whether or not there is a difference in the perceived stress levels and coping styles of nursing students and students enrolled in social work programs.

### **Background of the Problem**

The effects of stress on college and university students have been well documented. Whitman (1995) states that excessive stress can be harmful to a student's academic performance. Additionally, students who perceive their stress levels as very high often will become depressed. This depression can lead to other mental health

problems such as excessive drinking or indiscriminate use of other substances. In severe cases, this depression can lead to suicide (Hirsch & Ellis, 1996; Morgan, 1997). As well, severe stress levels can lead to attrition. With the current nursing shortage, it is imperative that the nursing profession retain as many qualified students as possible (Alspach, 2000).

Individuals in colleges and universities experience a wide array of stressful events. Many students move away from home for the first time. This can necessitate leaving all previously learned support systems such as parents, siblings and high school friends. Students may need to develop entirely new social contacts. They might be responsible for their own needs for the first time. They may have difficulty adjusting to more rigorous academic expectations and the need to learn to deal with individuals of differing cultures and beliefs (Hefferin, 1982; Hudd et al., 2000; Misra et al., 2000).

Older students, living at home, often have multiple role demands such as family or occupational responsibilities that can lead to increased perceptions of stress. (Lengacher, 1996). Tinto (1995) states that many times older students may feel disenfranchised from the institution and have a feeling of isolation. They often believe they have nothing in common with other students and are unable to establish the peer supports that are established by younger more traditional students.

Studies indicate that nursing students may be more prone to stress than other students. Personality characteristics of nursing students might put them at risk. Gallagher (1989) found that most individuals entering the nursing profession are action oriented. They set high standards for themselves and others and are attentive to detail. In most cases, they will not accept work that is not perfect. They are giving, and often will

place others needs above their own. Characteristics such as these place an individual at higher risk for stress and burnout than the general population (Flanagan, 1997).

Currently, society is experiencing a severe nursing shortage (Alspach, 2000; Bozell, 2001; Egger, 2000; Johnson, 2000; Jones, 2001). This shortage is projected to worsen in the next decade and could seriously effect the nation's healthcare. It is imperative that the nursing profession is able to recruit and retain qualified nurses. This must begin with the educational process. Colleges and schools of nursing must recruit and graduate students of the highest quality that are ready to meet the challenges and demands of the profession. High perceived stress levels and lack of effective coping skills could present a barrier to this goal. Therefore, those involved in nursing education must assess this problem in order to identify effective strategies to deal with it.

### **Historical Perspective**

The educational path to a career in nursing has always been a difficult journey. Initially, most training programs were based in hospitals and often provided the institution with free labor. This training consisted of minimal theory and was based mainly on hands-on tasks and skills. Students were required to work 50 - 60 hours a week (Ashley, 1976).

Admission requirements varied from hospital to hospital. In most cases, the applicant had to be female. The minimum age was usually 21. African-American applicants were generally not considered. Married women were usually excluded and divorced women were totally unacceptable (Kelley, 1996).

Today, however, nursing education is quite different. Nursing schools are now associated with universities and community colleges. Although technical skills remain

important, there is an increased emphasis on theory and critical thinking (Reed & Procter, 1993).

Additionally, the student nurse population is much more diverse (Deloughery, 1998; McCloskey & Grace, 1997; Reed & Proctor, 1993). Nursing students are now older and are more culturally diverse. They are more likely to be married and have children. Many are employed. Some have previous degrees in either nursing or other fields, such as business, education or psychology. These changes have major implications for nursing education programs, as well as colleges and universities in general.

### **Perceived Stress and Coping Styles in University Programs**

#### ***Stress in College Students***

Stress in college students is increasing (Peden, Rayens, Hall & Beebe, 2001). Sax (1997) found that 9.7% of college freshmen report frequent depression. Additionally, only 48% of female students and 59.3% of male students were confident in their mental health. Douglas, Collins and Warren (1997) reported that on the National College Risk survey, as many as 10.3% of the students that participated had serious thoughts of suicide.

Sarafino and Ewing (1999) emphasize being able to assess and reduce student's stress is of paramount importance to college counseling and health centers. They emphasize the role that stress can play in causing psychological and physical illnesses such as hypertension, headaches and even the common cold. Their research focused on life event stress and the stress of daily "hassles". Life events referred to major changes in ones life such as employment, personal relationships or health. The term "hassles"

referred to common annoyances or irritants such as misplacing items, time pressures or interpersonal conflicts. Results were related to frequency, perceived unpleasantness and the process of rumination, or as they term it “dwelling”. Their research validated that many times the severity of the perceived stress is often dependent on the individuals' coping skills. Also, students that dwell on stressors and problems will often continue to experience chronic anxiety and strain after the actual stressor is no longer present.

Hudd et al.. (2000) found that students reporting high stress levels will exhibit more unhealthy behaviors. This includes poor diet, lack of exercise and sleep patterns. They found that highly stressed students perceive themselves as less healthy, are prone to less healthy habits and report a lower level of self-esteem.

Misra et al.. (2000) conducted research to determine if there is a difference in student and faculty perceptions of student stress. They found that faculty tended to perceive student's stress levels as higher than the students actually reported. They did, however, find that students at the freshman and sophomore levels experience more perceived stress than juniors or seniors. This could indicate that students develop more effective coping skills as they proceed through their academic careers. This may have implications for administrators and faculty. If appropriate coping styles are identified, perhaps stress management programs could be implemented with younger students before they experience the damaging effects of perceived stress.

### ***Stress in Social Work Students***

Research indicates that social work students, like those in nursing, experience the most stress in clinical placements. May and Kilpatrick (1988) found that social work programs do very little to prepare students for the stress of self-awareness needed in

clinical practice. Strategies identified that might address this problem were video feedback of interviews with clients, meeting with students already in clinical placements and relevant classroom material to be discussed during placements. Half of the schools surveyed were neutral about students seeking therapy during clinical placements. Field instructors identified themselves as the most important person in assisting students to overcome stress during these placements.

Rauch (1984) suggests that an effective orientation could assist social work students with the transition to clinical rotations. This researcher believes that hospital placement is one of the most stressful for social work students beginning field placements. It was found that a thorough orientation, with emphasis on the social worker role and focus of services, assisted the student to have a better learning experience.

Simmonds (1984) found that the greatest source of stress in social work students results from the transition from student to practitioner. He determined that many social work students must work through an actual mourning process. If this does not occur, he states that burnout and poor worker-management relations may occur. He recommends that faculty discuss the transition process with undergraduate social work students to assist them in dealing with the stress and anxiety involved in assuming a role in independent practice.

### ***Stress in Nursing Students***

Stress in nursing students has been well documented (Beck & Srivastava, 1991; Kleehammer, Hart & Fogel, 1990; Lindop, 1991). Beck & Srivastava (1991) found that nursing students suffer from long hours of study, multiple assignments, lack of free time, lack of timely feedback and lack of faculty response to student needs. Hamill (1995)

found that nursing students often have difficulty adjusting to the academic environment of higher education, as well as difficulty adjusting to the environment of a nursing unit.

Studies indicate that the clinical component of nursing school is the most stressful (Mahat, 1996; Kleehamer, Hart & Fogel, 1990; Admi, 1997). Pagana (1988) surveyed 262 baccalaureate nursing students and found that personal inadequacy and a fear of making mistakes were constant stressors. Lindop (1991) identified conflict between the ideal and real clinical practice was also a source of stress. He also found that time management problems, when trying to complete nursing tasks, added to a student's perception of stress. Bell (1991) found that anxiety and stress could interfere with learning a complex, psychomotor skill.

Other studies identify social factors as a major source of stress in nursing students (Lengacher, 1996; Green, 1987; Beck, 1995). The demographics of nursing students has changed dramatically in the last two decades (Bednash, 1997). Many students are now married with families. Some students are already practicing nurses returning for their baccalaureate degree. These facts can lead to stressors related to role strain and role conflict. Cox (1995) found that the greatest stresses for Registered Nursing Students (RN) in returning to school were fulfilling multiple roles, loss of time with family and friends, lack of time for leisure activities and an overwhelming amount of schoolwork. Lengacher (1993) found that personality, stage of career development and marital status were predictive factors in role strain in nursing students.

Stetson (1997) found that in a large survey by Manderino, Ganong and Darnell, in 1988, only 2% of 276 baccalaureate degree programs that are accredited by the National League for Nursing required a stress management program within their curriculum. This



leads one to question if faculty recognize the problem and are assisting students to develop effective coping skills.

In addition to the foregoing, the literature indicates that several factors may have an influence on a student's perceived stress level. These factors are age, gender, marital status, whether the student is employed and whether the student is a generic student or a RN student. According to Johnson and Christenson (2000), these factors should be identified as extraneous variables and should be examined to determine if they vary significantly within the independent variable, which is the type of program the student is attending. For example, if a majority of the students in the nursing program are older than the students in the social work program, this may influence the student's perception of stress. Johnson and Christenson (2000) state that if an extraneous variable is found to systematically vary within the independent variable, it may produce a confounding effect and limit the validity of the study (Johnson & Christenson, 2000). Therefore, the following extraneous variables will be examined to determine if a significant relationship exists between them and the dependent variable, student's perception of stress or coping style in the designated programs of nursing and social work.

### *Age*

Research indicates that an individual's age may have an influence on his or her perceived stress level. Whitman (1985) suggests that younger students experience many stressful changes in their lives. These students often leave home for the first time when going away to school. Often, they experience ambivalent feelings resulting from the need for parental/familial support and the drive for independence. Additionally, the academic expectations in college can be an abrupt change from those in high school. The

pressure to achieve good grades can result in a battle for self-esteem. Hefferin (1982) adds that younger students often develop intimate psychosocial relationships at this time in their lives.

Older students, however, also have stressors unique to their age group. Nunnery (1997) states that older students sometimes believe that they do not fit in. In some cases, these students are more prone to test and computer anxiety. Green (1987) states that older students will have to deal with more decisions about career commitment, alterations in family relationships and planning for financial security. They often have more roles that compete for their time and energy.

Many nursing programs expect older students to have more life experiences, and therefore, deal more effectively with stress. Pagana (1988) found that they have significantly less fear of making a mistake and indicate they are less stressed by interactions with faculty. Beck (1995), however, states that these students may have more outside responsibilities. Therefore, it is important to include an individual's age as a possible extraneous variable.

### ***Gender***

The question also arises whether an individual's gender will have an affect on their perception of stress. Research supports that gender can have an affect on these variables (Hudd et al., 2000; Lengacher, 1993; Misra & McKean, 2000; Peden et al., 2001; Sarafino & Ewing, 1999). Women usually report a higher level of self-imposed stress and report more physiological reactions to stressors than males (Hudd et al., 2000; Misra & McKean, 2000). McBride (1997) states that women have often been socialized to be "good little girls" and not to be self-reliant. Women are expected to depend on

others and to look to others for approval. Women also tend to be involved in more activities such as taking care of families, working and attempting to achieve academic excellence. Misra & McKean (2000) believe that men may report lower stress levels as they have been socialized to be self-reliant and that a show of emotion is an expression of weakness and not masculine. In addition, men are often a minority in the nursing profession and may have some ambiguity about their chosen profession (Lindop, 1990; Nunnery, 1997).

### ***Marital Status***

Students with difficult family relationships tend to experience more stress than other students (Anonymous, 1999). In research conducted in the United Kingdom, it was found that more than half of the students in a nursing program, under age 35, would separate from their existing partners prior to graduation (Gray, 2001). Nunnery (1997) states that a supportive partner can be the most important aspect of an educational experience. She cautions, however, that often partners do not understand the expectations and pressures that are placed on students, and therefore, can also be a source of frustration and stress.

Lengacher (1993) found that many students in nursing programs will experience role strain while attempting to fill multiple roles such as spouse, parent and student. Lengacher, too, found that a supportive spouse can be instrumental in reducing that source of stress. Consequently, marital relations can be perceived as a cause of strain or as a source of support. Hence, it will be examined as a possible extraneous variable.

## ***Employment***

As stated previously, only one-fourth of the current group of students entering colleges or universities are traditional students (Bednash, 1997). A traditional student is usually perceived as a student straight out of high school, usually in his or her late teens, and is financially dependent on their parents. The reality today, however, is that many students are over the age of 18, are no longer financially dependent on their families and many times are supporting families of their own. Therefore, many students have no choice but to continue to work during their academic careers.

In research by Beck and Srivastava (1991), it was found that students that are employed reported more perceived stress than those who were unemployed. The researchers stated that this was an expected finding because these students found it difficult to set priorities and to meet deadlines in light of conflicting responsibilities.

## ***Registered Nursing Students***

A RN student is an individual that has previously obtained either an associate degree or a diploma and has a license to practice nursing. These students are returning to complete a baccalaureate degree. A generic student is a student that is seeking to obtain a baccalaureate degree, without first obtaining an associate degree or diploma. Green (1987) states that the most common profile of a RN student is that they are most likely female, usually between early 20's and 40 years of age, and are usually employed as staff nurses. Therefore, all the stressors associated with older students would be present in RN students.

Some researchers have found that RN students will report lower perceived stress levels than traditional students. Beck and Srivastava (1991) found that RN students

scored lower on the General Health Questionnaire (GHQ) than traditional students. Patton and Goldenberg (1999) found that RN students perceive themselves to have moderately high levels of hardiness. The researchers support that older students will usually have characteristics such as previous life and educational experience that might act as a buffer to lessen the shock of adapting to new situations.

Conversely, RN students will also encounter stressors unique to their situation (Beck & Srivastava, 1991; Nunnery, 1997; Patton & Goldenberg, 1999). RN students are expected to incorporate university values and skills into their existing educational expectations. Previous socialization or role patterns can often interfere with this process. In diploma or associate degree programs, the learning is very directed and pedagogical. A university education requires more self-direction and requires a higher level of synthesis and application. Classes may seem large and impersonal. In some cases, the RN student may be older or have more current clinical experience than faculty. These facts can be very stressful (Green, 1987).

