Morale and Role Strain of Undergraduate Nursing Students in a Pediatric Clinical Setting

Jih-Yuan Chen

ABSTRACT

Background: Studies have indicated that causes of anxiety, such as stress, satisfaction, and motivation, affect nursing students during their clinical practice. However, psychological issues that induce morale and role strain in nursing students, which lack quantitative measures, have not been studied well enough.

Purpose: The purpose of this study was to examine the morale and the potential role strains of undergraduate nursing students in pediatric clinical practice and to identify their related factors.

Methods: Using qualitative methods, 42 undergraduate nursing students were interviewed twice by the author in a group setting (8–9 persons each time, once at the beginning and again at the end of their pediatric clinical experience), during which they were encouraged to express their perceptions of morale and role strain in a natural classroom setting. Content analysis was employed to analyze the data.

Results: The study found that the morale of nursing students in the pediatric clinic included positive morale aspects such as hope, attainment, love, safety, alertness, happiness, and interest and negative aspects such as anger, fear, depression, stress, helplessness, and irregularity. Factors influencing the morale of nursing students included self-perceived, personal, clinical, and environmental, in particular, and professional in general. Participants experienced lower morale and higher degrees of role strain mainly because the impact of their self-perceived role was derived from job reality and job expectations.

Conclusions and Implications for Practice: Various clinical settings, individual perceptions and capacities, and conflicts between expectative and ideal roles were found to induce morale reaction and role strain in nursing students. Development of positive morale among nurses can improve nursing care in clinical settings. Therefore, how to enhance morale in nursing students is very important in the professional socialization process through clinical practice experiences.

Key Words: student nurse, morale, role strain, emotional feeling.

Introduction

Morale is the mental and emotional condition of a person or a group with regard to its function, which is exhibited by a disposition marked by confidence, cheerfulness, discipline, and willingness that drives the individual desire to succeed. It is a sense of common purpose with respect to a group and represents the level of individual psychological well-being on the basis of nourishment or feelings of purposefulness (Merriam Webster Online Dictionary, 2009). Ingraham and Manning (1981) defined the construct of morale as “a psychological state of mind, characterized by a sense of well-being based on confidence in the self and in primary groups” (cited in Britt, Dickinson, Moore, Castro, & Adler, 2007). A student’s morale may be affected by many factors, such as thoughts about various feelings, a state of mind, a mental attitude, and an emotional attitude. It may also be affected by how a student perceives himself or herself in a team. Emotional change because of morale and role strains may represent certain aspects of clinical anxiety for nursing students (Arnold & Nieswiadomy, 1997; Grant & Mckenna, 2003; Schmeiser & Yehle, 2001).

Studies in Sweden, the United States, Canada, and Australia have reported on low morale in nursing. Nursing students who felt that they were free to make decisions and in control of their jobs tended to have higher morale (Callaghan, 2003). Students were more personally invested in their practice, in which their practice had meaning and significance in contributing to a higher purpose or goal. Students with low morale and facing high strains in a practice setting may perform poorly (Castledine, 1998; Durso, Christmas, Kravet, Parsons, & Wright, 2009). Burnout appears in the presence of particularly low morale, and it remains unclear to what extent job-related and general factors affect morale (Galeazzi, Delmonte, Fakhoury, & Priebe, 2004; Priebe, Fakhoury, Hoffmann, & Powell, 2005). Morale is related to burnout and role conflict (Gautam, 2005; Piko, 2006). Burnout is a state of chronic stress that results from workplace problems, because of which students become negative, feel they start to pull away from their classmates or the staff, and lose job satisfaction (Gautam, 2005).
students suffer from a sense of lack of fairness and respect for others’ contributions.

Most studies have identified job satisfaction, burnout, de-personalization, emotional exhaustion, and team identity as the most significant factors affecting professional identity. Vandenbosch et al. (1999) operationalized morale as a latent variable reflecting job satisfaction, organizational commitment, and turnover intention. Professional staff are often used as a model for the nursing students in clinical settings, so that the on-site morale will influence the students’ study interest. Staff’s perception of their roles, tasks, and problems may capture the philosophy of a service and help in the identification of stress management needs and in the designing of appropriate interventions (Reininghaus & Priebe, 2007).

