

Stressors and Coping Strategies of Students in Accelerated Baccalaureate Nursing Programs

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Baccalaureate students enrolled in 6 accelerated programs reported their stress level, sources of stress, and coping strategies. They differentiated helpful from unhelpful coping strategies. Findings indicate that accelerated nursing students experienced high stress levels over prolonged periods that exceeded stress levels in prior life events. Implications for nurse educators in accelerated nursing programs are explored.

Students in accelerated baccalaureate nursing programs were asked about the stressors and helpfulness of coping strategies during the program. The authors report the results and implications of their study. The success of baccalaureate students in accelerated nursing programs depends on how well the students handle stress. Most of the research about stress and coping of nursing students has been conducted with traditional baccalaureate students. Those with previous healthcare experience may exhibit less stress than students who have not had previous experience.¹ A longitudinal study found that previous healthcare experience correlated with less student stress only at the beginning of the semester.² Younger students do not perceive more stress than older, more mature students.² Neither age nor work experience was a factor

influencing perceived stress in student nurses.³

Traditional baccalaureate students expected clinical experiences to be more stressful than they actually found them to be. Students experienced higher stress levels at the beginning of the semester than at the end of the semester.² Both associate degree and baccalaureate nursing students perceive the clinical instructor as the primary source of stress during clinical experiences.⁴ Interactions with clinical instructors were highly stressful events for 45% of the 107 junior student nurses.⁵ The most common stressful events for them included interpersonal relationships with instructors, ability to perform, heavy workload, and helpless feelings.⁵ Five main themes of stress perceived by 75 students in a pediatric clinical rotation were as follows: fear of medication errors, extensive information to learn, lack of clinical knowledge, inexperience with caring for children, and clinical instructors.³ Some students experience chaos in their lives during nursing school.⁶ Interviews of 23 traditional baccalaureate nursing students revealed major stressors as academic, environmental, financial, interpersonal, and personal factors.⁷

Literature describing stressors or coping strategies of accelerated nurs-

ing students was absent. This lack of studies underscores the need for further research as the number of accelerated programs and students increases. These students have higher stress levels than traditional students. The accelerated program condenses the learning time increasing stress and potentially impeding learning, critical thinking, and student's performances.⁸ More studies are needed to explore accelerated students' coping strategies to deal with demanding academic, personal, and financial stressors while enrolled in these programs.

Theoretical Framework

The framework for this study was based on the findings of Carver et al.⁹ They developed a multidimensional coping scale assessment tool, called the COPE scale inventory, which measures the relative helpfulness of various coping strategies. The starting point for much of their research was the conceptual analysis of stress and coping by Lazarus and Folkman.¹⁰ Lazarus and Folkman base stress management on 3 processes: primary appraisal, secondary appraisal, and coping. Primary appraisal is the method of recognizing a threat to oneself. Secondary appraisal is the method of internalizing the response to the threat. Coping is the process of carrying out that response. The outcomes of one of these processes reinvoke a preceding process.⁹ The processes of stress and coping do not occur in an unbroken stream. There are a variety of ways to deal with life's adversity. Individuals bring different coping strategies to stressful situations they encounter. Some students have more resolve than others in coping with stress to achieve their academic goals. The items in the COPE scale are phrased to elicit usual behavior when encountering stress. Learning outcomes may vary depending on how the student copes with the stress. A variety of coping strategies are used by different individuals when they react to stress. Learning outcomes depend on the amount of stress and how the individual copes with that stress (Figure 1).

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Methodology

Design, Setting, and Sample

A descriptive design was used to explore major stressors and coping strategies of nursing students enrolled in accelerated baccalaureate programs. The study was approved by an institutional review board plus the human subjects committees of each of the 6 participating accelerated programs. The survey was administered to a convenience sample of students enrolled in the last 12 weeks of these 6 accelerated baccalaureate nursing programs located in geographically dispersed locations. Three public universities and 3 private universities were included in the study. Most students held nonnursing degrees before enrollment in the program. One school enrolled students in both junior-level and senior-level standard program classes simultaneously. All of the accelerated programs in this study were structured with all nursing classes completed within a 12-month calendar year.

