Student Nurse Stress in the Preceptorship Experience

Olive Yonge, PhD, Cpsych, RN
Florence Myrick, PhD, RN
Mary Haase, BScN, RN

Student nurses appear to experience significantly more stress during their academic preparation than they do during the first year of employment. Preceptorship is among the most stressful of student experiences. It is within the context of a challenging and at times daunting work environment that two complete strangers (preceptor and student) strive to accommodate one another within a professional capacity. If the relationship between preceptor and student is less than successful, not only can it be frustrating and disheartening, but it can result in student stress and disillusionment about nursing and an inability to integrate and learn. Using a hypothetical case, the authors discuss the importance of student assessment, close communication between faculty and preceptors, and quick responses to student stress as a means by which to circumvent the serious potential of student burnout in the practice setting.

Understanding the Nature of Stress in the Student Practicum

Stress, a common life experience, is a double-edged sword. While it can stimulate individuals to great achievement, stress can also overwhelm and incapacitate them to the point of impairing their cognitive or mental functioning. Nurses are particularly vulnerable to the effects of stress and all its subsequent ramifications.3,4 The increased number of stress factors encountered in the student role, place nursing students at greater risk for developing mental health symptoms than the general population.5 Research has related student perceptions of negative experiences or stress in their educational environment to impairments in their physical and psychological health, their ability to interact with and learn from teachers, and ultimately their ability to provide compassionate patient care.6,8 For example, one report states that nursing students experience more stress than those students in other healthcare disciplines.7 This finding is believed to be related to the nature of a profession in which its practitioners are continuously expected to provide clients with emotional energy and support, frequently to the exhaustion of their own reserves.

Sources of Stress

Research has demonstrated that student nurses appear to experience significantly more stress during their aca-
demic preparation than they do during the first year of employment. The reasons for this occurrence are not entirely clear owing to the fact that little attention has been focused on the type of person entering nursing. Such knowledge would afford greater insight within this context. As well, rarely has the effect of the academic load of the student nurse been addressed within the backdrop of a research study. Indeed, it has been recognized that nurse educators need to examine more closely the web of curricular demands imposed on nursing students, particularly in relation to the notion of academic overload. It is reasonable to suspect, however, that the difficulty in balancing the demands of multiple roles as students, caregivers, friends, and parents may force some students “over the edge” and lead to a deterioration of mental or cognitive ability, depression, as well as episodes of psychotic behavior. Other contributory factors may include a lack of self-concept, limited family or social support, feelings of inadequacy, unrealistic self-perceptions, and inability to achieve long range goals. Certainly, it has been found that strained family relationships and increased self-critique are frequently indicators of an increased risk for mental health problems among student nurses.

Preceptorship and Stress

Preceptorship is among the most stressful student experiences, which includes students being placed in agencies and assigned to one or more staff members. It is within a challenging and at times daunting work environment that two complete strangers must strive to accommodate one another within a professional capacity. “They must work together on a one-to-one basis for extended periods of time in what may be considered to be one of the most demanding set of circumstances that can exist in the workplace setting.” Life and death situations must be confronted daily. If the relationship between preceptor and student is successful, it becomes beneficial to all those involved. Should it prove to be less than successful, not only can it be frustrating and disheartening but it can result in student disillusionment about nursing and an inability to integrate and learn.

Regardless of the year of the program, clinical placements greatly contribute to students’ perceived levels of stress. Students have reported experiencing extreme stress in times of increased responsibility when carrying out nursing duties, even though they realized that the ultimate responsibility rests with their preceptors. Many reasons can be posited for this occurrence: students may not be ready for preceptorship; they may be task-oriented and unaccustomed to critical examination; and/or they may miss the support to which they are accustomed in instructor-supervised clinical groups. Students may also experience difficulty in navigating a new agency, adjusting to a different teaching style, and developing the ability to quickly grasp the requirements of their placement, especially if they are not supported by the staff with whom they are working. Students traveling to other cities or out of country are confronted with the additional stressors of finding accommodation, orienting to new cultures and locations, and contending with the potential of financial constraints. When reality strikes, it would be fair to say that the majority of students are confronted with the distinct possibility of disillusionment regarding their romanticized notions of practice.