On the basis of literature review and clinical teaching experience, the author hereby believes that two important factors are at work in determining the level of emotional change in nursing students in pediatric clinical settings: These include the preconceived role expectations in the clinic and the ongoing perception of the personnel and infrastructural organization of the learning situation (Fagerberg, 2004; Maben, Latter, & Clark, 2007; Secrest, Iorio, & Martz, 2005). Experience in the pediatric clinical setting will absolutely influence the students’ beliefs, values, and perceptions toward caring for children at the present and in the future.

Most scholars have focused on anxiety, stress, coping response, and attitude, with less research emphasis being placed on emotional changes, that is, morale and strains that might occur among students during clinical experience (Andrews et al., 2006; Brodie et al., 2004). More studies are required to understand how undergraduate nursing students perceive their jobs in clinics and how morale may be improved. Little research has been done to explore nursing students’ morale and what factors might influence morale in the clinical setting (Morin, Hayes, Carroll, & Chamberlain, 2002; Ranse & Grealish, 2007; Schmeiser & Yehle, 2001). Thus, the purpose of this study was to explore undergraduate nursing student perceptions of morale, role strains, and related factors in the pediatric clinical setting.

Methods
A descriptive exploratory design was used to describe the feelings of nursing students in pediatric clinics. Participants were students in a clinical teaching class taught by the author. The institutional review board of the author’s university (XXXX-IRB-960112) as well as the participating nursing students approved the study. The nursing students on their first and last clinical days in pediatrics were asked to verbalize voluntarily their feelings about their strain-related experiences in their pediatric practicum. They were assured that participation would not influence their performance evaluation. Consent was implied if they participated in the process and discussed their feelings with the group. They had the option to decline from expressing their feelings if they did not wish to or felt uncomfortable doing so. First, they were asked to draw a colored circle on a blank piece of white paper using crayons and to present the proportion of their various good or bad feelings with different colors that expressed the impact of such stressors on their morale. They then wrote down specific feelings with associated situations. Afterward, the nursing students openly discussed their different feelings and identified which factors in the setting specifically contributed to lower or higher morale in the group. Lastly, the students were taught how to use drawing in enhancing communication and were encouraged to use such in the pediatric clinical setting.

Sampling
All of the nursing students in the author’s pediatric teaching practicum participated in the study. The sample consisted of 16 regular BSN program students (average age = 20.5 years), 18 night school nursing students (average age = 27.5 years), and 8 students from a 3-year RN-BSN program (average age = 32 years). All were enrolled in a university hospital in southern Taiwan. Students in the program ranged in age from 20 to 40 years (average age = 25.7 years); 8 were married, and all were women.

Data Collection
The nursing students shared with each other in a group setting their feelings regarding role strain stressors in clinical situations. Data were collected from interviews conducted by the author with five groups (eight to nine nursing students in each group), with each session lasting about 60 to 90 minutes. The main questions were as follows: What are your feelings about nursing care in your clinical experience? What is your mood like? How is such perceived in your pediatric clinical experience? Which specific events, situations, or persons do you feel induce your feelings about nursing care? Notes were taken throughout the interview process. The participants and the preceptor checked the transcriptions taken from the group discussions to verify the accuracy of the content. Each nursing student was asked to review her accounts. They stated how this process altered their understanding, challenged their assumptions, and contributed to personal change.

Data Analysis
The author developed categories by repeatedly working through the transcripts and identifying common themes. First, the study used the morale construct defined by Ingraham and Manning (1981, cited in Britt et al., 2007) to examine students’ feelings, mental attitudes, and emotional changes in preconceived role expectations and perception of the personal and infrastructural organization of a learning situation (Andrews et al., 2006; Brodie et al., 2004; Fagerberg, 2004; Maben et al., 2007; Secrest et al., 2005).
2005). Next, the researchers checked for burnout using aspects of clinical anxiety in role conflict (Grant & McKenna, 2003; Piko, 2006; Ranse & Grealish, 2007) and sense of job satisfaction (Callaghan, 2003; Gautam, 2005). Validation was done by having the participants reread the transcripts, which gave them the opportunity to identify what they considered to be the most significant issues. These issues were then compared with those identified by the author. Particular focus was given to the criteria used to ensure the trustworthiness and credibility of the data and research process. Content analysis of the data was undertaken to provide baseline data on nursing students’ positive or negative feelings (Ingraham & Manning, 1981, cited in Britt et al., 2007) and perceptions of clinical events, situations, or persons (Andrews et al., 2006; Brodie et al., 2004; Day, Minichiello, & Madison, 2006; Fagerberg, 2004; Maben et al., 2007; Secrest et al., 2005). All data were analyzed using constant comparative analysis on the basis of unitizing, categorizing, and filling in patterns, whereas analysis was linked to the process of data collection (Strauss & Corbin, 1990). Content analysis revealed rich perception feelings, and selective coding verified the emotional changes and role strains. Constant comparative analysis of similarities and differences allowed data gathering to become more focused. Results were then discussed with a U.K. English faculty member, who suggested that nursing student morale, both positive and negative, be the major theme, and he agreed with the subthemes. Another Asian American scholar approved of the meaning of the classification.