Additionally, some RN students are returning to school because their employers require it. Many agencies now require nurse managers to have a baccalaureate degree to retain their positions. Under these circumstances, when a student is forced to return to school, it can be considered a burden.

All of these factors combine to challenge a RN student's identity. Green (1987) states that in many cases, these student's egos will wobble as they seek to redefine their professional identity. A university education requires a new concept of nursing practice and often a new conception of the practitioner his or herself. Therefore, the variable of

whether a student is a traditional or RN student will be examined to determine if this will have an effect on perceived stress levels.

### **Summary**

The literature supports that both programs have significant levels of perceived stress by their students. The literature is also clear that these students, upon graduation, will continue to experience stress in their chosen fields. The literature is not clear as to whether there is a difference in these perceived levels or whether these students have effective coping skills. This study will contribute to the literature by examining these areas to determine if there is a difference in perceived stress levels and to identify a difference in coping skills.

### **Theoretical Framework**

The theoretical framework used to guide this study is based upon the concepts of stress, adaptation, and coping. There are three assumptions inherent in this research. The first is that stress is inherent in every phase of life. The second is that stress is a subjective and individual reaction to both positive and/or negative experiences in one's environment. The third assumption is that individuals must learn to adapt to or cope with stress in order to survive.

#### ***Stress***

Stress arises from any interaction between an individual and the environment when the individual perceives the situation as threatening, challenging or possibly damaging. Essentially, the individual perceives that a situation may tax or exceed the individual's resources (Lazarus, 1977).

Hans Selye (1952) conducted the initial research on stress. Selye's work was based on the premise that any activity or emotion can cause stress, which will require some type of change or adaptation from the individual. The definition of stress used by Selye (1976) is "the non-specific response of the body to any demand," (p.15). Selye's theory supports that some stress is necessary to maintain life, but if the non-specific response places increased demands for adaptation, the effects on the individual may be damaging or excessive.

After conducting extensive animal and human research, Selye (1973) identified a predictable pattern of responses to stress that he termed the general adaptation syndrome (GAS). He identified three stages to this syndrome. The first stage is the alarm stage that is the immediate stress response. The individual perceives a stressor that causes the body to begin a physiological response. This response is automatic and unconscious. It is at this point that the individual initiates the flight or fight response to the stimuli. The second stage is the stage of resistance. This is the stage where adaptation and coping occur. After using a large amount of the individual's available energy, the body enters the last stage. This third and final stage is termed exhaustion.

### ***Role Theory***

One area identified frequently in relation to students is the stress that occurs during role transition (Nunnery, 1997). A role is a position that one assumes that has expected and actual behaviors that are prescribed by society. These behaviors are termed "norms" and are the standards or guidelines that govern an individual's actions within that role (Hardy, 1978). Often, students will experience stress related to their prescribed roles in the form of role stress, role strain, role conflict and role ambiguity or incompetence.

Role stress is perceived when role demands are difficult or impossible to meet. Role strain is the subjective response an individual experiences as a result of role stress (Hardy, 1978). This response often includes frustration, anxiety or tension.

Role conflict can result when role expectations are contradictory or mutually exclusive (Hardy, 1978). Role overload occurs as a result of multiple role demands. Research indicates that many students perceive increased stress because of multiple role demands (McBride, 1997; Ross, Niebling & Heckart, 1999). Nunnery (1997) states that functioning in multiple roles can be instrumental in redefining one's identity, but can also lead to negative consequences. Many students have roles such as wife, husband, mother, father, breadwinner and so forth. All of these roles compete for energy and time. Adding the role of student to an already taxed individual can lead to excessive role strain and conflict.

Role incompetence occurs when an individual's resources are inadequate, or believed to be inadequate, relative to the demands of the role. Role incompetence can result from several different situations. In many cases, students entering college have doubts as to their ability to complete their educational requirements. Jones and Johnston (1996) found that one of the main sources of stress in nursing students is the fear of failing. Beck (1995) states that grade anxiety and the fear of "will I make it?" is a constant drain on student's energy and resources. Additionally, Wilson (1994) found that a major source of nursing student's stress is the fear that they will harm a patient through their lack of knowledge or inexperience. Pagana (1988) found that a significant source of stress for nursing students is the role expectations placed upon them. Nursing students often feel inadequate to meet these expectations. The fact that they are students learning



to be a nurse and not an actual nurse is often forgotten. Many students state that they are expected to make decisions that they do not have the experience or knowledge to make.

Social work students may also experience anxiety related to role incompetence. Zastrow (1985) states that social work students fear that they will not be able to meet the needs of their clients. These students may be concerned that they will become too emotionally involved with their clients and not be able to separate the role of counselor from the role of friend.

Therefore, an understanding of the role stress, role strain and role conflict can assist in understanding the perceived stress of nursing and social work students. Role transition involves many changes that can sometimes be uncomfortable, but are necessary as a student pursues a professional identity.

### ***Coping***

Discussion of stress and adaptation requires careful analysis of the concept of coping. Lazarus (1977) defines coping as a reaction to stressors. This reaction is the individual's attempt to master conditions of harm, threat or challenge (Goosen & Bush, 1979). Coping mechanisms are "those direct, active tendencies aimed at eliminating a stressful event," (Lazarus, 1977, p. 8).

The process of coping may consist of a rather large array of overt and covert behaviors. The process of coping is a very complex response that occurs when an individual attempts to remove stress or what is perceived as a threat from one's environment. The actual reaction one has to an environmental event is as important as the event itself (Garland & Bush, 1982). Therefore, not only does one's coping ability

have implications for mental and physical health, but the person's state of health can also affect one's ability to cope.

Lazarus (1977) divides coping into two main categories, direct action and palliation. Direct action refers to the individual's attempt to change the environment or stressor. Palliation, on the other hand, refers to the individual's attempt to moderate the demands made by the stressor or tolerate the subjective symptoms produced by the stressor. Lazarus (1977) further divides palliation into two subgroups. One subgroup is directed at the symptoms and includes the use of alcohol, tranquilizers or muscle relaxation techniques. The second subgroup is termed intrapsychic modes and refers to the use of unconscious defense mechanisms such as denial or distancing. Consequently, the individual may deal with stress through several methods including removing the stressor through manipulating the environment, developing specific responses to help deal with the stressor or seeking diversion from the stressor.

Lazarus and Lanier (1978) further studied the concept of coping and divided the coping choices into instrumental coping (problem-focused) and palliative (focused on regulating the emotional response). Instrumental choices included information gathering, problem-solving, communication, social skills training, time management, mobilizing supports and direct efforts at changing the environment. Palliative techniques included denial, diverting attention, searching for meaning, emotional distancing, expressing affect, cognitive re-labeling and relaxation training (Schmitz, 1995).

Studies by Pearlin (1990) and Pearlin and Schooler (1978) were among the first to address the interaction of the individual and the environment. They identified coping as a behavior that is a protective mechanism that functions in three ways. First is by

attempting to eliminate or modify the situation that is giving rise to the problem. Second is to perceptually control the meaning of the experience in a manner that neutralizes the problematic character of the situation. The third is to attempt to keep the emotional consequences of the situation manageable. These researchers believe that all coping behaviors can be categorized into these three areas.

The research by Roth and Cohen (1986) on coping identified two basic orientations to stress - approach and avoidance. These orientations refer to the cognitive and emotional activity that is oriented either to or away from a threat. Approach strategies refer to attempting to take appropriate action to either change a situation or to make it more controllable. On the other hand, avoidance strategies attempt to protect the individual from the overwhelming power of the stressor by distancing the individual from the experience.

Neither approach nor avoidance is determined to be the most effective coping style. According to the authors, the coping behavior must be matched with the potential rewards available in relation to the demands. Approach strategies allow for direct action and attempt to change the situation, allowing the individual to take more control. On the surface, this sounds more effective than avoidance. However, the student that continually copes by studying long hours, getting little rest and neglecting their family or personal needs is not necessarily coping effectively. Approach strategies generally seem to be more effective when an individual has more power or control over a situation (Smitz, 1995).

Avoidance or distancing are behavior patterns that are thought to be more passive and are often thought of as weak or ineffective. In some cases, avoidance can be

important to allow assimilation of a stressful situation until the individual can gain more control or acceptance. This can be especially effective in a situation where an individual has no control such as disease (Roth & Cohen, 1986) or if the stressor involves chronic, high stress difficulties (Lennon, 1987). It is important, however, that avoidance or denial is used only to facilitate assimilation since denial can cause negative consequences. First, denial may cause the individual to not perceive or take advantage of opportunities to correct a stressful situation. An example of this would be students that will not take advantage of student services such as counseling or tutoring. Second, denial can lead to unconscious build up of pressure in the active memory, which can cause psychological intrusions such as nightmares, foreboding thoughts or negative feelings (Roth & Cohen, 1986).

This framework can be used as a guide to evaluate student's response to stress. According to Mahat (1998), all students will experience stress while in school. Some students may experience stress, perceive it as a challenge and will be motivated to work harder and increase his or her learning. Other students will perceive stress more as a threat and learning may be hindered. Hefferin (1982) supports this theory. She states that more competent students will react to stress with anxiety. The more capable student is stimulated by this anxiety and will strive to gain mastery over the situation. The less able students, however, will blame themselves for classroom failures and blame others for failures in interpersonal relationships. Therefore, it is important for administrators and faculty to understand the types of stress students perceive and to implement strategies to deal with this stress.

### **Purpose of the Study**

The purpose of this study is to determine if there is a significant difference in the perceived stress levels and coping styles of senior nursing students and senior students in social work. This information will assist administrators in each program to develop and implement strategies to foster effective coping and enhance learning.

### **Research Questions**

- Q1. Is there a significant difference in the perceived stress levels of junior and senior nursing students and the perceived stress levels of junior and senior social work students?
- Q2. Is there a significant difference in the coping styles of junior and senior nursing students and junior and senior social work students?
- Q3. Is there a significant correlation between the extraneous variables of age, gender, marital status, employment or RN student and the perceived stress or coping styles of students in the designated programs of nursing and social work?

### **Operational Definitions**

- 1. Perceived stress levels – an individual’s perceived response to interaction with his or her environment as measured by the Perceived Stress Scale.
- 2. Coping style – an individual’s adaptive response to perceived stress levels as measured by the Coping Resource Inventory.
- 3. Junior student – a student that is projected to graduate in the academic year following the year that the study is conducted.
- 4. Senior student – a student that is projected to graduate within the year that the study is conducted.

5. Age - the age of the participant as identified on the demographic tool designed by the researcher.
6. Gender - a response of male or female as identified on the demographic tool designed by the researcher.
7. Marital status - a response of single, married, divorced or widowed as identified on the demographic tool designed by the researcher.
8. Employment - working a minimum of 10 hours a week as identified on the demographic tool designed by the researcher.
9. Registered nursing student – a student who has previously obtained a diploma or an associate degree in nursing and is completing requirements for a baccalaureate degree.

### **Significance of the Study to Higher Education Administration**

According to Gulick and Urwick (1967), there are seven administrative functions inherent in the administrative role. These functions are planning, organizing, staffing, directing, coordinating, reporting and budgeting. The identification of high stress levels in nursing or other students can have implications for each of these functions. These implications affect administrators at varying levels and can cross departmental lines.

Planning is "working out in broad outline the things that need to be done and the method for doing them to accomplish the purpose set for the enterprise" (Gulick & Urwick, 1967, p.13). Marriner Tomey (2000) states that the first step in planning is to perform a thorough assessment of the internal and external environment. Administrators at all levels, from the President to Deans of Colleges or Schools to Directors of Student Support Services, can benefit from understanding student's stress levels and styles of

coping. Student's stress levels can lead to attrition or low academic performance (Beck & Srivastava, 1991; Kyle, 2000; Lindop, 1990). Administrators need to develop a plan to facilitate students overcoming stress, thereby, enhancing student's academic outcomes.

Organizing is "the establishment of the formal structure of authority through which work subdivisions are arranged, defined and coordinated for the defined objective" (Gulick & Urwick, 1969, p. 13). Huber (2000) states that organizing is mobilizing human and material resources to accomplish institutional goals or objectives.

Administrators need to organize their resources to address the problem of high-perceived stress levels. This could include reorganization of the curriculum to include stress-management, assigning faculty to determine methods to deal with the problem or allocating more resources to student support services.

Staffing is defined as "the whole personnel function of bringing in and training the staff and maintaining favorable conditions of work" (Gulick & Urwick, 1969, p. 13). Jones (1997) reports that one of the most important sources of stress identified by nursing students is the teacher-student relationship. Shearer & Davidhizar (1998) state that nursing instructors need to be observant of student's exhibiting high stress levels and be willing to intervene before the student has negative consequences. This has implications for Deans of Nursing Schools. Deans need to assess a new faculty members' empathy and student orientation during the interviewing and hiring process. It also may be necessary to provide faculty development workshops to assist current faculty to develop communication techniques and listening skills to enhance current teacher-student relationships.

Gulick and Urwick (1969) define directing as " the continuous task of making decisions and embodying them in specified general orders and instructions and serving as the leader of the enterprise" (p. 13). Huber (2000) defines directing as motivating personnel to accomplish a desired task. Administrators need to communicate to faculty the importance of student stress levels and the methods to assist students to cope with them. This may involve dealing with a faculty that does not understand this concept. Others may believe that an authoritarian manner enhances learning. An adept administrator will motivate faculty to understand the effects that stress levels can have on an individual student, as well as the program as a whole.

