

Relationship between Stress and Psychological wellbeing among University Nursing Students

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Abstract: Nursing students are prone to stress due to the transitional nature of college life. Students are subjected to different kinds of stressors such as the pressure of academics with an obligation to succeed, an uncertain future and difficulties of integrating into the system. High levels of stress are believed to affect student's health and academic functions. The aim of this study was to explore the relation between stress and psychological wellbeing among university nursing students. A descriptive correlation, cross – sectional research design was utilized to conduct the current study. The study was conducted at faculty of nursing, Menoufia university. systematic random sample (200 students) from the above mentioned setting were recruited . Data were collected using (1): A structured interview questionnaire to assess; socio-demographic characteristics of nursing students. (2): Student nurse stress index. (3): Psychological wellbeing scale. The collected data were analyzed using SPSS version 16. Graphics were done using Excel program. Quantitative data were presented by mean (X) and standard deviation (SD). Qualitative data were presented in the form of frequency distribution tables as number and percentage. It was analyzed by chi-square (χ^2) test and Kruskal Wallis and test correlation coefficient is used to measure the direction and strength of the correlation between variables. The results revealed that, the mean age is (18.2±0.44), and most studied subjects were females (82%), The majority of studied subjects were single (98%), more than one third had moderate stress level, one third of the studied subjects (33%) had mild level of psychological wellbeing and there was highly statistically negative correlation between stress and psychological wellbeing of the studied subjects. **Conclusion:** there was highly statistically negative correlation between stress and psychological wellbeing of the studied subjects. **Recommendation:** Based on the results of this study it was recommend that: (1) Screening for high-risk students should be done and referral when necessary. (2) Guidance and counseling unit should be part of the faculty management system to help the students to discuss issues affecting their psychological wellbeing . (3)Replication of the study using a larger sample in different settings to generalize the results.

Keywords: Stress, psychological wellbeing, University nursing students.

1. INTRODUCTION

"Worldwide, 80% of college students have stress after exam, papers, and other assignments. Stress is considered to be a physiological reaction of an organism where diverse defense mechanism comes into play in order to confront a situation which is perceived as threatening or of increased demand. It is also defined as a particular relationship between the individual and the surroundings which is judged by him/her to be threatening or to overwhelm his/her resources and which puts his/her wellbeing at risk. Academic stress is very common among medical students globally causing mental and emotional pressure, tension, or stress that occurs due to the demands of college life and can in turn negatively affect academic performance" [1].

"Due to the complexity of nursing education and dealing with human boundaries, nursing students may face stressors like social, environmental, academic, emotional, personal, and family. These stressors might disturb the learning ability and academic performance of the students." [2].Although students do not have the same responsibilities as the nurses, they

need to adapt to a new model of life, taking on responsibilities such as studying, tests, practical classes and internships. In addition, there is a lack of adequate support for the pressures experienced in daily practice, and coping with death, all of which contribute to high levels of stress[3]. Nursing students may develop feelings of inadequacy regarding the activities required during professional education" [4].

"Excessive stress may have damaging effects on one's health. Stress may cause or worsen multiple diseases, including coronary artery disease, hypertension, inflammatory diseases, asthma, and lead to immunosuppression. An acute stress response activates the sympathetic nervous system which leads to an increase in heart rate, respiratory rate, blood pressure, muscle tension, brain activity, and a decrease in skin temperature. Prolonged perception of stress may affect cognitive function and lead to behavioral changes. Prolonged exposure to catecholamine released during activation of the sympathetic nervous system may also lead to an increased risk of cardiovascular diseases. Additionally, prolonged exposure to perceived stressors may result in stress-induced immunosuppression, in which the body's defenses can no longer meet the demands and the individual is at an increased risk for developing impaired psychological wellbeing and stress related illness" [5].

"Every nation aims for higher standards in psychological well-being and health care, which thus implies ongoing changes and health reforms around the world. Psychological well-being is considered as a balance between positive effect and negative effect. Positive well-being is an appraisal of the status of one's functioning and outcome along several distinct but interrelated dimensions including global, mental and physical healthfulness. Psychological well-being is a positive state of physical, mental and social well-being. It is not merely the absence of disease or infirmity" [6].