Results
As a consequence of this analysis, the related feelings that induced hope, expectation, growth, motivation, conflict, and change were classified. The degree of attraction or aversion that a participant felt toward a specific object or event was assumed to be positive if it was listed among the best aspects and negative if it was listed as a challenge. Previous positive feelings gave nursing students positive morale as a state of individual psychological well-being based on a sense of confidence, usefulness, and purpose. These also made them more excited about work, gave positive reinforcement for activities from within the group, offered a stable unwritten code of professional ethics, and instilled a greater sense of accomplishment (American Heritage Dictionary, 2008; Moeller & Vucinich, 2004). Later negative feelings gave nursing students negative morale as a state of individual psychological distress and agony based on a sense of fear and stress as well as lack of trust that the group will succeed. As analysis progressed, morale reflected positive or negative feelings about particular persons or situations. The theme of nursing student morale was derived from positive morale and negative morale (strains). Analysis substantiated the related factors of influence on nursing morale, including personal factors, clinical site factors, and nursing professional knowledge factors (see Table 2), which incorporated the “role strain” (i.e., strains arising from being a nursing student in the clinical setting) as the primary underlying consequence of emotional changes related to the profession.

Theme of Nursing Student Morale
The 42 nursing students perceived views of positive feelings (i.e., wish, expectation, achievement, growth, success, caring, support, relaxation, release, relief, freedom, warmth, etc.) and negative feelings (i.e., disorder, dislike, tension, alarm, unease, sadness, anxiety, fatigue, etc.) related to their clinical experiences. These were formatted into subthemes under major nursing student morale themes (Table 1).

Positive nursing student morale
Many different emotional reactions of students in the practice influenced each other and led the feelings within a group to either enhance or diminish the group’s development toward success. The subthemes for nursing students’ positive morale were formed by comfortable feelings that stimulated better learning, including hope, attainment, love, safety, alertness, happiness, and interest. The meaning of “comfortable feelings” in nursing students as a positive morale element refers to feelings that they are special and deserve the best. Components of positive nursing student morale consist of hope, attainment, love, safety, alertness, happiness, and interest (Table 1). Many nursing students reported that they were “full of hope and anticipation” because they found that they have “learned diversities of cases as well as have grasped the core value of nursing practice” (i.e., “helping others,” “caring for patients,” “mutual communication,” etc.). This led to their

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<th>Positive nursing student morale</th>
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<tr>
<td>Hope/motivation: wish, expectation</td>
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<td>Attainment: achievement, growth, success</td>
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<td>Love: caring, support</td>
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<td>Safety: relaxation, release, relief, freedom</td>
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<td>Alertness: warmth, vitality, confidence</td>
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<td>Happiness: gratitude, joy, affection</td>
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<td>Interest: curiosity, challenge, initiative, competence</td>
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<th>Negative nursing student morale</th>
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<tr>
<td>Anger: disorder, complexity, dislike/conflict, frustration</td>
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<td>Fear: tension, alarm, unease</td>
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<td>Depression: sadness, misery, disappointment, loneliness</td>
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<td>Stress: worry, anxiety, weariness, pressure</td>
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<td>Helplessness: fatigue, melancholy, stupor, exhaustion</td>
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<td>Irregularity: strangeness, ignorance, doubt, hesitation, devastation, puzzlement, uncertainty</td>
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hope won’t seem so bad. Feelings of being more ‘’energized and enthusiastic to enjoy work and doing things everyday’’ to foster ‘’love in the practicum’’ and ensure that ‘’jobs won’t seem so bad’’ helped the students become full of hope. At the end of the practicum, they earned ‘’achievement, growth, and success in adjusting to the clinical process’’ when they ‘’solved patient problems together with the healthcare professional team.’’ Specifically, nursing students were able to face complex cases that involved loss and grief, which was defined as attainment. They ‘‘learned to care for and support patients and families and received communication and information about what was happening with the process of healthcare.’’ They also ‘’took charge of their growth, asking for specific and meaningful help’’ from the healthcare team. The nursing students had ‘’good interpersonal relationship’’ skills that allowed them ‘’to serve the patient well,’’ which resulted in their getting ‘’affirmative feedback and feeling positively’’ about their performance. They might ‘’actually like and enjoy each other,’’ and their ‘’network provided support, resources, sharing, and caring,’’ which all led to a defined meaning of love.