Coordinating is "the all important duty of interrelating the various parts of the work" (Gulick & Urwick, 1969, p. 13). Presidents, Deans of Colleges or Schools and Directors of Student Support Services need to coordinate activities to address the problems identified in this study. Carter (1982) found that nursing students do not use student support services as often as students from other disciplines do. It would be important for Deans of Nursing to ensure that when a faculty member identifies a student at risk, coordination takes place with student support services to meet the needs of the student. This may be for stress-management, test anxiety or various other student problems that might benefit from counseling or assistance. Additionally, (Kyle, 2000) found that financial hardship is one of the main stressors for nursing students, especially those with family responsibilities. Administrators may need to ensure that nursing faculty is aware of and coordinate with financial aid whenever needed.

The sixth administrative function identified by Gulick and Urwick (1969) is that of reporting. The definition of reporting is " keeping those to whom the executive is



responsible informed as to what is going on, which thus includes keeping himself and his subordinates informed through records, research and inspection"(p. 13). The results of this study may help administrators to identify reasons for attrition, academic difficulties or failures on the NCLEX-RN examination. The results of the study need to be communicated to all individuals in the organizational hierarchy. In addition, it will be important to keep all parties informed concerning the plan of correction and the progress made towards the identified goals.

Lastly, Gulick and Urwick (1969) identified budgeting as the seventh administrative function. The definition of budgeting is "all that goes with budgeting in the form of fiscal planning, accounting and control" (p. 13). Administrators must be aware of fiscal accountability at all times. Attrition levels can negatively impact a program as classes have been based upon projected enrollment. The number of applicants could drop, resulting in less money being allocated to the program. Additionally, monetary donations are often based on the public's perception of the quality of the program. High attrition rates or too many board failures can negatively impact this perception, and therefore, have a negative impact on donations by alumni and others. Beck (1995) states that students with high-perceived stress levels may not only have decreased academic performance, but also might display an impairment of professional practice upon graduation. An increase or decrease in funding would have implications for the President and Chief Financial Officer, as well as the Dean of the College. Increased funding can be used to enhance technology, purchase new equipment or supplement faculty and staff salaries. A decrease in funding would have the opposite effect.

Due to the major impact that perceived stress levels may have on a student, it is important that the problem be identified and dealt with effectively. The impact could also have implications for the entire College of Nursing. Therefore, perceived stress levels are important for students, faculty and administrators.

### **Limitations of the Study**

1. The study takes place at one university which will affect the generalizability to other institutions. Consequently, the results will only be applicable to similar institutions in similar settings (Campbell & Stanley, 1963).
2. The study takes place at one point in time which will limit the ability to generalize the findings to other time periods. According to Johnson and Christenson (2000), this is referred to as a threat to temporal validity.
3. The study will be limited to junior and senior nursing and social work students and will not address freshman, sophomores or juniors.
4. The study only addresses students in baccalaureate degree programs and does not address students in associate degree or graduate programs.
5. The study does not take into account faculty characteristics or teaching styles which could have an effect on student's perceived stress levels.

## CHAPTER II

### Literature Review

For most students, the college experience is very stressful (Whitman, 1985). For others, college may be an abrupt change from high school. Many students must learn to balance competing demands such as academics and developing new social support networks. They are suddenly responsible for their own needs, rather than relying on parents or others (Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas, & Yokozuka, 2000). For other less traditional students, it may mean that the student is learning to juggle multiple roles and time constraints while continuing to work and care for a family (Dill & Henley, 1996). While some stress is necessary for motivation and personal growth, in some cases stress can overwhelm an individual and affect their ability to function effectively. Therefore, researchers have often addressed perceptions of stress and the effect these perceptions have on college students.

#### *Stress in College Students*

There are many sources of stress in college students. Ross, Niebling and Heckert (1999) used the Student Stress Survey (SSS) to identify the major sources of stress in this population. The researchers surveyed 100 undergraduate students at a mid-sized midwestern university. The survey consisted of 40 items that were divided into four categories of potential sources of stress. These categories included interpersonal sources of stress, intrapersonal sources of stress, academic sources of stress and environmental sources of stress. The interpersonal sources of stress were the result of interactions with others such as a fight with a girlfriend or boyfriend or trouble with an individual's parents. The intrapersonal source of stress indicated a change within the individual such

as sleeping or eating habits. Academic sources of stress identified school related activities such as an increase in workload, difficulty in assignments and examinations or transferring schools. Lastly, environmental sources of stress were related to problems outside of the school area such as difficulties with a vehicle or computer. Additionally, the categories were subdivided into daily annoyances such as financial difficulties or major life events such as a divorce, death in the family, change in alcohol or drug use.

The top five sources of stress identified in this study were a change in sleeping habits, vacations and breaks, a change in eating habits, new responsibilities and increased class workload (Ross et al., 1999). These results indicate that three of the top five stressors of college students are intrapersonal. The researchers recommend further study, as these results identify the frequency of stressors rather than the severity of the perception of stress and the ensuing impact upon the individual.

A second study in this area yielded different results. Olpin (1997) surveyed 559 students at Southern Illinois University at Carbondale. This researcher was attempting to identify perceived stress levels of college students, to detect the primary sources of stress in college students and to determine the activities that students most frequently use to cope with these individual pressures. The instruments used in this study were the Perceived Stress Scale (PSS), the Inventory of College Student's Recent Life Experiences (ICSRLE) and the Relaxation Frequency Inventory (RFI). This study found that the most frequent stressors experienced by these respondents were related to academic pressures. These students identified struggling to meet academic demands, concern over grades, too many responsibilities and time and money management as their chief sources of stress. They identified social activities as the most common method of attempting to deal with

stress, although they expressed that these methods were not particularly effective. Women tended to have higher perceived stress levels than males but did not seem to indicate higher scores on the hassles scale. Students over 24 years of age indicated higher scores on the hassles scale and also identified a greater amount of time spent in ineffective stress management activities. Other demographic variables yielded no significant differences in responses.

A correlation can be found between a student's academic stress and the individual's anxiety, time management and leisure satisfaction. Misra and McKean (2000) investigated the interrelationship among these variables in 249 undergraduate university students. It was hypothesized that a student's academic stress would show a positive correlation with anxiety and a negative correlation with self-reported time management behaviors and leisure satisfaction. The research supported that effective time management skills seem to lower academic stress and anxiety. However, a strong correlation between leisure satisfaction and perceived academic stress was not demonstrated. It does appear that women have higher perceived stress levels than men, even though they reported higher effective time management skills. Additionally, students in the freshman and sophomore classes reported much higher stress levels than juniors or seniors. The researchers attribute this fact to the lack of strong social support networks and that freshman and sophomores have not yet developed the coping skills of junior and senior students. Therefore, Misra and McKean (2000) recommend that faculty encourage all students to attend time management seminars as well as stress management programs, early in their academic careers.

A relationship between stress in college students and poor health behaviors has been documented in several studies (Hudd et al., 2000; Peden, Rayens, Hall, & Beebe, 2001; Rawson, Bloomer, & Kendall, 1994). In a study by Hudd et al. (2000), 145 undergraduate students were surveyed in an attempt to answer three important questions. These questions were: 1). Are students in certain demographic groups more prone to experience higher levels of stress than others? 2). Is there a relationship between stress and healthy or unhealthy behaviors? and 3). Do students experiencing high levels of stress have lower levels of self-esteem and perceive themselves to be less healthy? The results of the survey indicate that women are stressed more often than men. Results also indicate that students that report higher stress levels are more prone to unhealthy behaviors such as poor dietary habits, poor sleeping habits and less exercise. Interestingly, there was no reported difference in the two groups in alcohol consumption. It was also found that students reporting higher stress levels perceive themselves to be less healthy and less satisfied with a variety of life factors such as their grade point average, weight and fitness level. This dissatisfaction with various life factors may lead to decreased self-esteem. It was not clear, however, if the high levels of stress reduce one's self esteem or whether the low self-esteem contributes to the stress levels that one perceives. The researchers recommend that universities design programs in time management and coordinating multiple tasks that would be adapted to the needs of students as they progress through their academic careers.

Similarly, significant relationships were documented by Rawson et al., (1994) between anxiety and illness, stress and illness, and depression and illness in 184 college undergraduates. The researchers surveyed 145 women and 39 men at a small, mid-

western, coeducational liberal arts college. Participants were recruited based on the overall enrollment pattern of the institution and consisted of 77 freshman, 41 sophomores, 30 juniors, and 36 seniors. The instruments used in this study were the State-Trait Anxiety Inventory (STAI), the Life Experiences Survey (LES), Health Questionnaire (HQ) and the North American Depression Inventory (NADI). It was found that stress accounted for a 9.5% increase in illnesses found in this population.

Rawson et al. (1994) found no difference in the reported stress or anxiety by males and females. This result was incongruent with the results of the research by Hudd et al. (2000). There was, however, an increase in illnesses reported by the females in this population. The researchers suggested that this result could be attributed not to a difference in the number of actual illnesses in this population but rather to the number of reported illnesses. The HQ is a self-report measure. The researchers hypothesize that men, due to socialization, are taught that illness is a sign of weakness and not masculine. Therefore, males may be less likely to report an illness.

It was also found that significant differences were reported in anxiety and stress across the different school years. Sophomores tended to report higher mean levels of anxiety than freshman or juniors and higher stress levels. This result was attributed to the fact that sophomores no longer receive the intense social support of freshman, which usually include special programs, advising and attentive dormitory counselors. Additionally, sophomores have not developed the coping mechanisms used by older students to deal with college stress. Therefore, as sophomores are beginning more demanding college tasks, they receive fewer support services to assist them.

Comparing the stress of traditional students versus non-traditional students is another area that is reflected in the research. A traditional student is generally considered a student that is enrolled in college directly out of high school and does not have multiple roles. Conversely, non-traditional students usually have at least one year between high school and college and do have conflicting multiple roles such as spouse, parent, employee and student. Dill and Henry (1998) surveyed 94 undergraduate students enrolled at a large, research-oriented university in the southeastern United States. The sample consisted of 47 traditional students and 47 non-traditional students. The traditional students ranged in age from 18 to 23 years of age, with a mean age of 20.55 years. The non-traditional students ranged in age from 24 to 54 years of age, with a mean age of 34.45 years. The groups were matched as closely as possible in regards to gender, ethnicity and class standing (i.e. freshman, sophomore, junior or senior).

The instrument used in this study was the Adolescent Perceived Events Scale (APES) for college students. The scale asks the respondent to identify from a list of 210 the major and daily life events that have occurred within the last three months. On a 9-point Likert-type scale, the respondent is asked to rate those events based on the categories of impact, desirability and frequency. Despite its name, the scale has been proven reliable and valid in this population (Dill & Henry, 1998).

The authors reported events which were determined to have significant differences at the  $p < .01$  level. In the area of academic events, it was found that traditional students worry much more about school performance than non-traditional students. Attending class was viewed as more desirable to the non-traditional students, even though the traditional students reported attending class more often than the non-



traditional students. The non-traditional student saw out of class assignments as more desirable. Additionally, the non-traditional student reported more of an impact from bad classes or teachers than their traditional counterparts.

In the area of peer and social events, traditional students reported spending more time relaxing with friends and partying as more desirable than the non-traditional student. On the other hand, the traditional students reported more difficulties and problems with roommates than the non-traditional students did.

The non-traditional students reported much more responsibility and obligations at home. On the other hand, the traditional students identified much more pressure and expectations from parents or loved ones.

Therefore, the results of this study recognize that both groups of students have academic pressures. The fact that non-traditional students rate attending class and doing homework as more desirable than the traditional students may indicate a higher enthusiasm for learning. The authors believe that the years out of school might allow the non-traditional student a different perspective on the classroom experience. The fact that traditional students attend class more regularly might be a result of the non-traditional students multiple responsibilities.

Conversely, the fact that traditional students receive more pressure from parents was expected. The traditional students also spend more time socializing with friends. While this can be a method to alleviate stress, it also indicates that the traditional student may still be striving to establish lasting relationships and may lack the support that is afforded the non-traditional student. The authors recommend that more research is

needed in this area to help design programs to assist each of these groups to effectively deal with the stress imposed by higher education.

While student's perception of stress may have an impact upon their academic success, it is interesting to note that in some cases it appears that student's perception of stress and those of faculty are somewhat different. Misra, McKean, West, and Russo (2000) examined student's perceptions of academic stress among male and female college students and then compared the faculty and student's perception of academic stress. The sample consisted of 249 students and 67 faculty members at a midwest university. The students had a mean age of 21 years and the faculty had a mean age of 42 years.

Data was obtained using two congruent forms of Gadzella's Student-life Stress Inventory (SLSI). The instrument contained 51 items in Likert response form (1=never true to 5=always true). The instrument assessed five categories of academic stressors, which included frustrations, conflicts, pressures, changes and self-imposed stressors. An additional four categories were used to assess reactions to stressors, which included physiological, emotional, behavioral and cognitive responses. A demographic form was used to collect information on age, ethnicity, gender, educational level (academic status for faculty), health risk behaviors (smoking and drinking) and degree sought.

The results of this study indicate that student's perceive the highest stress levels due to pressures and self-imposed stress. Females scored higher than males in the categories of frustration, self-imposed stress and pressure. The most common reactions to stress appear to be emotional in nature such as fear, anxiety, worry, guilt, grief or depression or cognitive reactions such as appraisal of the situation and developing strategies to address the situation. Overall, females reported higher stress levels and

reactions to stress than the male students. This supports the finding of Hudd et al. (2000) and the hypothesis of Rawson et al. (1994) that males may have been socialized to perceive stress and to react to it differently than females.