"Psychological Well-Being (PWB) is a multidimensional construct defined as people's overall evaluations of their lives and their emotional experiences. It includes cognitive and affective components, the cognitive component referring to subjective evaluation of life circumstances (life satisfaction), and affective component referring to the balance of positive and negative affects experienced over time (happiness). Research shows that higher PWB is associated with better functioning in various life domains such as health, longevity, income, productivity, individual and social behavior"[7].

"Psychological well-being is an essential aspect for nurses due to its effect on the patient care, patient-nurse relationship and health of other health professionals. good mental health of healthcare professionals and nursing staff is essential for hospitals to maintain the quality of patient's care [8]. Stress is reported to have a negative impact on mental health, as measured by insomnia, depression, psychological well-being, anxiety, etc. [9], found negative correlation between stress and psychological well-being". "In the academic setting, psychological well-being and stress have a relationship. [10], found academic stress to be a strong predictor of well-being in medical school students. The results of this study suggested that students who appraised school workload as stressful or threatening displayed lower levels of well-being"

2. SIGNIFICANCE OF THE PROBLEM

"The prevalence of stress among the population is increasing, and this fact is also constantly observed among nursing students. The prevalence of stress reaches 82.6%, confirming the need to study the factors related to this psychological state. Researchers have documented the prevalence of stress to be high among higher education students and this is even worse among health professional students. A systematic review of literature on stress among health professional students revealed high prevalence of stress ranging from 14.3% to 56% [9]. While these findings show high prevalence of stress, studies done particularly among health professional students in African universities have documented worrying levels of stress ranging from 21.6% to 86%" [11].

"The estimated prevalence of emotional disturbance was found in different studies to be higher in medical students than in general population. In three British universities, the prevalence of stress was 31.2%, whereas in a Malaysian medical school, it was 41.9%, and in a Thai medical school 61.4%. [12].

An Egyptian study [13] showed that 40.2% of nursing students reported high stress which was higher than other studies using different distress measures in both developed and developing countries. The importance of studying the stressors in nursing students lies in the deleterious effects on cognitive performance and health, i.e., the development of mental disorders such as depression, anxiety, eating disorders, sleep, and substance use. Also experience of stress can result in students experiencing ineffective communication and inefficient at work, decreasing the quality of health-care service [14]. so, this study is intended to assess the relationship between stress and psychological wellbeing among university nursing students

3. SUBJECTS AND METHODS

3.1 The Aim of the Study

The aim of the study is to assess the relationship between stress and psychological wellbeing among university nursing students

3.2 Research Question

- What are the levels of stress among university nursing students?
- What are the levels of psychological wellbeing among university nursing student?
- What is the relationship between stress and psychological wellbeing among university nursing students?

3.3 Research Design

Descriptive co-relational design was utilized to achieve the aim of the current study.

3.4 Research Setting

The study was conducted at faculty of nursing, Menoufia University

3.5 Subjects

Systematic random sample (200 students) from the above mentioned setting.

3.5.1 Inclusion Criteria Include

- A - First year university nursing students
- B - Both sexes
- C - Agree to participate on the study

3.5.2 Exclusion Criteria Include

- A - Any history of chronic physical illness as Diabetes mellitus and any history of psychiatric illness as depression because these illnesses may lead to high stress and low psychological wellbeing that interfere with results.
- B - Students who disagree to participate in the study

3.6 Instruments of the Study

Three tools were used in this study:

Tool (1): Semi-structured interviewing questionnaire:

It includes socio-demographic characteristics including: student's age, marital status, family number, and income.

Tool (2): Student nurse stress index:

This scale was developed by Jones & Johnston (1999) to measure the sources and levels of stress in student nurses. It was translated into Arabic by (Eldeeb and Eldosoky, 2016), then tested for content validity by the researcher. It consists of 22-items. Responses were rated on a 3-point Likert scale from 1-Not stressful to 3-Extremely stressful.