The beginning of a preceptorship program may be an especially stressful time. Students may feel alone in their placements with no one to whom they can turn for help. Others may be overwhelmed by the abundance of information they receive. Students must assess their preceptors quickly and endeavor to establish trusting, professional relationships. Also, the preceptors themselves may feel stressed by the responsibilities of supervision and the strain of establishing new relationships as well as the expansion of their own workloads. In situations of increased responsibility and limited time, nurses, at the best of times, find preceptoring students to be quite demanding. If they are coerced into the preceptor role they may feel resentful which in turn can negatively and directly affect the student experience. Conflict may result since the preceptor must also confront student strengths and weaknesses. Subsequently, there is always a risk that students may find their experiences, at best, inadequate or, at the least, disillusioning.

These developments suggest the importance of student readiness for the preceptorship practicum assignment. While generally students are assessed or screened for their suitability for particular placements, they are widely viewed as responsible adults who are able to select their own clinical experiences. Their selections are anticipated to enhance their immediate learning and ultimate growth as professionals. The role of the faculty program coordinator (hereafter called coordinator) may be to merely support or facilitate their decisions, rather than critically assess them. Moreover, criteria for student placement often focuses primarily on academic achievement, which may or may not correlate with their ability to cope with stress or the demands of specific situations. If coordinators are not acquainted with the students, they may not in turn be equipped to judge their resilience or vulnerability to mental illness or stress. In fact, it has been found that planning for preceptor supervision of students in the practice setting is noticeably lacking, with preceptors, for the most part, drawing on a variety of teaching strategies and techniques that are not focused in pedagogical thinking. As well, the unconventional approach of assigning students to more than one preceptor can place undue stress on students and preceptors alike. This undue stress can frequently precipitate situations in which students feel extremely overwhelmed, unable to cope effectively with their various clinical assignments, and unfortunately can ultimately result in burnout prior to completion of their educational program.

Burnout

One potential effect of excessive stress that sometimes occurs under the conditions of clinical placements, which Jill’s coordinator must consider, is burnout, which can be described as emotional and physical exhaustion. The reasons for an increase in workplace stress are complex and often determined by many factors.
Managing Student Stress

Jill’s coordinator asked her what had happened at the clinic. For a while Jill sat silently, then began to cry. Eventually she disclosed that she had been abused as a child and had requested placement at the clinic to help others who had experienced abuse. Three days into the rotation she had talked to a young woman who had really reminded her of her own situation. As it happened, Jill was a foster child who had been abused by her foster father. Having left her foster family to go to nursing school, Jill had purposely chosen a school at a considerable distance from home, but in doing so, however, she had isolated herself from the few friendships she had formed in secondary school.

The coordinator knew that it was not likely that Jill would be able to complete the clinical rotation because it would clearly add further to her stress. Her immediate goal, therefore, was to stabilize and support Jill, and to seek professional help for her. Wondering if Jill was safe to go home alone, she arranged for her to spend the night at an emergency crisis agency with overnight beds. After a week, when the coordinator saw her again, Jill was still sad and seemed depressed, but had checked herself into an outpatient program that focussed on women’s issues. Recognizing that she was in no condition to help other people until she helped herself, Jill withdrew from the nursing program on the understanding that she could re-enter the following semester if in the interim she sought counseling.

Jill’s story illustrates the kind of predicament that educators responsible for clinical placements may encounter when their students suffer stress. The coordinator has a dual responsibility to both agencies and students. While in Jill’s case it was fortunate that the coordinator was astute enough to recognize the dynamic that was occurring, questions of what to do in both the short term and long term remained. It was incumbent on the coordinator to be concerned with the well-being and safety of the student as well as her ability to complete the program. Nurse educators thus play a pivotal role in dealing with students in difficulty both prior to and following its occurrence. They need to consider the preventative and reactive aspects of crises situations in a placement experience, and more importantly they need to know when it is appropriate to intervene and when it is not, so other forms of support can be sought.

Assessing Students’ Readiness for Preceptorship

Competently managing students’ crises in clinical placements depends, in part, on adequate assessment of student readiness for the preceptorship experience and the provision of effective preparation. Potential problems need to be anticipated on an ongoing basis so that adjustments can be made. For example, the assessment and preparation of students for distance preceptorship assignments requires knowledge gained through formal and informal mechanisms. There are 2 assessment tools available in this area, Kolb’s Learning Style Inventory and Myers-Briggs Type Indicator, both of which offer insight into student interactions and assist coordinators in providing the necessary support and direction.