A second important result is the finding that academic stress varies across the school year. Misra et al. (2000) found that freshman and sophomores had higher levels of stress than juniors and seniors. Freshman and sophomores scored low in the area of cognitive appraisal, which indicates that these students have not yet learned to develop effective coping strategies to deal with stress. This has implications for faculty and student support services to implement programs dealing with problem-solving and coping skills.

A third important result of this study is that faculty reported a much higher perception of student stressors and of student reactions to those stressors. This may be due to the fact that faculty observe students when they are under stress and often do not observe them out of the academic environment. This research has implications for faculty to communicate more effectively and to foster academic and social efficiency in students. Faculty must develop methods to assist and mentor students in the academic arena and to help them cope with academic stress. Stress management techniques should be taught beginning with freshman and continue throughout the students academic career.

### ***Stress in Social Work Students***

Although the subject of stress and burnout has generated much discussion within the profession of social work, there has been little research addressing entry-level students as they begin work in clinical assignments and field placements (Munson, 1984). According to Um and Brown-Standridge (1993), the initial clinical assignment is a time

of critical socialization. A student's initial field placement can either empower the student toward competence in his or her profession or can create a perception of self-doubt that can lead to poor work relationships, ineffective practice and eventually lead to burnout.

Zastrow (1985) states that people that seek a career in helping professions are particularly vulnerable to burnout as many enter their profession with unrealistic expectations. People often enter helping professions believing that their services will vastly improve the lives of almost all of their clients. They also expect that they will be highly appreciated by their employing agency and almost all of their clients. Many of these students or beginning practitioners believe that they will be able to change the realities of working within a bureaucracy and will be able to make the system more responsive to their clients needs. Unfortunately, when these individuals realize that their expectations are unrealistic, they often become powerless and apathetic.

Anderson and Anderson (1992) studied social work students stress levels throughout an entire academic semester. Their sample consisted of 27 social work students enrolled in research and statistics courses. The average participant was 25 years old, female and was enrolled as a full-time student.

The instrument used in this study was the Daily Stress Inventory (DSI) developed by Brantley and Jones. The instrument consisted of 58 items representing minor life events, which may have occurred during the preceding 24 hours. The participants were asked to rate these events on a scale ranging from 1 to 7, with 7 being the most stressful events. The DSI provided three types of stress scores. The event score indicated the number of events that had occurred. The impact score was the sum of the impact rating

of the events. The impact/event ratio score was the average impact rating for that particular day. The impact event/ratio was considered to indicate the student's ability to cope because changes in the ratio indicated a change in the student's perception of the event. An increase in this ratio would suggest a student was having more difficulty coping because the perception of the impact of the event was increasing.

The results of this study indicated that the highest number of reported stressful events occurred within the first week of the semester. A second significant fluctuation occurred during the 15 and 16 week of the semester, just before final examinations. The number of identified stressful events, however, remained less than the beginning week of school. Interestingly, the student's impact and coping skills remained constant throughout the semester. Therefore, even though the students reported fewer stressful events during the last weeks of school, the impact of these events was perceived to be somewhat higher.

Another finding of this study was determined when the results were compared with a normative population of 252 students enrolled in an undergraduate psychology class. The results indicated that the social work students identified a similar frequency of stressful events but perceive these events to have a higher impact. The social work students also indicated less ability to cope with these events than did the normative group. The results of this research indicated that social work students may be at risk for high levels of perceived stress and may benefit from assistance in developing appropriate coping skills.

Mayer and Rosenblatt (1974) attempted to identify sources of anxiety in student social workers that arise from relationships with their clients. The most frequent sources

of identified stress were when a student tried to form an "amicable" relationship with clients who were hostile, uncooperative or mistrustful. A second source of anxiety for students was a student's inability to attain treatment objectives because of inadequate knowledge or lack of resources in the community. A significant finding of the study was that students with high or unrealistic expectations will often place the blame upon their own perceptions of inadequacy. Therefore, the actual source of anxiety resulted from the imbalance of the student's expectations and the realities of the fieldwork.

Um and Brown-Standridge (1993) surveyed 20 students in a graduate level social work program to determine students perceptions of the organizational structure of their field placements. The students were asked to describe perceived patterns in their work setting that contributed to contradictory messages in an attempt to assess discrepancies between implicit and explicit rules.

The student's descriptions provided insight into four areas that can lead to stress in social work field placements. The first area identified was a confused hierarchy. The students were aware of their low status in their field placement settings. Many students expressed a problem with being able to identify who is actually in charge and who to turn to for advice. In many cases, the agency administrator or supervisor would be inaccessible to the student. Often the administrator would seem uncomfortable with any type of conflict. Lastly, the students would receive mixed messages on who to turn to if there was a problem.

A second area identified by the student was that of role confusion. Once again, students recognized that the student role is devalued when compared with actual agency staff. Students acknowledged that often the client's needs and the agency's needs seemed

to be reconciled mystically without proper explanation. The students also indicated that it was difficult to accept that social workers often must defer to the dictates of other professionals.

The third area was confused accountability. The students indicated that many times it seemed that there was no real accountability for the social worker's practice. Funding would not be increased or decreased in relation to effective performance. Often, the agencies use quantifiable terms such as number of cases as the measure of performance rather than evaluating the actual quality of work performed.

Lastly, the students indicated a difficulty in receiving simultaneous demands that were incompatible. They would receive conflicting information concerning which client contacts were authorized and which were not. Occasionally, they would receive directions to be in two places at the same time. Students also expressed confusion about how much tolerance they would receive when discussing unsuccessful cases.

Um and Brown-Standridge (1993) expressed concern that the student's confusion in trying to navigate the understandings of norms in their field placement can contribute significantly to a student's stress. They believe that one area that should be addressed is the difference in implicit and explicit rules and the realities of the workplace. The researchers support that social work students need mentors with a clear respect for the social work profession and clear understanding of their role.

Tobin And Carson (1994) surveyed 152 undergraduate psychology, education and social work students. They used the General Health Questionnaire (GHQ-28), the Rosenberg Self-Esteem Scale and Maslach Burnout Inventory. All three groups scored high on the GHQ. The psychology students scored a 42%, while the social work students

scored 34%. These scores demonstrated exceptionally high psychological distress levels. The results of this survey indicate that social work students may perceive higher stress levels than practicing social workers.

### ***Stress in Nursing Students***

Beck and Srivastava (1991) conducted a study to investigate the perception level and sources of stress in nursing students across academic years. The researchers attempted to identify areas that were perceived as the most stressful in second, third and fourth year nursing students in a baccalaureate program. They also attempted to identify the general levels of physiological and psychological stress in these groups. The instruments used were the General Health Questionnaire (GHQ) and the Stress Inventory Questionnaire (SIQ).

The study was descriptive correlational. The population was comprised of 94 nursing students in a baccalaureate nursing program at one university. The GHQ is an instrument that provides a general measure of generalized stress and minor psychiatric disorders. The SIQ is an instrument adapted by the researchers from the Stress Incident Record used by Firth and Naftel. Beck and Srivastava (1991) added incidents identified by experienced faculty and from student insights.

The results from the GHQ yielded consistently high scores across academic years. The prevalence of psychiatric symptoms of the students was greater than that of the general population. The traditional or generic students responded with higher scores than the Registered Nurse (RN) students that were returning to school to obtain a baccalaureate degree. It was thought that although the returning RN students had more family and job pressures, they were generally older and more goal-directed. It was likely



that the maturity and previous experience of this group would relate to better problem-solving and coping strategies than the generic students. They also were thought to have less financial pressures and less uncertainty about nursing as a career.

The results from the SIQ indicated that nursing students experience a high level of perceived stress. Many of the items that were ranked as stressful by the nursing students were also identified by other populations, such as amount of material to learn, examinations and lack of timely feedback from faculty. In addition to these findings, the nursing students identified feelings of inadequacy in dealing with acutely ill patients and difficulty in relationships with faculty. Another interesting finding was that this group expressed uncertainty regarding the choice of nursing as a career. This result was present in both the generic and RN students although it was more prevalent in the generic students. This ambivalence towards a career in nursing may result in higher levels of stress and in a student being less motivated to achieve academic excellence.

Beck and Srivastava (1991) stated that the implications of this study are clear. Nursing students experience a great deal of perceived stress. Nursing faculty need to implement programs dealing with problem-solving, priority setting and developing coping skills early in the student's academic career. It is also imperative that faculty explore strategies to improve faculty-student relationships in an effort to foster self-confidence and feelings of competence in the student.

Stress indicators were also identified by Affeldt (1990). The sample in this study consisted of 104 baccalaureate junior and senior students in public and private colleges and universities in North Dakota, Wyoming and Montana. Students were surveyed using both quantitative and qualitative methods. The quantitative data was obtained using

demographic data form, a rater evaluation form and a critical incident form. The qualitative data was obtained through structured telephone interviews with 20 respondents.

Affeldt's (1990) research determined that there are three distinctive categories of stress identified by junior and senior level nursing students. These three categories are didactic stress, clinical stress and personal stress. Didactic stress refers to actual classroom and course-work requirements. Clinical stress relates to situations or assignments involving patients in hospitals or other similar environments. Personal stress deals with life events or problems that are extraneous to the educational setting. The primary category identified by all students was didactic stress. When students were divided into subgroups, however, the generic students identified clinical stress as primary and RN students identified personal stress as being the most prominent source of stress. Emotion-based coping strategies were found to be the most common among nursing students with no difference found between groups. There was also no relationship found between the perceived stress indicators and perceived coping mechanisms. It was found that all students identified a strong support network as essential to coping successfully with the stress imposed by nursing school.

The implications that were identified by Affeldt (1990) supported the conclusions of Beck and Srivastava (1991). Affeldt (1990) recommended that nurse educators be cognizant of the amount and type of stress perceived by nursing students and to be aware of the differences expressed by the different student groups. She also recommended that nurse educators should actively facilitate problem-solving and coping strategies in nursing students. The researcher then recommended that nurse educators re-evaluate

didactic and clinical course requirements and incorporate androgogical teaching methods which would recognize that most students are adults with unique needs and their own learning styles. This type of teaching will hopefully increase the program's integrity, while decreasing the stress perceived by students.

Beck (1995) conducted a study to explore the essential structure of burnout in undergraduate nursing students. The study used a convenience sample of 28 sophomore nursing students who attended a state university in southern New England. The students were given approximately 15 minutes at the end of a class to describe a situation in which they believed they had experienced "burnout" during their nursing program. The participants were encouraged to include all thoughts, feelings and perceptions that had occurred in relation to the experience. The responses were then analyzed and categorized into clusters of themes. These clusters were then integrated into a description of student's perceived experience of burnout.

Beck (1995) found that the times that students will most likely experience burnout are mid-term and at the end of the semester. It was at these times that students might have multiple assignments, clinical assignments and examinations, often in the same week. Students stated that their perceived stress levels would sometimes seem unbearable. They perceived that there were not enough hours in the day to accomplish what they needed to accomplish. They also expressed that they could not engage in activities to relieve their stress, such as socializing or exercising, because they did not have enough time. Many of these nursing students stated that they felt that they had no life outside of nursing school.

The emotional and physical consequences of the student's perceived stress were many. The students reported experiencing extreme fatigue, which left them feeling exhausted. Their eating habits often would change. In some cases, students would gain weight from overeating. In other cases, students reported a loss of appetite and would lose weight. Student's emotions were labile, as they expressed feelings of inadequacy, hopelessness and frustration. They also reported difficulty in trying to concentrate, which sometimes led to difficulty in completing assignments or preparing for examinations. Ultimately, many wanted to give up and drop out of nursing altogether.

During burnout, the students also reported having difficulty in interpersonal relationships. The students reported that they would take their frustrations out on their family and friends. Nursing students that have children reported that they would not have the patience needed to deal with their children.

Burnout, as described in Beck's (1995) research, permeates every facet of a student's life. It can affect a student's physical, emotional, interpersonal and academic achievement. Therefore, the implications for nursing educators are significant. First, Beck recommended that faculty that are teaching at the same level should meet at the beginning of the semester to stagger the times of assignments and examinations. She also recommended that faculty should evaluate the way they interact with students and to lessen unrealistic demands that are placed on nursing students. Time management, stress management and coping skills should be incorporated into the curriculum early in the nursing student's academic career. Additionally, she recommended that faculty develop peer support networks to assist students in dealing with overwhelming stress. Beck

believes that nursing faculty can use these strategies to help students deal with burnout effectively in college and that could possibly lead to less burnout in RNs.

Howard (2001) documented that students in the United Kingdom experience the same stressors as students in the United States. The United Kingdom has recently implemented a new form of nursing education entitled "Project 2000". This new program emphasizes theory and health promotion, rather than the apprentice based education that was taught previously. The new program is similar to the university-based education taught in baccalaureate programs in the United States.

A sample of 76 students were surveyed to determine important aspects of their educational experience. These surveys were administered at the beginning of their courses and again after one year. The researcher also surveyed 30 students weekly to determine the student's perception of stress and to identify the major factors contributing to their stress.

The most frequently identified source of stress was examinations. The students stated that often their examinations did not coincide with their clinical experiences and seemed not to relate to actual nursing practice. The students also stated that their examinations were stressful because failure could lead to expulsion from the program. The major cause of distress from examinations, however, was a lack of time. Students complained that preparation for examinations, as well as other assignments, often left them no time for anything else. Mature students, in particular, identified that relationships with their families deteriorated as a result of the time spent studying for examinations.

Clinical practice was another stressful area identified by the students. Feelings of ineptitude, accompanied by critical nurses on the patient care units, were a cause of concern to students. Rather than being supportive, many staff would berate the students or give them menial tasks to perform. This led to feelings of inadequacy and self-doubt resulting in feelings of stress.