Scoring system:

- Score less than (34) mean low stress
- Score from (34 to 45) mean mild stress
- Score from (46 to 56) mean moderate stress
- Score from (57 to 66) mean high stress

Tool (3): Psychological wellbeing scale:

This scale was originally developed by Rosemary Abbott (2006) to assess Psychological wellbeing. It was translated into Arabic and validated by Al- Jammal (2013). It consists of 42 items covering six dimensions (Autonomy, Environmental mastery, Self-acceptance, Personal growth, Purpose in life, Positive relations with others). Responses were rated on a 3-point Likert scale labelled from 'disagree' to 'agree strongly'. High values indicate high psychological well-being

Scoring system:

Score less than (64) mean low psychological wellbeing

Score from (64 to 85) mean mild psychological wellbeing

Score from (86 to 106) mean moderate psychological wellbeing

Score from (107 to 126) mean high psychological wellbeing

It consists of six subscales:

1. Autonomy: 1,2,3 ,4,-5,-6,-7
2. Environmental mastery: 8,9,10, 11,-12,-13,-14
3. Personal growth: 15,16,-18,-19,-20,-21
4. Positive relation with others:22,23,24, 25,-26,-27,-28,
5. Purpose in life: 29,30,-31,-32,-33,-34,-35
6. Self-acceptance: 36,37,38,39,-40,-41,-42

• Note:

Q5, Q6, Q7, Q12, Q13, Q14, Q18, Q19, Q20, Q21, Q26, Q27, Q28, Q31, Q32, Q33, Q34, Q35, Q40, Q41, and Q42 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse scoring an item is:

$$((\text{Number of scale points}) + 1) - (\text{Respondent's answer})$$

For example, Q7 is a 3point scale. If a respondent answered 3 on Q7, you would re-code their answer as: $(3 + 1) - 3 = 1$.

3.6.1 Reliability of the Tools

Reliability was applied by the researcher for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar conditions on one or more occasions. Answers from repeated testing were compared (Test-re-test reliability). tools proved to be reliable at 0.83 for tool two and 0.90 for tool three

3.6.2 Validity of the Tools

They were tested for content validity by jury of five experts in the field of psychiatric Health Nursing and community nursing specialty to ascertain relevance and completeness. The tools proved to be valid.

3.6.3 Data Collection Methods

An administrative approval: was obtained from the dean of faculty of nursing and the director of the medical surgical department. After explanation of the purpose of the study, the questionnaire used in the study was administered by the researcher. **Ethical consideration:** An oral consent was obtained from students to participate in the study. During the initial interview the purpose of the study was explained. The subjects were assured that all information would be confidential and the data would be used for scientific purposes only and the students have full right to withdraw from the study at any time. **Pilot study** was carried out 20 students before starting data collection; this was done to estimate the time required for filling out the sheet and also to check the clarity of the tools. The sample of the pilot study was excluded from the study.

3.7 Procedure of Data Collection

- Before starting any step in the study an official letter was addressed from the faculty of nursing, Menoufia University to the director of the medical surgical department, requesting their cooperation and permission to conduct the study.
- Once the official permissions were obtained from the principal person, the researcher started the data collection.
- All of the authorized personnel provided the needed information about the study from the researcher.
- All students who fit in the inclusion criteria were approached by the investigator to fill the questionnaires according to the following steps: - The investigator started data collection by introducing herself to the participant.
- Oral informed consent was obtained from each participant. - Then a brief description of the purpose of the study and the type of questionnaire required to fill was given to each participant.
- Data collected were done through interviewing the students at faculty in the period from february 2019 to April 2019.
- The researcher started to collect the data from students one day/ per week.

3.8 Data Analysis

Data entry and statistical analysis were done using the statistical package for social sciences (SPSS version 16). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, mean and standard deviation for quantitative variables. Qualitative variables were compared using the chi - square test and Kruskal Wallis and test correlation coefficient is used to measure the direction and strength of the correlation between variables. A significant level value was considered when P-value <0.05 and highly significant level value was considered when P value < 0.001 while P value of >0.05 indicated non-significant.

4. RESULTS

Table(1) shows that the mean age of the study subjects is (18.2±0.44),mean family number is (5.68±1.02), most studied subjects are females (82%) , The majority of studied subjects are single (98%) and more than half of studied subjects have enough income(57%).

Figure(1): indicate that half of the study subjects have stress (50%), nearly eighth of them (12%) have mild stress, more than one third have moderate stress level (35.5%) while only (2.5%) have severe stress level.

Figure (2): shows that one third of the studied subjects (33%) have mild level of psychological wellbeing and more than one sixth of sample (17%) has moderate level of psychological wellbeing.

Table (2): shows that there is no statistically significant relation between stress and socio demographic characteristics of the studied subjects.