Following is a list of some of the student reports:

“My patient often followed me, and shared her pleasure with me, and asked me to provide her with information.”

“I was happy my patient gave me food and invited me to share her birthday cake.”

“My patient and his mother treated me so kindly and gave me one of his paintings. They even invited me to visit their house.”

“I learned knowledge and skill of childcare when patients and staff gave me a chance to practice.”

The nursing students who ‘‘were able to adjust to and cope with emotional changes’’ also felt ‘’at ease’’ and ‘’searched more for freedom in planning nursing care,’’ especially when they ‘’overcame obstacles in the clinical setting.’’ They were more prone to applying ‘’relaxed exercises’’ to ‘’decrease tension’’ and to ‘’release distress or stressful pains,’’ thus ensuring a sense of safety. Students felt ‘’warmth,’’ ‘’vitality,’’ or ‘’confidence’’ when they ‘’quickly perceived and acted in response to patient problems and thus received good appraisal from patients or physicians or cultural appreciation,’’ being defined as alert. The students felt ‘’gratefulness,’’ ‘’happiness,’’ and ‘’pleasure’’ when they ‘’were taught by a teacher or a clinical nurse who showed a gentle attitude toward them, a sense of respect for them, and acted as a good role model for high-level affective nursing care.’’ This was identified as happiness. When students presented their ‘’curiosity’’ and ‘’competence in solving case problems’’ and showed their ‘’challenge’’ and ‘’initiative for promoting patients’ welfare,’’ they were interested in studying in a clinical setting.

Students reported the following:

“Staff explained or demonstrated each procedure for changing port-A wound dressings.”

“Staff helped me to develop a relationship with my patient; I felt safe and grateful.”

“My patient was brave enough to face her amputation and participated in changing wound dressings, and told me the reason why she made 1,000 paper cranes and prayed.”

“I developed some activities for the patient to solve the bad atmosphere of anxiety in the ward. Therefore, families and the patient accepted my doing things for them. I felt more confidence and had interest in communicating with my patient.”

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<th>TABLE 2. Factors Influencing Student Morale</th>
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<td>Interpersonal relationships: communication skills</td>
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<td>Technique skill: practice in procedures or techniques and cultivation of sensitivity</td>
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<td>Professional knowledge: expressing love, showing intimate aptitude to make others feel warm, and to care for others cordially, peacefully, and happily</td>
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Negative nursing student morale

The nursing students who were unable to adjust to or cope with the emotional changes associated with the “reality shock” of a clinical setting showed bad feelings toward nursing—especially when they could not handle their patients’ pain/problems that remained unresolved and eventually led to dissonance and exhaustion. The uncomfortable feelings of nursing students in the clinical practicum consisted of anger, fear, depression, stress, and helplessness and were often accompanied by irregularity (Table 1). They were angered by “disorder,” “irregularity,” and “complexity,” and they expressed their “dislike” when their technique or intelligence “was rejected or denied” and “when patients’ needs could not be satisfied.” Thus, they were experiencing “conflict” and “frustration.” The students feared “doing things wrong that might harm the clinical case, thus anticipating unknown changes or uncertainty,” so they displayed “tension,” “alarm,” or “unease.” In addition, they “could not adapt to sorrowful conditions” when they “lost the clinician’s or families’ trust and suffered sadness, misery, disappointment, or loneliness,” fulfilling the definition of depression. However, their stress may have been derived from “worry,” “anxiety,” “weariness,” or “pressure” when they “prepared for the reading of case studies that involved dynamic interactions.” The students experienced “fatigue,” “melancholy,” “stupor,” or “exhaustion” because of preliminary “studies on cases” or the need to come up with “strategies for problem solving,” and they “wasted a great deal of time” partly because they “could not get the appropriate resources” and, as a result, felt “powerless,” comprising a picture of helplessness. Irregularity mainly arose from feelings of “strangeness,” “ignorance,” “doubt,” “hesitation,” “devastation,” “puzzlement,” or “uncertainty.”