COPE Scale

The COPE scale was designed to measure coping strategies of the general population and did not focus specifically on students, nurses, or nursing students. The COPE scale lists 53 individual

responses to stress that fit into either problem-focused coping or emotion-focused coping. The helpfulness of each coping strategy is rated on a 5-point Likert scale. The COPE scale includes 14 categories of coping responses: active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, positive reinterpretation and growth, acceptance, turning to religion, focus on and venting emotions, denial, behavioral disengagement, mental disengagement, and alcohol-drug disengagement.⁹

The Likert scale choices for rating helpfulness of coping strategies were as follows: N/A: Not applicable, I did NOT try this strategy; 0: I tried this but it was NOT helpful; 1: Slightly helpful; 2: Somewhat helpful; 3: Extensively helpful; and 4: Completely alleviated the stress. The most helpful and least helpful coping strategies were identified by analysis of the Likert scale responses on the COPE scale.⁹ The original authors established the validity and reliability of this scale. The COPE scale used in this study of 137 accelerated baccalaureate nursing students ranked an α reliability of .81.

Researchers added survey items to the COPE scale. Nursing students were asked to describe their major stressors during the accelerated nursing program

and how their stressors compared with previous stressful experiences. Stressors reported by students were summarized according to the cause of the stress. A list ranking the types of stress according to the frequency of their mention by students was compiled. Original words of the students were used to describe each stressor. The extent of stress rated on a 1 to 5 Likert scale was compared with the stressors they listed to determine patterns between high stress ratings and particular types of stressors.

Results

A total of 137 surveys were returned of the 280 that were distributed to accelerated nursing students for a return rate of 48.9%. Twenty-four (17.5%) accelerated students reported their stress level extreme at 5, whereas 60 (43.8%) rated their stress level extensive at 4, and 45 (32.8%) rated their stress level moderate at 3. Only 5 students (3.6%) reported slight stress at 2, and none rated stress at 1 or none. Descriptive data analysis revealed differences between students experiencing high stress (4-5 of 5) and those experiencing low to moderate stress (1-3 of 5), so comparative analysis was done to determine significance of these differences.

A total of 84 or 61.3% rated their stress level as either extensive or extreme, and only 3.6% rated their stress as either none or slight (Figure 2). Paradoxically, the students who reported that their stress during the accelerated program far exceeded their previous experience of stress were the students who cited the worst specific previous stressful events such as dying family members, major surgeries, divorce, loss of a farm, and building a new home. None of the students who reported that their experience of stress during the program was the same as or less than previous experiences cited any tragic previous experiences when answering this question on the survey. Only students who cited specific previous tragic experiences claimed that the stress during the program far exceeded previous stressful experiences.

The emotional response to the accelerated program caused for some individuals a higher amount of stress than previous experiences. Forty-two (30.7%) reported "more" stress than previous experiences without citing the