Table (3): shows that there is no statistically significant relation between psychological wellbeing and socio demographic characteristics of the studied subjects.

Table (4): reveals that there is highly statistically negative correlation between stress and psychological wellbeing of the studied subjects.

Table (1): Socio demographic characteristics of the study subjects (N =200):

Socio demographic characteristics		Studied nursing students	
		No.	%
Age / years	Mean ±SD	18.2±0.44	
	Range	18 – 19	
Family number	Mean ±SD	5.68±1.02	
	Range	3 – 9	
Gender	Male	36	18
	Female	164	82

Marital state	Married	4	2.00
	Single	196	98.0
Income	Enough	114	57.0
	Not enough	86	43.0

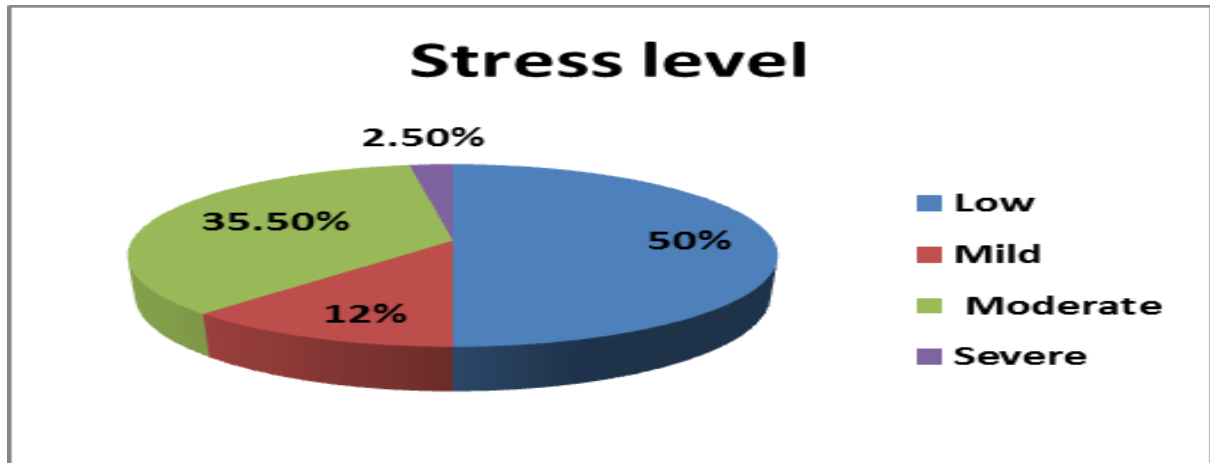


Figure 1. Distribution of stress level among university nursing students (N =200)

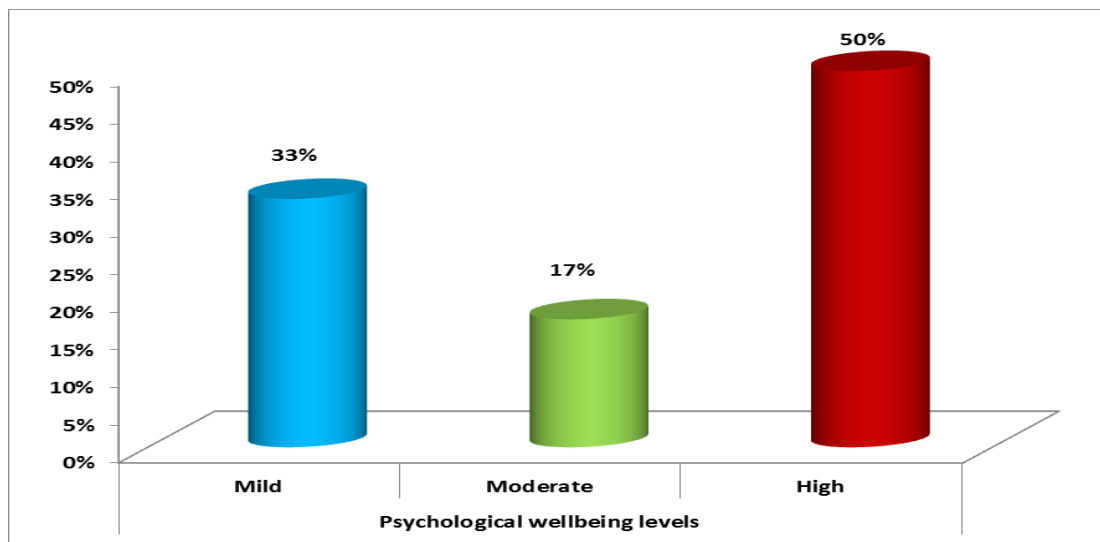


Figure 2. Distribution of psychological well-being among study subjects (N =200)