A third area identified by the students was that of financial difficulties. This area was related to other areas such as time management and family responsibilities. The students stated that they did not have time for outside employment. Those who were employed felt that they could not devote enough time to their studies. Once again, the mature students with family responsibilities felt additional pressure in attempting to meet the financial needs of their families while struggling to keep up academically.

A fourth area identified as stressful by the students was that of personal growth and self-discovery. Many students stated that they had developed assertiveness skills and acquired a greater self-awareness as a result of their education. In many cases, this led to family problems when partners could not accommodate these changes in their spouses. Unfortunately, 76% of the students reported an increase in arguments and 50% reported a permanent separation from their spouse.

The findings of this study are similar to the results of studies in the United States (Beck, 1995; Hamill, 1995). Howard (2001) recommends that academic and clinical staff collaborate to ensure that students have positive experiences in the hospital setting. Faculty should assist students to develop effective time management skills early in their educational process to ensure all academic and social requirements are met. Howard also recommends that the needs of mature students be addressed, possibly by developing

alternative, part-time pathways to complete the educational process. The importance of student support and counseling services was also emphasized.

Jones and Johnston (1997) examined the affective well being of first-year student nurses attending a diploma program in Scotland. The purpose of the study was to identify levels of affective distress, perceived levels of stress and the coping strategies used by students in difficult situations. The affective distress was measured using the General Health Questionnaire (GHQ). The perceived levels of stress were measured using the Beck and Srivastava Stress Inventory (BSSI). The Ways of Coping Questionnaire was used to describe the general, direct and suppression coping actually used by the students.

The researchers divided the participants into two cohorts. Cohort 1 was made up of 109 students that were currently enrolled in adult nursing, mental-health nursing and learning disability nursing. Cohort 2 consisted of 111 students that were currently enrolled in adult nursing, mental-health nursing and child and midwifery registers.

The results of this study demonstrated no significant difference in the mean levels of distress, sources of stress or coping styles between the two groups. Both groups registered significant distress on the GHQ. There was also no significant difference noted in the sources of stress identified by each group. The results of this study were somewhat different in this area than other studies in that these students identified the primary sources of stress to be academic such as failing a course, the amount of class material to be covered and examinations. These students indicated that their relations with faculty were not a common source of stress and did not relate to feelings of affective distress. The ways of coping also did not differ significantly between the groups. High

levels of distress were associated with low direct coping scores. Conversely, those students that scored high on problem-solving coping strategies indicated less affective distress and identified fewer sources of stress.

The sources of stress identified by the students in this study were varied and diverse. Therefore, the authors stated that interventions to address the problem should be focused not on the sources of stress but rather on assisting the students to develop effective coping skills early in their nursing careers.

Many studies have indicated that the clinical component of nursing education may be the most stressful. In 1998, Mahat conducted a study using 107 junior nursing students from a college in the northeastern United States. The instruments utilized were similar and attempted to identify critical incidents that were perceived as stressful in the clinical area. These students were surveyed to ascertain the most frequently used coping strategies. The critical incidents were divided into five categories; interpersonal relationships, initial experiences, ability to perform roles, heavy workload and feelings of helplessness. The coping strategies were divided into four categories, which included problem-solving, seeking social support, tension-reduction and avoidance. Problem-solving and seeking social support were classified as problem-solving behaviors, while tension-reduction and avoidance were classified as emotion-based behaviors.

Students identified interpersonal relationships with their instructors as stressful. These students also perceive faculty as being unsupportive, demeaning, having a lack of understanding and making the student feel incompetent.

In the area of initial experiences, students reported that they often feel stressed and uncomfortable when performing new procedures. This was especially true of



administering injections, performing physical assessments, administering oral medications, providing care and approaching and interacting with new clients.

In the category of ability to perform, students described being tense and unable to perform procedures because of inadequate knowledge or preparation. The students report that these feelings are intensified by the fear of making a mistake or fear of not meeting the high expectations of faculty.

Coping with a heavy workload was also identified as a major stressor for nursing students. Students have many academic demands such as papers, examinations and other written assignments. Many also are employed and have family responsibilities.

Only a few students in this sample identified the last category, which was feeling helpless. The students did identify feeling helpless when watching a newborn suffering from drug withdrawal or the birth of a child to a drug-addicted mother. This, too, is similar to the previous study.

The coping strategies most often identified by this group of students were problem-solving and seeking social support. When the stressors were related to interpersonal relationships, initial experiences and ability to perform, the students reported using problem-solving and seeking social support. When the stressors were related to heavy workloads and feelings of helplessness, all coping strategies were utilized equally.

In an earlier study, Mahat (1996) attempted to identify stressful events of first-year Nepalese students in a clinical setting and to determine how these students coped with these stressful events that they had identified. In spite of the geographical location and cultural differences, the results of this study supported Mahat's previous findings.

This study used a convenience sample of 104 first year, nursing students from four campuses offering a certificate program in Nepal. Three instruments were used to obtain the data. The first was a demographic questionnaire that was used to obtain background information. The second was a critical incident questionnaire that asked the student to write down stressful situations or events that they had experienced during their clinical rotations. The last instrument used was an open-ended question asking the student to identify how they coped with the identified stressful event.

The descriptions of stressful events were divided into four categories; interpersonal relationships, initial experiences, feeling helpless, and demeaning experiences. The most frequently identified source of stress was negative interpersonal relationships. The most frequently identified negative personal relationship was with a faculty member. The students stated that faculty were not understanding and rarely listened to explanations or concerns. The students also stated that faculty often would scold them in front of others. Faculty was perceived as being demanding, strict and intimidating.

The second stressful experience identified by students was their initial clinical experience. The students stated that they were often assigned to care for patients that had complex needs. They often felt that they were not adequately prepared to deliver care to these patients.

The third area of stress that was identified by the students was that of feeling helpless. This occurred in many cases when the student nurse was assigned to care for a terminally ill patient or when the students would see a patient that they did not believe

was receiving adequate care due to poverty. The students expressed feelings of inadequacy about being unable to help the patient.

The last category that was identified was when a student nurse believed that the task they performed was demeaning or they were not respected. Some students expressed concern that they were given tasks to perform that others did not want to do. They also stated that in some cases they were looked down upon and received inferior treatment because of their student status.

In most cases, the students identified emotion-based coping strategies, rather than problem-solving methods. Most students coped by seeking social support from others. Some students turned to family and friends for support, while others turned to fellow students and sometimes, older classmates.

The recommendations from this research, once again, focuses on the importance of faculty being cognizant of student's stress levels. One of the major sources of stress was the student-teacher relationship. Faculty need to be supportive and understanding of students. It was discussed that positive student-teacher relationships can help to reduce student's stress levels, while enhancing learning and helping the student to cope. Faculty should also praise students when appropriate.

In the clinical area, assignments should be made from simple to complex. It is also important to allow the student enough time to practice psychomotor skills prior to attempting a procedure on a patient. Clinical expectations should be discussed prior to the experience. Students should be allowed to express doubts and concerns without ridicule or consternation from the faculty. Mahat (1996) stated that the provision of a

comfortable, supportive learning environment can produce feelings of confidence, hope and self-esteem in nursing students.

An early study by Elfert (1976) supports the fact that clinical experiences are among the most stressful. Elfert attempted to identify satisfying and stressful incidents reported by students in the first two years of a baccalaureate program. The students in this study initially reported the highest perceived stress resulting from academic assignments and evaluations. As the students progressed in their program, the most stressful and satisfying incidents resulted from trials and accomplishments in the clinical area.

Kleehammer, Hart and Keck (1990) conducted a study to identify potential anxiety-producing clinical experiences for student nurses. The study used a convenience sample of 39 junior and 53 senior students attending a small baccalaureate program in a large midwestern city. The participants were surveyed using the Clinical Experiences Assessment Form. The tool consisted of 16 situations, which included procedural aspects of patient care, communication, interpersonal relationships with other healthcare providers and interactions with faculty. The students were asked to rate these experiences on a Likert format that ranged from "strongly agree" with a score of 5 to "strongly disagree" with a score of 1. An open-ended question was added to the end of the survey that asked the students to identify what had been the most anxiety-producing aspect of their clinical experiences.

The highest anxiety-producing experiences identified by the students were the initial clinical experiences on a unit and the fear of making a mistake. Other anxiety-producing situations that were identified by the students were clinical procedures,

working with hospital equipment, talking with physicians and being late. The students also identified negative interactions with nursing faculty as producing a great deal of anxiety. A second finding of this study was that junior students expressed more anxiety than did senior students. This result was expected since senior students should be more comfortable given that they have more experience in the clinical arena.

In light of the foregoing, it is evident that nursing students experience high levels of stress. The question remains, however, whether this is a situational crisis due to the demands of nursing school or a developmental crisis that is similar to what all undergraduates experience. Several studies were found that address this subject.

Carter (1982) conducted a study that was designed to ascertain whether the perceived stress and coping styles of nursing students differed significantly from students with a major in liberal arts. The study was limited to three baccalaureate schools of nursing and one private undergraduate liberal arts college for women. Each institution was located in a metropolitan area. All senior, female students were requested to participate in the study. The final sample consisted of 103 nursing students and 103 liberal arts students.

There were three instruments used in this study. The first was the SCLR-90R, which is a ninety-item checklist that measures psychological dimension such as somatization, obsessive-compulsion and depression. The second tool was a social network index that was based on Karen Renne's Index of Sociability. The third instrument was a forty-two item coping scale that would place the major coping style of the respondent into one of six major categories.

Carter (1982) found similar symptom distress levels for each group. The results of the Social Network Index indicated that each of these groups turned to family, friends and fellow students for support in times of stress. The nursing students, however, tended to turn to more external sources such as children and friends away from school, whereas the liberal arts students depended more on friends at school and dormitory counselors. The two groups were also quite similar in coping styles, except that the liberal arts students identified a higher use of college oriented coping styles. This result was consistent with the responses on the Social Network Index.

This study generated some interesting findings in that more individuals with an alienated or isolated lifestyle were found in the liberal arts students. More frankly psychotic behaviors were also found in the liberal arts students. The researcher hypothesized this behavior is probably due to the fact that nursing students are monitored more closely by their clinical instructors. It would be highly unlikely that a nursing student exhibiting psychotic behaviors could reach graduation without being dropped from the program or without being referred for psychiatric assistance. Another interesting finding generated by Carter's (1982) study was that although the liberal arts students tended to use student support services more frequently than nursing students, neither group used these services with any frequency.

The recommendations from Carter's (1982) research support the findings of the previously discussed studies. Faculty members need to develop supportive, trusting relationships with their students. Colleges and universities need to develop support services that assist students to develop coping skills to help them deal with the pressures of higher education. These services should be developed to encourage utilization by all

students. One recommendation from Carter (1982) which adds to the previous body of suggestions is that nursing faculty should do more to develop peer support groups since the relationship with family and friends is the most frequently used form of coping behavior.

A second study compared the anxiety levels of general college students and college students enrolled in the occupational groups of police officers, firefighters and nurses (Rosburg, 1988). The sample included a minimum of 100 students in each group and ultimately consisted of 515 students. All participants were enrolled full-time at a community college in southern California.

Each participant completed the State-Trait Anxiety Inventory (STAI). This research tool is a self-evaluation questionnaire that was designed to measure state anxiety, which is a transitory condition of perceived tension and trait anxiety -- a relatively stable condition of anxiety proneness.

As was hypothesized, the nursing students identified the highest level of state anxiety. This indicated that the nursing students perceive the highest amount of stress while in their schooling. The nursing students and general college students identified similar levels of trait anxiety, while the firefighter and police officer students evidenced much lower anxiety in both categories.

The results of this study once again point out that it is imperative that nursing programs incorporate methods of stress reduction into the curricula. The researcher stated that the inclusion of this component in the curricula is necessary to recruit and retain committed students.

## **Summary**

It is apparent from the literature that all college students experience stress. It is also apparent that nursing students and social work students have stressors that are unique to their educational process and to their respective professions. Faculty and administrators need to address perceived stress and coping as it can negatively impact a student's academic performance. This study will attempt to identify the perceived level of stress and coping styles that are present in these two groups and to determine if a difference exists between them.



## **CHAPTER III**

### **Methodology**

#### **Purpose of the Study**

The purpose of this study was to determine if there is a difference in the perceived stress levels, as measured by Cohen's Perceived Stress Scale (PSS)<sub>2</sub> and coping styles, as measured by Moos Coping Responses Inventory (CRI-Adult)<sub>2</sub> identified by junior and senior students in nursing and social work programs. This chapter will discuss the methodology and research design used in this study.

#### **Research Design**

The design used in this research was a one shot case study. This study used a descriptive comparative approach and is non-experimental. This method was chosen as it compares the differences in two or more groups, without manipulation of the variables (Johnson & Christenson, 2000).

#### **Population/Sample**

The population for this study included all junior and senior students enrolled in or preparing for clinical courses in the nursing and social work programs at a selected university, during the 2001-2002 and 2002-2003 academic year. The sample consisted of 89 nursing students and 33 social work students.

The sample used for this study is considered a convenience sample, as all students were from a selected university. The selected university is a mid-sized, state supported institution in the southeastern region of the United States. The results of this study can be generalized only to peer institutions of the selected university.

## **Instrumentation**

There were three tools used in this study. The first was a demographic tool developed by the researcher. The demographic tool was a paper and pencil questionnaire that asked the participant to identify characteristics that the literature indicated might have an affect on the dependent variables of perceived stress and coping style. The characteristics were divided into mutually exclusive categories that required the participant to choose one response. The tool identified the independent variable, which is the program in which the student was enrolled -- either nursing or social work. The demographic tool also included all other variables indicated by the literature such as age, gender, marital status, whether the student is employed, whether the student's class status is a junior or senior, and lastly, if the student is a generic or Registered Nurse (RN) student. A generic student is a student that has not previously obtained an associate degree or diploma in nursing. A RN student has previously earned an associate degree or diploma and is licensed to practice nursing. A RN student is returning to school to earn a baccalaureate degree.