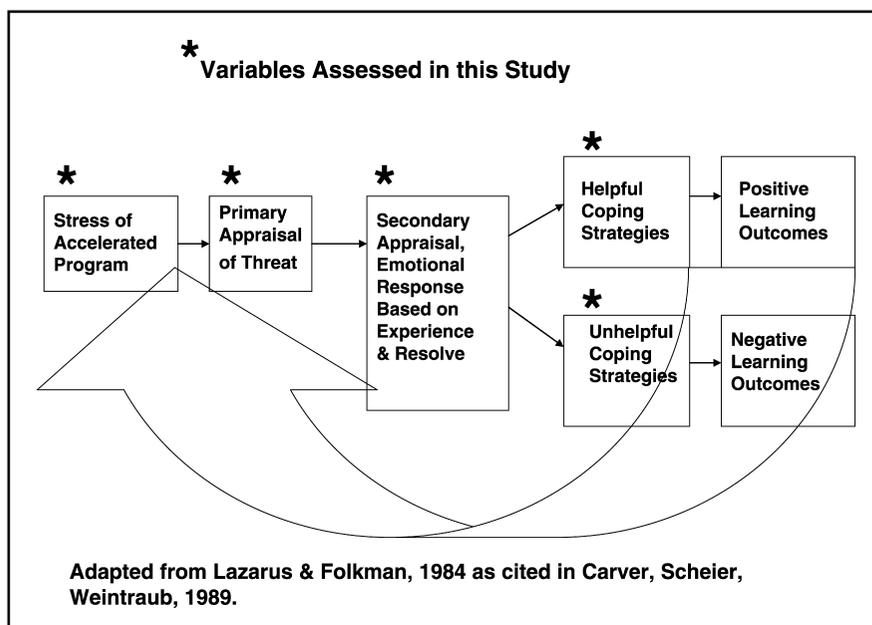


Figure 1. The impact of coping with stress on learning outcomes in accelerated nursing students. Adapted from Lazarus and Folkman,¹⁰ as cited in Carver et al.⁹

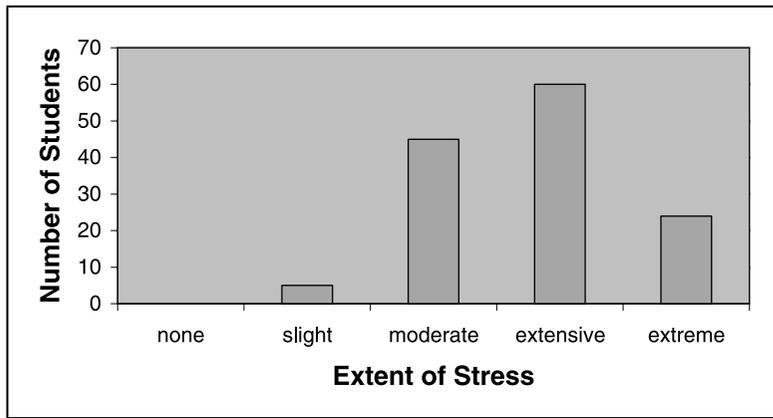


Figure 2. Extent of stress during accelerated baccalaureate nursing program (N = 137).

duration or constancy of the stress. Among their reports were these comments: "I never imagined this program would be as involved—I felt my first degrees had prepared me, but wasn't expecting this much work." "The pace of the program made the past year more stressful than previous experiences in education." "More stress secondary to lack of free time to do activities that alleviate stress."

Thirty-two (23.4%) wrote that their stress during the accelerated program far exceeded previous experiences of stress. Students whose stress during the program far exceeded previous experiences wrote: "I've had many many previous experiences in stress from my life including [several] daughters, a divorce, dating again, master's degree, several new jobs. All are stressful but I don't think they compare to this program." "We lost our farm, I built a new house, I had [three surgeries], my [spouse] [was in a major accident]: The stress from this program outweighed any of these events." "It was more stressful than taking care of my dying [family member]—I got so emotional and depressed I had to go on [antidepressant medication]." Lazarus and Folkman¹¹ could relate some of these personal responses as primary appraisals, the process of recognizing a threat to oneself. Secondary appraisal brings to mind the response to the threat. Coping strategies in the final response include antidepressants to deal with the stress.

The most frequently identified major stressors students described as the amount of material to be mastered in a short time frame (Table 1). This concern was captured in phrases such

as: "PAPERWORK! The amount of paperwork seemed pointless. I would have been more confident as a nurse had they focused more on skills and knowledge. We already know how to think, research, and write a paper."

Helpful Coping Strategies

The most helpful coping strategy category was "seeking social support for emotional reasons" (n = 132, mean 2.60). The second most helpful coping strategy was "turning to religion" (n = 114, mean 2.58). The third most helpful was "positive reinterpretation and growth" (n = 134, mean 2.33). The fourth most helpful was "planning" (n = 134, mean 2.25); fifth, "acceptance" (n = 132,

mean 2.19); and sixth, "seeking social support for instrumental reasons" (n = 121, mean 1.91). Consistently, denial (n = 39, mean 0.49) and behavioral disengagement (n = 63, mean 0.81) were rated least helpful (Table 2).