Table (2): Relationship between stress and socio demographic characteristics of the study subjects (N = 200):

Socio demographic characters		Stress level								Test of sig.	P value
		Low (N=100)		Mild (N=24)		Moderate (N=71)		Sever (N=5)			
		No.	%	No.	%	No.	%	No.	%		
Age / years	Mean ±SD	18.0±0.42		18.2±0.41		18.1±0.40		18.0±0.41		K 1.86	0.137 (NS)
	Range	18-19		18 - 19		18 -19		18 -19			
Family number	Mean ±SD	5.65±0.72		5.55±0.82		5.56±0.77		5.33±0.75		K 0.456	0.707 (NS)
	Range	5 - 7		4 - 7		5 - 7		5 - 7			
Gender	Male	17	17.0	9	37.5	9	12.7	1	20.0	χ ² 7.63	0.054 (NS)
	Female	83	83.0	15	62.5	62	87.3	4	80.0		

Marital state	Married	2	2.00	2	8.30	0	0.00	0	0.00	χ^2 6.46	0.091 (NS)
	Single	98	98.0	22	91.7	71	100	5	100		
Income	Enough	65	65.0	10	41.7	37	52.1	2	40.0	χ^2 6.19	0.102 (NS)
	Not enough	35	35.0	14	58.3	34	47.9	3	60.0		

K: Kruskal Wallis test NS: No significant

Table 3. Relationship between psychological wellbeing and socio demographic characters of the study subjects (N = 200):

Socio demographic characteristics		Psychological well being						Test of sig.	P value
		Mild (N=66)		Moderate (N=34)		High (N=100)			
		No.	%	No.	%	No.			
Age / years	Mean ±SD	18.1±0.43		18.2±0.41		18.1±0.42		F 0.794	0.454 (NS)
	Range	18-19		18 - 19		18 -19			
Family number	Mean ±SD	5.66±0.72		5.54±0.81		5.57±0.76		F 0.389	0.678 (NS)
	Range	5 – 7		4 - 7		5 – 7			
Gender	Male	12	18.2	8	23.5	16	16.0	χ^2 0.980	0.613 (NS)
	Female	54	81.1	26	76.5	84	84.0		
Marital state	Married	2	3.00	0	0.00	2	2.00	χ^2 1.05	0.591 (NS)
	Single	64	97.0	34	100	98	98.0		
Income	Enough	35	53.0	22	64.7	57	57.0	χ^2 1.25	0.535 (NS)
	Not enough	31	47.0	12	35.3	43	43.0		

F:A NOVA test NS: No significant

Table (4): Pearson correlation between stress and psychological wellbeing among study subjects:

Studied variable	Pearson correlation	
	Stress level	
	R	P value
Psychological well being	-0.623	0.001 (HS)

HS: High significant

5. DISCUSSION

The current study reveals that the mean age of studied subject is(18.2±0.44),mean family number is (5.68±1.02), most studied subjects are females (82%) , The majority of studied subjects are single (98%) and more than half of studied subjects have enough income(57%). This result was in the same line with the study done by [15] titled as "Depression, Anxiety and Symptoms of Stress among Baccaulaureate Nursing Students in Hong Kong: A Cross-Sectional Study" they found that". They found that the mean age was between 18 and 22 years old (SD ± 0.34), the majority of the respondents were female (72.5%, n = 479), All respondents were single and nearly 65% reported financial difficulty (n = 429)".