The second tool used in the study was the PSS developed by Cohen (Cohen et al., 1983). The scale was used to measure an individual's perception of stress. The PSS is a paper and pencil questionnaire consisting of ten questions. Each item was designed to identify how unpredictable, uncontrollable or overloaded the respondent has found his or her life to be within the last month, preceding completion of the instrument. Responses were assessed on a 5 point scale, with '0' = 'never' and '4' = 'very often'.

The PSS is the most widely used psychological instrument for measuring an individual's perception of stress (Cohen, 1994). Reliability of the PSS was determined in three separate tests using three samples. Two of the samples were college students, while one test used a heterogeneous group in a smoking cessation class. The coefficient alpha scores for each test respectively were .84, .85 and .86. Additionally, a test-retest correlation was administered to a group of college students from the University of Oregon. The test was conducted two days apart. The students were told to strive for accuracy rather than consistency across time. The results yielded a test-retest correlation of .85 (Cohen, 1983).

Validity of the tool was determined with extensive normative data on 2,387 respondents. Strong correlations of .76 and .65 were noted between the PSS and depressive symptoms (Cohen et al., 1983). More recent studies have validated the prospective associations of perceived stress as measured by the PSS and a variety of relevant outcomes such as stress measures, self-reported health and health services measures, health behavior measures, smoking status and help seeking behavior. (Cohen et al., 1988; Koopman, Gore-Felton, Marouf, Butler, Field, Gill, Chen, Isreali & Spiegel, 2000).

The third tool used in this research was the CRI-Adult (Moos, 1992). This tool used a 48-item self-report measure of coping responses. The CRI-Adult was designed to measure eight different types of coping responses to stressful life circumstances. These responses were measured by eight scales – Logical Analysis (LA), Seeking Guidance and Support (SG), Positive Reappraisal (PR), Problem-solving (PS), Cognitive Avoidance (CA), Seeking Alternative Rewards (SR), Acceptance or Resignation (AR) and

Emotional Discharge (ED). The first four scales measure approach-coping and the second four set of scales measure avoidance coping. The first two questions in each set reflected cognitive coping strategies, while the next two questions in each set identified behavioral coping strategies.

By identifying the predominant coping response, the individual identifies the method that he or she will most often use to deal with stress. If an individual relies on the approach responses, he or she will generally try to deal with the stressor directly. An individual that uses logical analysis will usually attempt to analyze the stressor and mentally prepare to deal with the consequences. The positive reappraisal coping response indicates that the respondent will attempt to restructure the problem in a positive manner but will still accept the reality of the situation. Individuals who seek guidance and support will discuss their problems and stressors with others and attempt to gain insight and knowledge, or support in dealing with the problem. Individuals who identify the coping response of problem-solving will tend to deal with their problems by taking the appropriate action.

In the avoidance responses, the individual will generally fail to deal with the problem but will attempt to alleviate the stressor by using other methods. By identifying cognitive avoidance, the respondent indicates that they deal with stress by trying to not think about the problem. If the respondent identifies that they predominantly use the acceptance or resignation coping response, they will usually just accept the problem and its consequences without attempting to deal with the problem. The individual who identifies that he or she seeks alternative rewards indicates that he or she will try to get involved in substitute activities that will provide other sources of satisfaction. Lastly, if

the respondent identifies emotional discharge as the most predominant coping response, he or she indicates that they deal with stress by expressing feelings of negativity.

In most cases, researchers have used two approaches to identify coping responses. One approach identified the orientation or focus of the coping response. This was termed as problem-focused or emotion-focused. A second approach emphasized the method of coping, either cognitive or behavioral (Folkman & Lazarus, 1984; Roth & Cohen, 1986).

The CRI-Adult addresses both of these approaches. The inventory first considers the individual's orientation and then divides the identified coping response into the approach or avoidance categories. Approach-coping is generally considered to be problem-focused. It reflects the individual's cognitive and behavioral attempts to control or resolve the stressful situation. Avoidance coping is usually considered to be emotion-focused and reflects the individual's cognitive or behavioral attempt to avoid or deny the stressful situation (Moos, 1993).

The reliability coefficients of the CRI-Adult range from .58 to .74, indicating moderate to high internal consistency for the test. The CRI-Adult is considered to be valid and has been used extensively by researchers (Davis, 1992; Davidson, Dew, Penkower, Becker, Kingsley & Sullivan, 1992; Evans & Dunn, 1995; Finney & Moos, 1995). Content and face validity were established by formulating definitions for each specific domain. Items were then prepared to fit the construct definitions. The specific items were chosen that related conceptually and that had been shown empirically to relate to each dimension. The form was then revised using two conceptual criteria (comparability and item meaningfulness) and three empirical criteria (item distribution, item relatedness and subscale independence). Validity for the CRI-Adult was

established in a normative sample of 1900 participants. The sample consisted of alcoholic, depressed and arthritic patients that were compared to healthy controls. According to the authors, the specific scales could discriminate between the clinical groups. The authors also related coping responses with functioning outcomes. It was found that approach strategies identified by the instrument were associated with positive resolution of the stressors (Moos, 1992).

Additional studies have demonstrated that the CRI-Adult differentiated the coping styles between problem and non-problem drinkers (Moos, Brennan & Moos, 1991). The instrument has also been shown to differentiate between alcoholic and case controls, as well as depressed patients and case controls (Brennan & Moos, 1991; Moos, Brennan, Fondacaro & Moos, 1990). Therefore, the instrument is believed to be psychometrically sound and applicable to this study.

### **Procedure for Data Collection**

#### ***Human Rights Preservation***

This study received an exemption from the Institutional Review Board of West Virginia University. The researcher obtained permission from appropriate faculty prior to the initiation of this study in the faculty's classroom. Each participant was assured confidentiality, privacy and anonymity. It was explained that participation is voluntary and one's grade or graduation status would not be jeopardized if they chose not to participate.

#### ***Method of Administration***

This study utilized self-reported questionnaire survey procedures (Johnson & Christenson, 2000; Kerlinger, 1973). After obtaining permission from the faculty, the

researcher visited appropriate junior and senior level classes. Individual packets were given to each participant. The packet included a cover letter explaining the purpose of the research and assured anonymity. The packet also included the demographic tool, the Perceived Stress Scale and the Coping Responses Inventory.

The participants were asked to place the completed questionnaires in a sealed envelope. The faculty member or researcher then collected the packets.

To increase the response rate, the researcher obtained the names from the faculty of students not present on the day that the survey was conducted. These students were mailed a packet containing the aforementioned tools. The packet contained a self-addressed stamped envelope so that the student could return the survey instruments back to the researcher.

### **Data Analysis**

Responses from the PSS were hand scored by the researcher. PSS scores were obtained by reversing the order of the responses on the items that are positively worded, such as "In the last month, how often have you felt confident about your ability to handle your personal problems?" A total PSS score was obtained by summing all ten items. The higher total PSS score indicated that the participant had a higher level of perceived stress than participants that indicated a lower total PSS score.

The results from the CRI-Adult were also hand scored by the researcher. Raw scores, based on the participants responses, were determined for each scale - Logical Analysis (LA), Seeking Guidance and Support (SG), Positive Reappraisal (PR), Problem-solving (PS), Cognitive Avoidance (CA), Seeking Alternative Rewards (SR), Acceptance or Resignation (AR) and Emotional Discharge (ED). The scales with higher scores

indicated a reliance of the respondent on that coping strategy. The responses were also categorized to determine if the respondent is primarily utilizing approach or avoidance strategies.

Results from the PSS and CRI-Adult were analyzed using descriptive and inferential statistics. Analysis of Variance (ANOVA) was used to calculate the differences in perceived stress levels of the students from different programs as well as the differences in coping responses. ANOVAs are used to compare the means of two or more groups (Johnson & Christenson, 2000). Correlational analysis was performed on all variables using the Pearson's Product-Moment Correlation Coefficient. An ANOVA was also used to compare responses addressing the variables containing more than two categories. A Dunnett's post hoc test was used to determine the location of the differences.

### **Summary**

The procedures in this chapter were used to determine if there is a difference in the perceived stress levels (as measured by the PSS) and coping styles (as measured by the CRI-Adult) of junior and senior students in nursing and social work programs. All junior and senior level students in nursing and social work programs at the selected university were surveyed. The instruments that were used were reliable and valid. Appropriate statistical procedures were used to determine the significance of the results of the study.



## CHAPTER IV

### Presentation and Analysis of Data

The purpose of this study was to determine if there is a difference in the perceived stress levels and the coping styles of junior and senior students in nursing and social work programs. The results of this study will be presented in this chapter.

The chapter will begin with descriptive statistics. Second, the chapter will present the analysis of the data which will include the major and ancillary findings. This data will be presented as it relates to each of the research questions. The chapter will conclude with a summary of the findings.

#### *Descriptive Statistics*

The population of this study consisted of junior and senior students enrolled in clinical courses or preparing to begin clinical courses in nursing and social work programs at a selected university. The total number of respondents was 122. The sample consisted of 89 nursing students and 33 social work students.

The sample of nursing students contained 79 generic students and ten registered nursing students. There were 41 juniors (46%) and 47 senior students (47%). The population was predominantly female, with 77 female (86.5%) and 12 male students (13.5%). Although the respondents ranged in age from 20 to 47 years of age, the majority of students were between 21 and 23 years old (68%), with a mean age of 24.865. Most of the students were single (68.5%), with only five (5.6 %) of the respondents reporting that they were divorced and 23 (25.8%) respondents reporting that they were married. Fifty-two (58%) nursing students reported that they were employed more than ten hours per

week, while 23 (25.8%) reported working less than ten hours per week. Fourteen (15.7) of the respondents reported that they were unemployed.

Demographic data from the social work students was similar to that of the nursing students. The social work students reported that 13 (39.4%) of the respondents were juniors and 20 (60.6) of the respondents were seniors. Although, the age of the social work students also ranged from 20 to 47 years of age, the greatest majority of students (47%) were between the ages of 21 and 23, with a mean age of 25.387. Similarly to the nursing students, the social work students identified the largest number of students to be female. Twenty-eight students (84.8%) were female, while only five (15.2%) respondents were male. The social work students reported that 22 (66.7%) were single, three (9%) were divorced, and eight (24%) reported being married. Twenty-two (66.7%) of the social work students reported working more than ten hours a week. One (3%) social work student reported working ten hours or less a week, while ten (30%) reported being unemployed. This data is presented in Tables 1 - 7.

*Table 1*  
***Frequency Distribution by Program***

Program	Frequency	Percent
Nursing Students	89	73
Social Work Students	33	27
Total	122	100

*Table 2*  
***Frequency Distribution of Nursing Students by Program Type***

Program	Frequency	Percent
Generic Students	79	88.8
RN Students	10	11.2
Total	89	100

*Table 3*  
***Frequency Distribution by Class***

Class	Nursing Students		Social Work Students	
	Frequency	Percent	Frequency	Percent
Junior	41	46	13	39.4
Senior	47	52.8	20	60.8
No Response	1	1.1	0	0
Total	88	100	33	100

*Table 4*  
***Frequency Distribution by Age***

Age	Nursing Students		Social Work Students	
	Frequency	Percent	Frequency	Percent
20	6	6.7	3	3.1
21	16	18	7	21.2
22	18	20.2	3	9.1
23	18	20.2	3	9.1
24	5	5.6	2	6.1
25	6	6.7	1	3.0
26	1	1.1	1	3.0
27	1	1.1	0	0
28	0	0	1	3.0
30	4	4.5	0	0
31	0	0	1	3.0
32	2	2.2	1	3.0
33	2	2.2	2	6.1
34	2	2.2	1	3.0
36	1	1.1	0	0
38	2	2.2	0	0
39	1	1.1	0	0
42	1	1.1	1	3.3
44	1	1.1	0	0
47	1	1.1	1	3.0
<b>Totals</b>	<b>89</b>	<b>100</b>	<b>33</b>	<b>100</b>

*Table 5*  
***Frequency Distribution by Gender***

Gender	Nursing Students		Social Work Students	
	Frequency	Percent	Frequency	Percent
Male	12	13.5	5	15.2
Female	77	86.5	28	84.8
Totals	89	100	33	100

*Table 6*  
***Frequency Distribution by Marital Status***

Marital St.	Nursing Students		Social Work Students	
	Frequency	Percent	Frequency	Percent
Single	61	68.5	22	66.7
Divorced	5	5.6	3	9.1
Married	23	25.8	8	24.2
Totals	89	100	33	100

*Table 7*  
***Frequency Distribution by Hours of Employment***

Employment	Nursing Students		Social Work Students	
	Frequency	Percent	Frequency	Percent
Not Employed	14	15.7	10	30.3
Employed < 10 hrs\week	23	25.8	1	3.0
Employed > 10 hrs\week	52	58.4	22	66.7
Totals	89	100	33	100

#### **Statistical Analysis of Data**

This study was conducted using three instruments. The first was a demographic tool developed by the researcher. The second tool was the Perceived Stress Scale (PSS) developed by Cohen (Cohen et al., 1983). The third tool was the Moos Coping Responses Inventory-Adult Form (CRI-Adult) (Moos, 1992).

The PSS is a scale used to measure an individual's perception of stress. It consists of ten questions designed to identify how unpredictable, uncontrollable or overloaded the respondent has found his or her life to be within the last month, preceding completion of the instrument. The PSS is scored by reversing responses to the four positively stated items (items 4, 5, 7, and 8) and then summing across the scales. A higher score indicated a higher level of perceived stress.