The top 5 most helpful individual coping strategies were as follows: sought God's help (n = 105, mean 2.89), put my trust in God (n = 108, mean 2.88), discussed my feelings with someone (n = 128, mean 2.84), did what had to be done one step at a time (n = 134, mean 2.82), and tried to get emotional support from friends or relatives (n = 127, mean 2.80). The 10 individual coping strategies used by most students (used by more than 90 students, or 65.7% of the sample) ranged in average helpfulness scores from 2.62 to 2.89 on a scale of 0 to 4. Five of the coping strategies had a mean score of greater than 2.8 (Table 3). The 10 least helpful individual coping strategies ranged in mean helpfulness scores from 0.56 to 1.80 on a Likert scale of 0 to 4. These unhelpful coping strategies represented denial, behavioral disengagement, substance abuse escape, and restraint coping.

Comparisons were made between students experiencing high stress (4-5 of 5) and those experiencing low to moderate stress (1-3 of 5). Students who rated their stress during the

Table 1. Major Stressors Identified by Accelerated Nursing Students (N = 137)

Major Stressor Description	Frequency	Percentage
Amount of material in short time frame	62	45.3
Personal/family life issues	38	27.7
Instructors/course organization	34	24.8
Financial concerns	30	21.9
Examinations	29	21.2
Excessive/unnecessary paperwork	24	17.5
Lack time for self-care/exercise/relaxation	20	14.6
Length of class time/schedule	18	13.1
Grades	16	11.7
Issues with other students	14	10.2
Clinical experiences	12	8.8
Inadequate sleep	5	3.6
Concern about future	3	2.2
Lack of support	2	1.5
Change	2	1.5
Prioritization	1	0.7

Table 2. Level of Helpfulness of COPE Scale Categories by Accelerated Nursing Students: Frequency and Mean (N = 137)

Coping Category	Frequency	Mean
Seeking social support for emotional reasons	132	2.60
Turning to religion	114	2.58
Positive reinterpretation and growth	134	2.33
Planning	134	2.25
Acceptance	132	2.19
Seeking social support for instrumental reasons	121	1.91
Focus on and venting of emotions	127	1.84
Active coping	135	1.79
Suppression of competing activities	134	1.75
Mental disengagement	113	1.46
Alcohol-drug disengagement	37	1.46
Restraint coping	108	1.31
Behavioral disengagement	63	0.81
Denial	39	0.49

Means based on a 1 to 4 scale, where 1 is least and 4 is most.

accelerated baccalaureate nursing program as “5: Extreme” were not statistically different on the use of particular coping strategies than those who rated their stress as less than 5. The moderate-to-low stress group found the coping strategies of “did what had to be done one step at a time” ($P = .024$) and “kept myself from getting distracted by other things” ($P = 0.021$) significantly more helpful than the high stress group. Accelerated students with high stress ratings found that denial (“acted as though it hadn’t even happened”) were significantly less helpful than those students with moderate-to-low stress ($P = .000$) (Table 4). The 3 coping strategies with statistically significant differences were from the categories of active coping, planning, and turning to religion. The coping strategy category of turning to religion was the only category in which there was a significant difference between students with high stress and those with low-to-moderate stress (Table 4). Those with low stress ($n = 39$) reported higher levels of helpfulness of turning to religion than those with high stress ($n = 73$; $P = .019$) (Table 4).

Major Findings

Nearly two-thirds of accelerated students reported extensive to extreme

related to extensive information to learn, heavy workloads, and ability to perform. Stress related to managing personal and family life issues during a demanding accelerated program, documented in this study, supports the findings of Kirkland,⁷ who found financial, interpersonal, and personal disruptions to be major stressors for baccalaureate nursing students.

The Yousseff and Goodrich⁸ study documents the negative impact of stress on learning in accelerated nursing students. The current study did not directly assess the impact of stress on learning. The accelerated students in this study found religion and social support to be most helpful in coping with stress, whereas denial and disengagement were least helpful to them. No literature on helpfulness of coping strategies in nursing students was found, so no comparisons can be made.