Informal mechanisms are needed, however, to assist in determining students’ motives for placement choices, assure coordinators that students will function well in a placement, and that learning objectives will be fulfilled. Neither objective criteria, such as high academic standing, subjective criteria, or proximity to support systems, will ensure that students can cope satisfactorily with their assigned clinical placements.

Coordinators, therefore, need to become familiar not only with programs and staff at practicum sites, but with the clientele as well. Also, they need to include inquiries into students’ placement wishes and objectives. The latter should be documented by students and, instead of accepted merely as written and formatted correctly, the placement should be fully discussed. Questions about any life experiences that might relate to the placement should be raised, and reasons for placement requests explored with those objectives and life experiences in mind. Perceptive coordinators could then detect which students have the affective, financial, behavioral, or cognitive resources to succeed, while at the same time being always sensitive to salient cues such as the way they look, act, and dress.

As well as the coordinator’s assessment of student readiness for placement, practicum experience requires ongoing support of students and preceptors both prior to and following the occurrence of any crises. Preceptors need to be afforded relevant written information such as course outlines, student objectives, and evaluation forms. Coordinators should maintain regular contact with student and preceptors. Such an approach would provide a direct means for them to express their concerns, and in turn allow for solutions or de-escalation of difficulties before full-blown crises arise. Sharing of information between coordinators and pre-
ceptrors would also facilitate ongoing student evaluation.

When stressful situations do arise, however, coordinators must be able to refer to guidelines that will allow them to effectively manage crises and ultimately support their students. They need to: a) understand the pain of the untreated psychological stress; b) adequately assess students who appear to be experiencing psychological stress; c) facilitate the student’s expression of feelings and thoughts; d) conduct debriefing periods after stressful clinical situations; e) encourage breaks during stressful care experiences; and f) foster stress-releasing activities.18 Situations beyond the coordinator’s abilities should be referred to appropriate professional services, such as counseling. This should be done, however, as discreetly as possible for the preservation of the students’ dignity and self-respect.18

Since it is clear that stress related psychological illnesses may adversely affect a student’s performance and well-being,19 mechanisms need to be developed to prevent or help individuals cope with such difficulties so that they may successfully complete their rotations or courses of study. It has been suggested that, to reduce the risk of burnout, stress management needs to be included in professional education to heighten student awareness of the effects of chronic anxiety and stress.19 As nursing professionals are educated to play an important part in society in the care of patients, nursing students are confronted also with the great responsibility of providing safe, effective, and supportive patient care. It is the preceptors and ultimately the coordinators, however, who have the greater challenge of teaching them how to do just that.

While coordinators bear a great deal of responsibility for their students, they cannot provide all of the support that students in difficulty might need. Most coordinators are not equipped to intervene to any great depth in a crisis such as the one experienced by Jill. Her coordinator, for example, recognized the probable nature of trouble, but knew she was not qualified to deal with the situation herself. Instead, she put Jill in contact with professionals who were better able to help. This particular illustration indicates how coordinators must recognize their own limitations, and support their students in crisis by assessing the kind of help needed and the subsequent mobilization required for appropriate social supports.

Social support plays an indirect role if a student is stressed in that it affects both the manifestation and outcomes of stress while acting as a buffering agent to the effects of stress. Both the social support network and the availability of resources are important. In fact, perception of the availability of resources can affect the onset, pattern, and outcome of mental distress through utilization of resources that will help alleviate some symptoms.20 Students recover better when families accept their illness. These students want someone who will empathize, rather than sympathize, with their situation and experiences.21 On the other hand, issues such as the sense of belonging and available support can precipitate stressors that in turn contribute to feelings of alienation.

Conclusion

Jill attended an outpatient program for victims of abuse for 16 weeks, after which her self-image was notably improved and some of her anger, sadness, and grief resolved. She no longer felt the need to work with other victims of abuse when she returned to complete her nursing program. She chose instead a geriatric setting for her final practicum.

Jill’s story reveals how scars from the past can conspire with the pressures of new responsibilities and learning roles to create a crisis in the practicum experience of the nursing student. It also illustrates how the understanding and preparation for the kinds of stresses faced by students in such circumstances can lead to successful resolutions. Keys to effective management of such issues are thus: thorough assessment of student readiness for clinical placement; close communication by the coordinator with preceptors and students throughout the practicum; and quick, insightful, and empathetic responses to crises that arise utilizing appropriate professional and social resources.

References

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