The Moos Coping Responses Inventory-Adult Form (CRI-Adult) was used to identify the coping styles of the respondents. This tool uses a 48-item self-report measure of coping responses. The CRI-Adult measures eight different types of coping

responses to stressful situations. The responses are divided into eight scales - Logical Analysis (LA), Seeking Guidance and Support (SG), Positive Reappraisal (PR), Problem-solving (PS), Cognitive Avoidance (CA), Seeking Alternative Rewards (SR), Acceptance or Resignation (AR) and Emotional Discharge (ED). The first four scales measured approach-coping and the second set of scales measured avoidance coping strategies. The questionnaires were hand scored. Responses were categorized into the eight subscales. The higher response in each category indicated the individual's reliance on that type of coping response.

The Statistical Package for Social Sciences (SPSS) was used to analyze the data in this study. Analysis of Variance (ANOVA) was used to calculate the differences in perceived stress levels of the students in the different programs as well as the difference in the coping styles. Pearson's Product-Moment Correlation Coefficient was used to determine the relationship between the demographic variables.

### **Major Findings**

The major findings of this study are presented in relation to the previously identified research questions. The Statistical Package for Social Sciences was used to perform analysis of data. An ANOVA was used to calculate the differences in the means of each group. An alpha level of .05 determined the level of significance.

#### ***Research Question One***

*Is there a significant difference in the perceived stress levels of junior and senior nursing students and the perceived stress levels of junior and senior social work students?*

As shown in Table 8, a significant difference was noted in the perceived stress of nursing and social work students. The nursing student's responses on the PSS yielded a mean score of 20.69. The social work student's responses on the PSS yielded a mean score of 25.03. An ANOVA yielded an F-ratio of 10.44, with a probability value of .002. This indicates that the social workers identified a significantly higher level of perceived stress than did the nursing students.

*Table 8*  
*Analysis of Variance Data for Perceived Stress Scale*

Source	df	SS	MS	F	p.
Between Groups	1	451.455	451.455	10.444	.002*
Within Groups	119	5143.686	43.224		
Total	120	5595.140			

\*significant (p.< .05)

***Research Question Two***

*Is there a significant difference in the coping styles of junior and senior nursing students and junior and senior social work students?*

As shown in Table 9, a significant difference was noted in three categories of coping styles identified by the CRI-Adult. The first four categories identify approach methods and the second four categories identify avoidance methods.

The first category to be identified was Logical Analysis (LA). A significant difference in the responses of the nursing and social work students was identified. The nursing students identified a mean score of 13.238, while the social work students identified a mean score of 11.666. An ANOVA yielded an F-ratio of 6.283, with a



probability value of .014. Therefore, the nursing students indicated that they tend to use the coping response of logical analysis more often than the social work students.

The second category to be identified was Positive Reappraisal (PR). No significant difference was noted in the responses in this category. The mean score from nursing students was 12.159. The mean score from social work students was 12.272. An ANOVA yielded an F-ratio of .020, with a probability value of .889. This means that neither group identified using this coping response more than the other group.

The third category to be identified by the CRI-Adult was Seeking Guidance and Support (SG). A significant difference was identified in the responses from this category. The mean score from the nursing students was an 11.840, while the mean score from the social work students was a 10.454. An ANOVA yielded an F-ratio of 5.523, with a probability value of .020. Once again, the nursing students tend to use this coping response more than the social work students.

The fourth category identified by the CRI-Adult was Problem-solving (PS). No significant difference was noted in the responses from this category. The mean score from the nursing students was 12.147. The mean score from the social work students was 11.606. An ANOVA yielded F-ratio of .438. The probability value that was identified was a .509. Hence, neither group uses this response significantly more than the other group.

The fifth category listed in the CRI-Adult was Cognitive Avoidance (CA). A statistical difference was noted in this category. The mean score identified by the student nurses was a 7.85. The mean score identified by the social work students was a 10.21. An ANOVA yielded an F-ratio of 8.307, with a probability value of .005. The social

work students tend to use this coping response significantly more than the nursing students.

The sixth category in the CRI-Adult was Acceptance or Resignation (AR). Once again, no significant difference was noted in the responses from this category. The mean score identified by the nursing students was 7.9, while the mean score from the social work students was a 9.33. An ANOVA documented an F-ratio of 2.538 and a probability value of .114. Therefore, no significant difference is seen in the use of this coping response by either group.

The seventh category in the CRI-Adult was Seeking Alternative Rewards (SR). No significant difference was noted in the responses from this category. The mean score identified by the nursing students was 6.65, while the social work students identified a mean score of 6.9. An ANOVA indicated an F-ratio of .084 and a probability value of .773. Once again, no significant difference can be found in the use of this coping response between the groups.

The eighth and last category in the CRI-Adult was that of Emotional Discharge (ED). No significant difference was identified in the responses from this category. The mean score identified by the nursing students in the Emotional Discharge category was a 7.18, while the mean score from the social work students was an 8.06. An ANOVA yielded an F-ratio of 1.464, with a probability value of .229. The nursing and social work students identified no significant difference in the use of this coping response.

Given the foregoing, the results indicate that the nursing students scored significantly higher in two of the categories that indicate a coping style that uses approach strategies to dealing with stress. These categories were Logical Analysis (LA)

and Seeking Guidance and Support (SG). Additionally, the nursing students scored significantly lower in the category of Cognitive Avoidance (CA), which is a category indicating an avoidance coping style of dealing with stress. No post hoc analysis was indicated as the independent variable had only two categories, nursing students and social work students (Johnson and Christenson, 2000).

*Table 9*  
*Analysis of Variance Summary of Coping Responses*

Source	Df	SS	MS	F	p.	
LA	Between Groups	1	59.306	59.306	6.283	.014*
	Within Groups	119	1123.322	9.440		
	Total	120	1182.628			
PR	Between Groups	1	.310	.310	.020	.889
	Within Groups	119	1876.318	15.767		
	Total	120				
SG	Between Groups	1	46.128	46.128	5.523	.020*
	Within Groups	119	993.955	8.353		
	Total	120	1040.083			
PS	Between Groups	1	7.042	7.042	.438	.509
	Within Groups	119	1912.958	16.075		
	Total	120	1920.000			
CA	Between Groups	1	133.653	133.653	8.307	.005*
	Within Groups	119	1914.595	16.089		
	Total	120	2048.248			

Source		Df	SS	MS	F	p.
AR	Between Groups	1	44.876	44.876	2.538	.114
	Within Groups	119	2128.231	17.683		
	Total	120	2149.107			
SR	Between Groups	1	1.500	1.500	.084	.773
	Within Groups	119	2128.500	17.887		
	Total	120	2130.000			
ED	Between Groups	1	18.534	18.534	1.464	.229
	Within Groups	119	1506.970	12.664		
	Total	120	1525.504			

\* significant (p.< .05)

### ***Research Question Three***

*Is there a significant correlation between the variables of age, gender, marital status, employment, or RN student and the perceived stress levels or coping styles of students in the designated programs of nursing and social work?*

The Pearson's Product-Moment Correlation Coefficient was used to determine if significant relationships exist between the demographic variables of age, gender, or RN students and the perceived stress levels or coping styles of the nursing or social work students. No significant correlations were identified.

The demographic variables of marital status and employment had three categories. An ANOVA was used to analyze these categories. No difference was noted in the means of employment. A significant difference was noted, however, in the

categories of marital status within the coping strategy of Emotional Discharge. The single students indicated a higher reliance on this coping strategy than the married students did. The F-ratio indicated a value of 4.715, with a probability value of .011. These results can be seen in Table 10. A Dunnett's post hoc analysis indicated a significant difference in the means of the single and married group. The probability value equaled .018.

*Table 10*  
***Analysis of Variance Summary of Marital Status and Emotional Discharge***

Source	Df	SS	MS	F	p.
Between Groups	2	16.854	56.446	4.715	.011*
Within Groups	118	1412.612	11.971		
Total	120	1525.504			

\* significant at p. <.05

### **Ancillary Findings**

As seen in Table 11, it is interesting to note that a significant positive correlation was noted in the respondent's PSS scores and the categories of the CRI-Adult of Logical Analysis, Positive Reappraisal and Problem-solving. These categories are identified by Moo's (1993) as approach-coping strategies. A significant negative correlation was noted in the correlation of PSS scores and the CRI-Adult categories of Cognitive Avoidance, Acceptance or Resignation and Emotional Discharge. These categories were identified by Moos' (1993) as avoidance coping strategies. These results indicate that in this study, students that rely on approach-coping strategies will tend to have lower perceived stress levels than those that rely on avoidance coping strategies.

*Table 11*  
**Correlation Analysis Between CRI-Adult and PSS Scores**

Statistical Test-Pearson's r	N	Correlation Coefficient	Significance
Logical Analysis	120	-.190*	.038
Positive Reappraisal	120	-.190*	.038
Seeking Guidance and Support	120	-.125	.174
Problem-solving	120	-.192*	.036
Cognitive Avoidance	120	.328*	.000
Acceptance or Resignation	120	.292*	.001
Seeking Alternative Rewards	120	-.111	.228
Emotional Discharge	120	.418*	.000

\*significant at the 0.05 level

### Summary

The purpose of this study was to determine if there is a difference in the perceived stress levels and coping styles of junior and senior students in nursing and social work programs. The sample consisted of 89 nursing students and 33 social work students. The research was accomplished through survey procedures. The survey used three instruments. One instrument addressed demographic variables. A second instrument identified the respondent's perceived stress levels and a third addressed the respondent's coping responses.

Descriptive and inferential statistics were used to describe and analyze the data. The Statistical Package for Social Sciences (SPSS) was used to determine frequency distributions, ANOVA and Pearson's Product-Moment Correlations.

A significant difference was determined to exist between the perceived stress levels of junior and senior nursing students and junior and senior social work students. The social work students indicated a higher level of perceived stress than did the nursing students.

A significant difference was also identified in the coping responses of nursing students and social work students. The nursing students identified that they use approach strategies of logical analysis and seeking guidance and support more often than social work students. Social work students identified using the avoidance strategy of cognitive avoidance.

Lastly, no correlations were identified between the demographic variables of class, age, gender or type of RN student and the perceived stress levels or coping styles. An analysis of variance indicated no significant difference based on the variable of hours of employment. A significant difference was noted in the variable of marital status and the coping strategy of emotional discharge. A Dunnett's post hoc test identified the differences to be between single and married students.

## **CHAPTER V**

### **Summary, Conclusions and Recommendations**

This chapter will address the summary, conclusions and recommendations of the study. This chapter will contain a summary of the purpose of the study, as well as a summary of the procedures, descriptive data and the findings. The chapter will conclude with the conclusions, recommendations and implications.

#### **Summary of Purpose**

The purpose this study was to determine if a significant difference exists in the perceived stress and coping styles identified by junior and senior students in nursing and social work programs at a selected university. The study of this phenomenon can have important implications for administrators in higher education as perceptions of high stress levels can lead to poor academic performance, attrition, depression and even serious health problems in college and university students (Pengilly & Dowd, 2000; Misra, McKean, West & Russo, 2000; Hudd, Dumlao, Erdman-Sager, Murray, Phan, Soukas, & Yokozuka, 2000).

#### **Summary of Procedures**

The population for this study consisted of 122 junior and senior level college students in the nursing and social work program at a selected university during the 2001 - 2002 or 2002 - 2003 academic years. All students were either in clinical courses or preparing to begin clinical courses. The sample consisted of 89 nursing students and 33 social work students.

The demographic questionnaire was developed by the researcher. The demographic tool was paper and pencil questionnaire designed to identify personal



characteristics that might have an effect on the dependent variables of perceived stress and coping styles. The tool identified the independent variable, which is the program that the student is enrolled in, either nursing or social work. The demographic tool also identified other variables suggested by the literature such as age, gender, marital status, whether the student is employed, whether the student's class status is a junior or a senior, and lastly, if the nursing student is a generic student or a Registered Nurse (RN) student.

The second tool used was the Perceived Stress Scale (PSS) developed by Cohen (Cohen et al., 1983). The PSS was a ten-item questionnaire that asked the students to identify how unpredictable, uncontrollable or overloaded their lives have been in the month preceding completion of the questionnaire.

The third tool used in this study was the Moo's Coping Responses Inventory (CRI-Adult). This tool consisted of 48 questions designed to determine the respondent's predominant coping responses.

Each of these tools was placed in a packet by the researcher along with a cover letter. After obtaining permission from the faculty, the researcher visited all appropriate classes to distribute the questionnaires. After completing the instruments, the respondents were asked to place them in a sealed envelope and return them to the faculty member or researcher.

Responses from the PSS and CRI-Adult were hand scored by the researcher. Data was then analyzed using the Statistical Package for Social Sciences. Descriptive and inferential statistics were generated. An alpha level of .05 was used to establish statistical significance.

### **Summary of Descriptive Data**

The population was composed of 89 nursing students and 33 social work students. All participants were projected to graduate in the 2000 - 2001 or the 2001 - 2002 academic years. The other demographic data consisted of variables identified by previous researchers that might have an influence on the dependent variables of perceived stress and coping style. These demographic variables included type of program, class, gender, age, marital status and hours of employment.

The nursing students consisted of 79 generic students and ten RN students. There were 41 juniors and 47 senior students participating in the study. The nursing respondents were predominantly female, with 77 being female and 12 being male. The sample ranged in age from 20 to 47 years of age, but the majority of nursing students was between the age of 21 and 23 years of age. Most of the nursing students reported being single, with only 23 students reporting that they were married and five nursing students reporting that they were divorced. In response to the question on hours of employment, 52 nursing students reported that they work more than ten hours a week, 23 reported working less than ten hours per week and 14 reporting they were unemployed.