Findings from this study support the theoretical framework (Figure 1) in that accelerated students recognized the stress of the condensed nursing program, appraised it in light of previous experience and resolve to meet their academic goals, and adapted helpful coping strategies to promote positive learning outcomes. Those who

stress during their condensed nursing education. This finding has not previously been documented. Major stressors were vast amounts of material to be mastered in a short time, which supports the findings of Mahat⁵ and Oermann and Lukomski³ that traditional nursing students experienced stress

Table 3. Ten Most Helpful Individual Coping Strategies (N = 137)

Individual Coping Strategy	Category of Coping Strategy	Students	Mean
Sought God’s help	Turning to religion	105	2.89
Put my trust in God	Turning to religion	108	2.88
Discussed my feelings with someone	Seeking social support for emotional reasons	128	2.84
Did what had to be done one step at a time	Active coping	134	2.82
Tried to get emotional support from friends or relatives	Seeking social support for emotional reasons	127	2.80
Prayed more than usual	Turning to religion	99	2.75
Tried to grow as a person as a result of the experience	Positive reinterpretation and growth	128	2.73
Tried to find comfort in my religion	Turning to religion	106	2.73
Talked to someone about how I felt	Seeking social support for emotional reasons	124	2.70
Asked people who have had similar experiences what they did	Seeking social support for instrumental reasons	92	2.62

Means based on a 1 to 4 scale, where 1 was least and 4 was most.

Table 4. Differences Between High and Moderate-to-Low Stress Students in Use of Coping Strategies (N = 137)

Coping Strategy	Stress During Program (1-5)	n	Mean Level of Helpfulness (0-4)	Statistical Significance
Did what had to be done one step at a time	High \geq 4	82	2.77	$P = .024$
	Moderate to Low $<$ 4	50	2.90	
Kept myself from getting distracted by other things	High \geq 4	72	1.79	$P = .021$
	Moderate to Low $<$ 4	41	1.88	
Acted as though it hadn't even happened	High \geq 4	16	0.375	$P = .000$
	Moderate to Low $<$ 4	11	0.818	
Turning to religion	High \geq 4	73	2.47	$P = .019$
	Moderate to Low $<$ 4	39	2.74	

found unhelpful coping strategies of denial and disengagement to impede their learning used them rarely or quickly substituted more helpful coping strategies to optimize their learning.

Implications

Nurse educators may facilitate student success by fostering awareness of coping strategies and by helping to minimize perceived stressors. They can support accelerated students to make a plan of action, suggest channels to deal directly with issues, connect them with peer or professional mentors to share advice about the problem, and encourage students to seek help from their faith traditions. Accelerated nursing instructors must anticipate high stress times for accelerated students, help nursing students plan ahead for those times, and avoid scheduling multiple examinations and deadlines at the same time.

Nurse educators can help students learn time management skills to more effectively navigate the large amount of material in a short time frame. Monitoring frequency and characteristics of assignments can ensure that accelerated nursing students are learning the most information possible for their time on task. Instructors can help students prioritize assignments and develop a "one day at a time" perspective. Open-door policies encourage students to bring pressing issues to

quick resolution. Accelerated students should be assessed for signs and symptoms of anxiety and depression. Nurse educators are in a pivotal position to encourage individuals to seek assistance from counselors or health-care professionals if they suspect students are struggling to cope with academic or life stressors. Graduates from a previous accelerated nursing class may be invited to visit with new accelerated nursing students to advise them on ways to cope with the stresses of the accelerated program.

Further Research

Further study is needed to determine the impact of stress and coping strategies on learning outcomes and academic success. Longitudinal studies measuring accelerated students' stress levels at various points before, during, and after the program would be helpful to isolate specific causes of stress and coping strategies that alleviate or mitigate stress. Graduates of accelerated programs should be studied to see whether they experience similar stress as novice nurses. Longitudinal studies comparing accelerated graduates with traditional baccalaureate nursing graduates might reveal differences in the ways students transition into the registered nurse role and deal with those stressors. Various interventions to promote positive coping strategies and stress management skills should be studied.

Conclusion

Accelerated students experience moderate to severe stress during their academic experiences. Stressors reflect financial, personal, professional, or academic challenges. They mobilize a variety of healthy coping strategies. Support systems among peers and family or friends are key to helping them cope effectively with stress. Although faculty members cannot eliminate stress, they can alleviate it through pacing, scheduling and structured support systems. Faculty members can help students overcome their stressors and help students grow through the challenges of an accelerated program. Accelerated students are a bright hope for the future of the nursing profession.

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