The present study shows that half of the studied subjects have stress (50%), nearly eighth of studied subjects (12%) have mild stress, more than one third have moderate stress level (35.5%) while only (2.5%) have severe stress level. This could be due to environmental changes in the system ,new discipline in the college , lack of support system and lack of orientation about policy of the college The result was in the same line with the study done by [16] titled as" The Medical Student Stress Profile: a tool for stress audit in medical training". They found that" out of 37 female students whose age of 46% was in range of 18-19 years, 19% 19-20 years, 32% more than 20 years, and 3% less than 18 years, 97% of them

have moderate stress and 3% have severe stress". Also, a study done by [17] titled as " Stressors, Level of Stress and Coping Mechanism Adopted by Undergraduate Nursing Students" with a sample of 323 baccalaureate nursing students, 65.6% reported having moderate stress, 18.6% students rated their stress as mild, and 15.8% claimed to have severe stress.

The current study illustrates that one third of the studied subjects (33%) have mild level of psychological wellbeing, more than one sixth of sample (17%) have moderate level of psychological wellbeing, and half of studied sample (50%) have high psychological wellbeing. This could be due to high level of academic stress beside other outside stressors or adolescence hormonal changes. This result was nearly consistent with [18] who conducted a research about " Psychological Well-Being (PWB) of School Adolescents Aged 12–18 yrs, it's Correlation with General Levels of Physical Activity (PA) and Socio-Demographic Factors In Gilgit, Pakistan". They found that the majority (43.4%) of adolescents showed moderate, while (23.2%) revealed low level of PWB. Also, the present result was in the same line with [19] who conducted a research about "Investigating Stress, Psychological Well-Being, Mental Health Functioning, and Self-Regulation Capacity Among University Undergraduate Students: Is This Population Optimally Functioning?", " they found that students moderately have high levels of psychological well-being"

The current study clarified that there is no statistically significant relation between stress and socio demographic characteristics of the studied subjects. This study was consistent with [20] who make a study about" Nursing Students' Education Stress and Academic Achievement: The Impact of Three Different Education Methods" who found that" There was no difference regarding the gender of students, but the mean age were statistically different. Also there is no statistically meaningful difference between students regarding their income. Also, the present result was in the same line with [21] who make a study about "Nursing education stress levels of nursing students and the associated factors" they found that no significant correlation was found between the age and income of the students and stress but it was contradicted with the present result in that a statistically significant relation was found between the gender of students and the total stress. This difference could be due to culture difference of the studied subject

The present study indicated that there is no statistically significant relation between psychological wellbeing and socio demographic characteristics of the studied subjects. This result was contradicted with [22] who studied "Socio-Demographic Variables, General Psychological Well-Being and the Mental Health Continuum in an African Context". He found that Socio-demographic trends (Age, gender, marital status) of adolescents' were observed significant for PWB. However the current result was consistent with [23] who studied "Relationship between Facebook Use and Psychological Well-being for Baccalaureate Nursing Students at Benha University", they found that "there were no significant statistical relationship between gender, residence and marital status and income of the studied students and Psychological Well-Being", but it was contradicted with the present result in that a highly statistical significant relationship was found between age and Psychological Well-Being. This difference could be due to culture difference of the studied subject

The current result reveals that there is highly statistically negative correlation between stress and psychological wellbeing of the studied subjects. This indicated that when stress increase psychological wellbeing impaired. This was in the same line with [25] who studied "Relationship between perceived occupational stress and psychological well-being among secondary school heads in Khyber Pakhtunkhwa, Pakistan" they found that "a negative correlation was found between stress and psychological well-being". Also [7] who conducted a research about" Relationship between psychological well-being and perceptions of stress among undergraduate dental students in Bengaluru city: A cross-sectional study" they found a negative correlation between various domains of stress and psychological well-being.

6. CONCLUSION

It was concluded that: there was highly statistically negative correlation between stress and psychological wellbeing of the studied subjects. Half of the study subjects have stress (50%), nearly eighth of study subject(12%) have mild stress, more than one third have moderate stress level (35.5%) while only (2.5%) have severe stress level. Also, one third of the studied subjects (33%) have mild level of psychological wellbeing, more than one sixth of sample (17%) has moderate level of psychological wellbeing, and half of sample (50%) has high psychological wellbeing.

7. RECOMMENDATION

Based on the results of this study we recommend that:

- Screening for high-risk students should be done and referral when necessary
- Guidance and counseling unit should be part of the faculty management system to help the students to discuss issues affecting their psychological well-being .
- Stress management and assertiveness training should be given to the students to help the to cope and increase psychological well-being
- Replication of the study using a larger sample in different settings to generalize the results.

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