The demographic characteristics of the social work students were very similar to those of the nursing students. The social work students reported that 13 of the respondents were juniors, while 20 of the respondents were seniors. The age of the social work students also ranged from 20 to 47 years of age, as did the majority of students reporting being 21 to 23. The social work students were predominantly female, with 28 respondents reporting being female and only five respondents identifying themselves as male. Most of the social work students were single, with 22 reporting they were not

married, eight reporting being married and three reporting being divorced. On the question of employment, 22 social work students reported working more than ten hours a week, one reporting working less than ten hours a week and ten being unemployed.

### **Summary of Research Findings**

The research findings of this study will be presented as they relate to the previously identified research questions. The findings will also be compared to the findings of other researchers.

#### ***Research Question One***

*Is there a significant difference in the perceived stress levels of junior and senior level nursing students and junior and senior level social work students?*

Both groups identified in this study reported high levels of perceived stress. A significant difference was noted, however, in the perceived stress reported by junior and senior nursing students and the junior and senior social work students. The social work students, however, reported a higher level of perceived stress.

This finding supports the previous research conducted by Carter (1982). Although Carter reported that all college students report high perceived stress levels as well as similar symptoms of distress, she found that nursing students did not report higher stress levels than other students. Carter's study focused on nursing students and liberal arts students.

On the other hand, these results do not support the results of Rosburg (1988). Rosburg's research compared the anxiety levels of general college students and students enrolled in programs for the occupational groups of police officers, firefighters and nurses. Rosburg's hypothesis was supported that the nursing students would report the

highest level of state anxiety. This indicated that the nursing students perceived the highest level of stress during their schooling.

### ***Research Question Two***

*Is there a significant difference in the coping styles of junior and senior nursing students and junior and senior social work students?*

The Moo's Coping Responses Inventory identified eight categories of coping responses. A significant difference was noted in three of the eight categories.

The first category that was identified as having a significant difference in responses was that of Logical Analysis. The individual that uses logical analysis as a coping style will approach the stressor by trying to analyze the situation and respond to it in a logical manner. The nursing students reported using this coping style more frequently than the social work students.

The second category that was identified as having a significant difference in responses was that of Seeking Guidance and Support. The individual that uses this coping style will seek guidance and support from family, friends or mentors in response to a stressful situation. Once again the nursing students reported a higher reliance on this coping style than the social workers did.

The third category that was identified as having a significant difference in responses was that of Cognitive Avoidance. The individual that uses this coping style will attempt to avoid the stressor, rather than dealing with it directly. The social workers reported a higher reliance on this coping style than the nurses.

These results indicate that nursing students will use coping styles that rely more on an approach strategy than the social work students will. Although no research was

found comparing the two groups, these results support previous research on the coping styles of nursing students.

Mahat (1998) and Carter (1982) identified that nursing students will predominantly use approach-coping strategies, which include problem-solving and seeking social support. These studies also support previous research conducted by Mahat (1996) that identified that nursing students will most frequently cope by seeking emotional support from others.

It is also interesting to note that Jones and Johnston (1997) identified that nursing students who score high on direct or approach-coping strategies will usually report a lower level of perceived stress. Conversely, students that reported high levels of stress identified lower direct coping scores. These findings are supported by the current research in that the nursing students reported a lower perceived stress level and a greater reliance on approach-coping styles. The social work students, on the other hand, identified higher perceived stress levels, but lower reliance on approach-coping strategies.

### ***Research Question Three***

*Is there a significant correlation between the variables of age, gender, marital status, employment or RN student and the perceived stress or coping styles of students in the designated programs of nursing and social work?*

No significant correlations were noted between the demographic variables and the perceived stress or coping styles of students in the nursing or social work programs. Pearson's Product-Moment Correlation Coefficient was used to determine significant correlations. An ANOVA was used to examine the variables of marital status and hours

of employment, since they have more than two categories. No significant relationships were noted in the variable of employment. The ANOVA did indicate a significant difference in the variable of marital status. A Dunnett's post hoc analysis identified the difference in the means to be between single and married students. The single students identified that they use the coping strategy of emotional discharge more often than the married students. This indicates that the single students express negativity more often than the married students.

The findings in this research do not support previous research regarding age. Pagana (1988) and Beck (1995) both found that age may have an impact on a student's perception of stress or coping style. The majority of students in both groups were between the ages of 21 and 23. This imbalance in ages might have affected the results.

The research of Hudd, et al. (2000) and Misra and McKean (2000) found that female students would usually report higher levels of stress and more physiological reactions to stress than their male counterparts. This research does not support that finding.

Lengacher's research was somewhat ambivalent on the subject of whether an individual's marital status would effect his or her perception of stress (Lengacher, 1993). Lengacher found that married students often report role strain from attempting to fill multiple roles such as wife, parent and student. She also found, however, that a supportive spouse could be instrumental in a married students success. Gray (2001) found that more than half of the nursing students participating in a research study in the United Kingdom, would become divorced before finishing the program.

The current research found no significant difference in the perceived stress levels of students based on marital status but did identify a difference in coping styles of these students. It is a possibility that single students have more time to focus on negativity, while the married students have multiple roles and concerns that will preoccupy their time. Additionally, single students may spend more time with their peers from school that would understand their concerns, whereas married students will spend more time with their spouses who may not understand the problems that arise from nursing school. Once again, the imbalance in the groups may have affected the results.

The current research does not support the finding that student's who are employed will experience a higher level of stress than student's who are unemployed. Beck and Srivistava (1991) found that students that are employed would report more perceived stress because these students find it difficult to set priorities and to meet deadlines in light of conflicting responsibilities.

Previous research on generic and RN students has yielded conflicting results. Beck and Srivistava (1991) found that RN students have lower levels of perceived stress. They believe this is because these students will usually have previous life experiences that will act as a buffer to lessen the shock of adapting to new situations. They may also have clinical experience that can be a significant stressor to generic students. Conversely, Beck and Srivistava (1991) and Patton and Goldenberg (1999) identified that RN students have stressors that are unique to their situation. This can include the adjustment to a university setting, using computers or redefining their professional identities. This research supports that both generic and RN students experience high

levels of stress with no significant differences based on whether they are a generic student or a RN student.

### **Conclusions**

The following conclusions were reached based upon review analysis of data in this study:

1. Nursing students and social work students report a high level of perceived stress.
2. The results of this study indicate that social work students report a higher perceived stress level than nursing students.
3. Nursing students report more reliance on approach-coping styles than the social work students.
4. Individuals that identify an approach-coping style will generally report a lower perception of stress (Mahat, 1998).
5. The literature supports that the demographic characteristics of age (Pagana, 1988; Beck, 1995), gender (Hudd et al., 2000; Misra & McKean, 2000; Peden et al., 2001; Sarafino & Ewing, 1999), marital status (Gray, 2001; Lengacher, 1993), hours of employment (Beck & Srivistava, 1991) and whether the student is a generic or RN student ( Beck & Srivistava, 1991; Patton & Goldberg, 1999), may have an affect on the dependent variables of perceived stress and coping style. The results of this study do not support this.

### **Recommendations**

The following recommendations are suggested by the results of this research:

1. Nursing and social work faculty should implement comprehensive stress management programs during student's freshman year and continuing until



- graduation. These programs should emphasize study skills, time management, healthy lifestyles and effective coping styles.
2. Faculty of nursing and social work programs need to explore strategies to improve the student-faculty relationship. Faculty need to develop trusting, supportive relationships with students to enhance the student's academic progress, self-esteem and feelings of competence.
  3. Faculty of both programs need to recognize the needs of the non-traditional student and to explore strategies to facilitate the transition to higher education.
  4. Faculty should attempt to coordinate assignments and examinations so that due dates can be staggered. Many students expressed this as a concern when turning in the questionnaires.
  5. To address a student's perception of role inadequacy, ample practice time and support should be allotted to psychomotor skills, prior to applying the skill to an actual patient.
  6. Peer support groups should be established in both programs.
  7. Efforts should be made to identify at-risk students as early as possible. These students should be referred to student support services for tutoring, counseling or financial aid.

### **Implications**

The following are implications for future research:

1. This research should be replicated on a regional or a national basis. The population should be larger and more diverse to improve the generalizability of the findings.

2. This research should be expanded using students in other healthcare professions such as communication disorders, medical technology and psychology.
3. Additional research should be conducted expanding the population to freshman and sophomore students.
4. The perceived stress levels and coping styles of students in associate degree programs should be examined.
5. Further research should be conducted on faculty behaviors and teaching styles that students identify as increasing their perceptions of stress.

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## Appendix A

### Permission to Survey Nursing Students

### Permission to Survey Nursing Students



College of Nursing and Health Professions

TO: Robin Walton, MSN, RN  
Associate Professor  
College of Nursing and Health Professions

FROM: Dr. Lynne Welch  
Dean, College of Nursing and Health Professions

DATE: April 3, 2002

SUBJECT: Access to Students

This is to inform you that I grant permission to survey the students in the College of Nursing and Health Professions. I understand that this is to obtain data for your Doctoral Research pertaining to perceived stress and coping styles in nursing and social work students. I also understand that the confidentiality and anonymity of the students will be maintained and only reported as aggregate data.

## Appendix B

### Permission to Survey Social Work Students

#### Permission to Survey Social Work Students



Office of the Vice President for Health Sciences  
and Dean of the School of Medicine  
1600 Medical Center Drive, Suite 3400  
Huntington, West Virginia 25701-3655  
304/691-1700 Fax: 304/691-1726

To: Robin Walton, MSN, RN  
Associate Professor  
College of Nursing and Health Professions

From: Charles H. McKown, Jr., M.D.

Re: Access to Students

Date: April 3, 2002

This is to inform you that I grant permission to survey the students in the Social Work Program at Marshall University. I understand that this is to obtain data for your Doctoral Research pertaining to perceived stress and coping styles in nursing and social work students. I also understand that the confidentiality and anonymity of the students will be maintained and only reported as aggregate data.

## Appendix C

### Cover Letter

#### Cover Letter



Department of Advanced Educational Studies  
**West Virginia University**  
College of Human Resources and Education

APPROVED BY THE COLLEGE OF  
HUMAN RESOURCES & EDUCATION  
DATE

4/10/02

March 13, 2002

Dear Research Participant:

Thank you for agreeing to participate in my research study. The purpose of the study is to determine if there is a difference in the perceived stress levels and coping styles of junior and senior students in Nursing and Social Work programs.

Your participation in this study is completely voluntary. You do not have to respond to every question or item. Your responses will remain anonymous. If you choose not to participate in this study, it will in no way affect your grade, athletic status or progress toward graduation.

This study is being conducted as part of my doctoral program in Leadership Studies. I greatly appreciate your cooperation. Please complete the Perceived Stress Scale and Coping Responses Inventory and place them in the envelope that is provided. The packets will be collected after completion.

Thank you for your cooperation.

Sincerely,

Robin Walton

Educational Leadership Studies • Educational Psychology • Social and Cultural Foundations • Technology Education

(Phone) 304 293-3049 • (FAX) 304 293-2279 • PO Box 6122 Allen Hall • Morgantown WV 26506-6122  
Equal Opportunity / Affirmative Action Institution

**Appendix D**  
**Demographic Tool**

Program:	Nursing_____	Social Work_____	
If in Nursing:	Generic Student_____	RN Option_____	
Class Status:	Junior_____	Senior_____	
Age:	_____		
Gender:	M_____	F_____	
Marital Status:	Single_____	Married_____	Divorced_____
Employment Status:	Not employed_____		
	Employed less than 10 hrs/week_____		
	Employed more than 10 hrs/week_____		

## Appendix E

### Perceived Stress Scale

#### Perceived Stress Scale- 10 Item

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

3. In the last month, how often have you felt nervous and "stressed"?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

5. In the last month, how often have you felt that things were going your way?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

7. In the last month, how often have you been able to control irritations in your life?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

8. In the last month, how often have you felt that you were on top of things?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

9. In the last month, how often have you been angered because of things that were outside of your control?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

\_\_\_0=never \_\_\_1=almost never \_\_\_2=sometimes \_\_\_3=fairly often \_\_\_4=very often



Appendix F

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## Appendix G

### Robin L. Walton

188 Sandalwood Drive  
Huntington, WV 25705  
(304) 529-2057  
walton@marshall.edu

Associate Professor  
Marshall University  
College of Nursing and  
Health Professions  
Huntington, WV 25755

---

**Education**    **Ed.D. Candidate**, Doctor of Education in Higher Education Administration, Marshall University, Huntington, West Virginia, 2002.

**M.S.N.**, Master's of Science in Nursing, Bellarmine College, Louisville, Kentucky, 1990.

**B.S.N.**, Bachelor's of Science in Nursing, Marshall University, Huntington, West Virginia, 1987.

**A.D.N.**, Associate of Science in Nursing, Marshall University, Huntington, West Virginia, 1976.

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**Professional Experience**    **Associate Professor**  
Marshall University, College of Nursing and Health Professions  
1996 - present    Marshall University    Huntington, WV

**Assistant Professor**  
Marshall University, College of Nursing and Health Professions  
1992 -1996    Marshall University    Huntington, WV

**Instructor**  
Marshall University, College of Nursing and Health Professions  
1990 - 1992    Marshall University    Huntington, WV

**Staff Development**  
Mildred Mitchell Bateman Hospital  
1988 - present    Huntington, WV

**Director of Nursing**  
Huntington Hospital  
1986 - 1988    Huntington, WV

**Professional Experiences (cont.)**

**Nursing Supervisor**  
Huntington Hospital  
1982 - 1986

Huntington, WV

**Assistant Supervisor - Newborn Nursery**  
Huntington Hospital  
1980 - 1982

Huntington, WV

**Staff Nurse**  
Huntington Hospital  
1976 - 1980

Huntington, WV

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**Professional Organizations**

West Virginia Nurse's Association  
National League for Nurses'  
Sigma Theta Tau