Many students stated the following:

“I worried about being late for duty, which made me experience insomnia and fatigue.”

“I felt uncomfortable because patients were out of control with stressful reactions.”

“I was not able to support patients and families in overcoming their fear of mortal danger.”

Themes of Factors Influencing Nursing Student Morale

Factors that influenced the emotional changes and thus the feelings (i.e., morale and strains) of nursing students during their days in the pediatric clinic included students’ personal factors, clinical site factors (i.e., staff and the hospital), and preparation for nursing professional knowledge factors (school). These factors are shown in Table 2.

Students’ personal factors

Within this factor, three categories that positively influence nursing students’ morale in their pediatric clinics included (a) growth and progress, which was present when students “showed warmth and intimacy for a sick child, knew how to express love, behaved cordially and caringly, felt peaceful and well, and cultivated a degree of sensitivity to the well-being of patients”; (b) hands-on motivation, which existed because of the students’ “developing confidence, easily adjusting themselves, expressing [themselves] freely, substantiating the meaning of the clinical study, and exercising self-control”; (c) competence and self-reliance, which appeared when the students “felt usefulness and attained affirmation” when they “were accepted by the sick child while helping families to resolve the problems.”

On the contrary, the parameters identified to influence negatively the morale of nursing students could be classified into six categories, including (a) conflict—the students felt “a sense of inner conflict when they faced strangers and new environment” and “saw inconsistent standards of clinical nursing and teaching”; (b) tension—the students “felt inadequate in their professional skills and knowledge and were afraid of making mistakes, creating a tension” in their minds and thoughts; (c) distrust—the students felt that their “internal-dynamic relationships [were] not good” and were having “personal miscommunication,” and they were too “afraid of harming others” that they would feel “distrust” and show “uncomfortable or uneasy relationships with others”; (d) pressure—the students “felt pressure” when they “had to write papers and prepare for reports”; (e) exhaustion—the students were “unable to deal with required assignments and were rejected”; and (f) uncertainty—the students “faced unknown, sudden emergencies, threatened situations in treatments, the death of a sick child, and sorrow.”

Clinical site factors

Clinical site factors included three categories: (a) comfortable work-role status, which means that the nursing students received their “classmates’ cooperation and, in turn, helped each other in the practicum,” and that “positive peer students were available, interested, and willing to share knowledge with each other,” provided “good company,” possessed “gentle teaching attitude,” became a “role model,” and received “kindness of medical teams” that made them “at ease in the learning environment”; (b) environmental organization and status, which indicated that the nursing students “expected to have a clean environment and a harmonious climate” and a nice “outcome for the patient”; and (c) unfamiliar environment and stranger relationship, which represented the high level of fear expressed by students when they “faced initial pediatric clinical experience.”

For example, while one of the nursing students was in a child oncology ward, she said

“The nurse told me it was good to sit and talk to patients, and how to express respect for
patients’ different cultures or rites, and to protect them.”

“More staff should provide patient-centered care, in order to meet the patient’s worries and fears so that his psychological needs are met.”

Preparation for nursing professional knowledge
On the basis of the apparent contrast between students and faculty in their respective ability to prepare for nursing professional knowledge, students found that they worried about reporting on papers and case studies because of the lack of ability in presenting, interpersonal relationships (i.e., “communication skills”), technique skills (“practice in procedure or techniques and cultivation of sensitivity”), professional knowledge (“how to express love in a deeper meaning, to show an intimate aptitude to make others feel warm, to care for others cordially, peacefully, and happily”), crisis management (i.e., “sudden emergency of ill children and fear of unknown”), and emotional intelligence management (such as “loss of control, harming a sick child or being harmed, being rejected, fear of death of a sick child, and making mistakes”).

For example, most students expressed that they did preparatory reading well ahead of time yet still found it difficult to report on cases and that they had to deal with sad situations wherein they felt powerless and did not find it easy to identify with the different cultural effects on patients’ behaviors.

Themes of Role Strains
Role strains for nursing students mainly arose from the conflict between the preconceived ideals of the job and the job reality. Conflicts are presented in Figure 1. The role strains are the state of emotional arousal in response to external stimuli or internal conditions in a clinical practice. Factors directly or indirectly influencing the nursing students’ morale in pediatric clinic include role expectation, role stress, and role-related problems—ambiguity, incongruity, conflict, and overload.

Job reality
Major sources of stress for nursing students arising from job reality (conflict) relate to pressure, tension, distrust, exhaust, and uncertainty. Nursing students found that clinical environments were too strange and had varied standards that were different from what they were taught in the classroom, leading to a sense of an apparent conflict in the system. Pressure for the nursing students was derived from the fact that they “worried about reporting on papers and case studies, self-insufficiencies, being unable to find available books and journals to read, getting up early and not sleeping well, and weariness in their physical and psychological being.” Uncertainty for the nursing students was due to a “fear of the unknown” involving “just about everything”: “emergencies or situations that challenged the appropriateness of procedures and treatment, death of a sick child, and dealing with the sorrowful environment.” Tension for the nursing students was derived from depression due to the “fear of lacking professional knowledge or experience, doing the wrong thing, insufficient adaptability to change, or potential shortage of their technological ability.” Disturb for the nursing students came from the fact that they felt their responses in the internal-dynamic personnel relations were not good,” their “personal communications were cumbersome,” and their “behaviors might harm others, leaving the patient uncomfortable” and “disturbful of others.” Exhaustion for the nursing students existed when they found that they were unable “to deal with being demanded and the ensuing rejection” through which they felt “powerless.”

Role ideals
Students’ expectations of role ideals related to the nursing profession contain the following factors: confidence, status, idealization, competence, and outcome. Confidence was presented if students were “interested in gaining confidence,” able to show “self-control” and “ease” in adjusting, expressed themselves “freely,” kept “hopes up,” and learned “to substantiate the acquired knowledge meaningfully.” Status existed when the students hoped that their classmates would help each other in the clinical setting; they were “wishful of a special and gentle teaching attitude from the healthcare team.” Idealization existed when the students “expected to learn how to express love in a deeper meaning,” “how to make others feel warm,” “how to care for others cordially, peacefully, and happily,” and “how to cultivate respectability.” Competence was attained when students were simulated to “accept” their clinical cases and “could help people and in turn develop affirmation for each other.” Outcome in the practice was attained when the students expected that “the disease was cured,” “environments were cleaned,” and the “atmosphere subsided” from being intense to having an acceptable degree of harmony.”

Discussion
Findings showed that the main construct of nursing student morale consists of positive morale and negative
morale. The comfortable feelings gave students a sense of confidence and usefulness and a purpose or goal that introduced basic emotional needs, thoughts, intuitions, physical sensation, and emotions into the picture. Student morale infused from various degrees of emotional changes can again be affected by many individual and personal factors such as confidence, motivation, competence, and willingness to perform assigned tasks to achieve growth and progress, which supports the definition given by the American Heritage Dictionary (2008).

With morale in high gears, students may become independent thinkers and resilient in character. Nursing students are more excited about work and have a great sense of accomplishment. They share their joy, happiness, or even anxiety with others and thereby gain confidence and strength. In particular, more of those feelings were described at the end of the practicum. Kalvar (2004) redefined the key components in the concept of morale as enthusiasm, dedication, a common shared goal, and unification. Britt and Dickinson (2006) argued that morale is predicted largely by work conditions and leadership behaviors that provide a person with purpose, meaningfulness, confidence, and optimism. Nurses’ attitudes toward patient spirituality are regarded as an important aspect of nursing competency. Development of positive morale among nurses can improve nursing care (Baldacchino, 2006). Therefore, fostering positive morale in the clinical setting is very important to nursing professionals. Similarly, positive atmosphere was the factor most frequently associated with high morale (Cardall, Rowan, & Bay, 2008). Students received a full positive feeling if they could calm down and maintain good relationships with the faculty and take good care of sick children. The importance of group interaction and its effect on the concept of morale suggest that the stability of the group’s cohesion depend on morale (Daum, 1993). When supportive professional relationships with medical staff were present, nurses reported that their work was more meaningful and satisfying and that their professional knowledge and skills were used (Day et al., 2006). Nursing students in the study also presented a similar situation. On the basis of Orme’s (1978) report, positive morale was seen as an attitude of confidence in the mind of the individual where they identified with a group, accepted group goals, and worked toward achieving them collectively (cited in Day et al., 2006).

There was a systematic overview of the nursing morale, including intrinsic factors such as professional worth/respect, opportunity, skill development, work group relationships, and patient care and external factors such as organizational structures, operational issues, leadership traits/management styles, communication, and staffing (Day et al., 2006). In the study, some specific aspects, that is, pediatric clinic of the job perception of the nursing students, such as doing a wrong thing, causing harm to ill children, or managing grief, might be relevant for service development, training, supervision, quality of faculty–student interaction, and student competence. Nursing students felt that their morale suffered because of low staffing levels, lack of resources, insecurity because of ongoing political changes, and increased workload (all of which have also been reported in foreign journal articles). They also attributed lack of support for education and training and frustration about limited opportunities for promotion to poor morale (Callaghan, 2003).

Mutual interaction between instructors and nursing students promotes confidence, challenge, and support—individuals and entire practicing groups benefit alike, which supports the comment of Cardall et al. (2008) that poor student–faculty relations among dental students was the factor most strongly associated with decreased morale. The distinct benefit of positive feelings in the nursing students is that it provides an opportunity to be a fully independent and optimistic nurse. In addition, the students felt unable to provide adequate care quality and were not valued or respected in relation to the multidiscipline team’s safety and quality agenda or work environment, which expected student autonomy and control over practice to give safe care for ill children (Duffield et al., 2007). Low morale led to stress, decreased performance, and increased professional negligence, and there was an urgent need for better pay and conditions and an analysis of why morale is so low (Castledine, 1997, 1998).

Role strains and related factors for the students mean that there are two themes of role reality (conflict) and role ideal (expectation). This likely conflicts with Piko’s (2006) comment as a major organization factor influencing pediatric work climate and job-related stress. Student morale is the feeling a student has about her practice on the basis of how the student perceives herself in the clinical setting organization and the extent to which the organization’s efficiency is viewed in terms of meeting the student’s own needs and expectations. In fact, Hunter (2005) found that ideological dissonance was exacerbated by workforce attrition. Nursing student stressors are mainly related to certain specific fears, similar to Chang and Huang’s (2004) report: clinical procedures, hospital equipment, and faculty observation and evaluation.

The role of nursing students in pediatric wards, in particular, is to develop self-direction, expectation, comfort, energy, growth and progress, attainment, and the ability to organize and to take initiative in learning to care for children with love. If students are continually satisfied with the quality of their clinical experiences, they may be expected to achieve confidence, status, outcome, competence, and idealization in the clinical program. When a healthy practicum environment exists and student morale is high, students feel good about each other and, at the same time, feel a sense of accomplishment from their practices. Hart (1994) reported that negative work experiences should be more strongly related to psychological distress than morale but that a positive affect state created by positive work experiences is more related to the positive motivational state of morale than the
negative emotional state of psychological distress. Therefore, the author agrees with Fagerberg’s (2004) report that adequate resources and support for nursing student professional and personal development have apparently become somewhat of a political issue in nursing education. Positive behavior support team is needed in the future to support our continued efforts to improve student morale, behavior, and feeling of belonging.

These students experienced loss of control, uncertainty, and difficulty in data collection and focused seriously on the things that made them feel fear, impotence, and anger early on in their pediatric clinical experience. Being unfamiliar with and having difficulties in reading foreign books or articles, lack of knowledge, poor relationships, and overload expectations all create stress in different programs for the students. Instructors’ effective support should help motivate the students and improve confidence and self-esteem (Neary, 2000). It should help enhance their career development and help them reach their potential to be able to adapt to the reality of the job and to enhance the work readiness and interpersonal support. In the workplace, students must be taught how to think. Therefore, nurse educators must explore creative teaching approaches that foster critical thinking and personal reflection for all learners with connecting model for creating positive morale environment.

Lin and Lee (1995) emphasized that nursing students can display distinct individual role dignity and functions when they overcome anxiety generated from learning or new environments and begin to recognize the nature of the disease and the identity of a caring nurse. Students were concerned about having enough practice experience to meet increasing nursing competency requirements and their survival as new graduates given the workplace realities (Gamroth, Budgen, & Lougheed, 2006). Through attaining an ideal identification on the job, the students have more motivation to learn, to maintain balance in life, to gain comfort, to have energy to take initiatives, to develop and refine their personal time management system, to create powerful personal affirmations, and to develop key habits for continuing success.

Conclusions

Negative appraisals on the part of students increase anxiety over new environment and associated changes, which, in turn, reduces acceptance of the environment and change, causes mistrust to the managers, stunts critical thinking, hampers teaching strategies, distances mutual interaction between teacher and students, and impedes the proper development of confidence and morale in the students.

Relevance to nurses’ clinical education

Recognizing students’ emotional needs can improve appropriate clinical morale, which, in turn, helps faculties understand nurse students’ affective reactions. When students truly love what they are doing, fear and doubt can be overridden, allowing them to become more creative, able, positive, and empowered. For positive growth, students try to get involved in creative activities and learn to ask for essential resources to accelerate their results. As a teaching strategy, nursing faculty can promote critical thinking in students through the use of pop quizzes. These quizzes should be designed to help instructors take advantage of everyday opportunities to enhance critical thinking in the didactic, laboratory, and clinical components of the curriculum. By encouraging learning attitudes and fostering nursing, faculty can create a pleasant learning environment for students and make students feel safe and happy through humor, respect, and enthusiasm. Students might thus achieve comfortable levels of confidence to build their motivation and energy so that they could feel a sense of growth and progress from their clinical experience.

Relevance to clinical practice

The results of this report provide nursing educators with preemptive information and identify potential issues related to emerging morale or strains on incoming nursing students. Students will become better nurses if they are able to practice in this good learning climate and improve their abilities, attitudes, and intrinsic empowerment and learn to balance their feelings and perceptions of the surrounding climate that affects their ethical decision making. Because of rapid and ongoing changes in healthcare institutions, nursing students must be encouraged and empowered with the abilities to make critical decisions to respond quickly and appropriately to encountered changes.

Study Limitations

The findings cannot be generalized beyond the sample population and may be considered biased because of the personnel and the time collection methodology used for data. However, the findings are honest and remain close to the original data, constituting a useful description of the experiences of students participating in the study. Respondents’ views may also expectedly or unpredictably change over time in clinical settings and when they struggle from the taught component to the clinical practice when they distance themselves relatively from book learning in response to actual work situations and manage personal emotions on the basis of working, living, and learning stresses. For this reason, there is a value in conducting and comparing the studies of different groups of incoming nursing students over several school years in a longitudinal manner to validate the findings of this study.

References


大學護理學生兒科臨床實習的士氣和角色緊張

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過去研究指出護生在臨床實習時因壓力、滿意度和動機之因素而產生焦慮。然而，護生的士氣和實習角色緊張等心理問題的測量缺乏，且少有研究。

目 的
本研究目的是檢視大學護理學生在兒科臨床實習的士氣和角色緊張，並確認其影響因素。

方 法
本研究採取質性方法，針對42位大學護生兒科實習前及結束前，在一般課室由作者引導團體（8－9人／次）訪談，讓參與者表達其士氣和實習角色緊張的感覺及狀況，資料採內容分析法進行分析。

結 果
本研究結果發現大學護理學生兒科臨床實習之正向士氣為希望、成就、愛、安全、靈活、快樂和興趣；負向士氣為生氣、害怕、憂鬱、壓力、無助、無規則；影響護生士氣的因素包括自我知覺、臨床工作人員或環境特殊性和一般專業。護生角色緊張則明顯地來自於現實角色和期望的理想角色之間的衝擊。

結 論／實務應用
多變化的臨床情境、個人的知覺及能力、現實和理想角色的衝突導致護生的士氣反應和角色緊張。發展正向士氣有助於提昇護理品質，因此，於臨床實習如何增進正向士氣，將有助於護生專業社會化之發展。

關鍵詞：護理學生、士氣、角色緊張、情緒感覺。