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White Paper

Addressing Student Clinical Practice Anxiety



ADDRESSING STUDENT CLINICAL PRACTICE ANXIETY

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Stress and anxiety are increasingly pervasive in college students. The American College Health Association (ACHA) National College Health Assessment (NCHA) monitors trends in student health behaviors, habits, and perceptions. In 2011, when the NCHA began assessing anxiety and its impact, 19.9% of students reported anxiety impacted their academic performance. By 2019, this number had increased to 27.8%. Similarly, in 2011, 49.9% of college students reporting having felt overwhelming anxiety in the past 12 months. This number increased to 65.7% of students in 2019 (ACHA NCHA, 2011 & 2019).

While stress and anxiety continue to be prevalent in college students, an even higher level of these phenomena in nursing students has been supported in the literature for over 40 years (Moots, 2019). In fact, Stecker (2004) found that levels of stress and anxiety in nursing students exceed that of students in other health profession programs, including pharmacy, physical therapy, and even medicine.

Anxiety can be crippling for nursing students, with impact on their physical and mental health as well as academic and clinical performance. (Sarid, Anson, Yaari, & Margalith, 2004). Memory, concentration, and ability to problem solve can all be negatively affected by stress, fear, and anxiety (Shaban, Khater, & Akhu-Zaheya, 2012). Additionally, these phenomena can have devastating effects on student's ability to communicate with patients, families, peers, and other health professionals and can impair skill performance, all of which threaten patient safety (Myers, 2017).

A number of factors can contribute to anxiety in nursing students, but time and again clinical experiences/the clinical environment have been identified as a significant source of stress and anxiety (Melo, Williams, & Ross, 2010; Moscaritolo, 2009; Simpson & Sawatzky, 2020). In the clinical setting, students must think critically and apply clinical judgment in real time, often for patients who are acutely ill and in high-stakes situations. This can cause fear and anxiety related to making mistakes or causing patient harm (Shaban et al., 2012). Students also report a feeling of unease in the clinical environment, a sense of not belonging to the healthcare team, and a lack of support from the nursing staff (Moscaritolo, 2009; Shaban et al., 2012).

COVID-19 has brought with it many challenges for nursing education, not the least of which is the loss of student clinical experiences. Traditionally, the time spent by nursing students in clinical is three times greater than time in the classroom (Moscaritolo, 2009). Students at all levels were pulled from clinical, often abruptly, and clinical experiences were replaced with a variety of patient-care activities to try to meet course objectives. While many faculty have worked tirelessly to provide sound clinical-like experiences for their students, this change in clinical learning is certain to cause additional stress for students, especially when they return to the clinical setting. They will have had less exposure to patients, less time to develop therapeutic communication, and less opportunities to practice key assessments and skills—all of which can contribute to fear and anxiety related to clinical experiences.

The first step to addressing student anxiety related to their clinical placement is understanding it. Simpson & Sawatzky (2020) studied the concept and defined clinical placement anxiety as:

a vague perceived threat to a student's goals or expectations in clinical practice, due to the presence of stressors, including unfamiliar environments or situations, resulting in psychological, physiological, and behavioral responses, and which, in turn may have a negative impact on the student's clinical outcomes.

The contextual considerations which contribute to clinical placement anxiety can vary by the stage of education. Novice students may report fears related to the unknown. They can often be concerned about entering a patient's room for the first time, performing skills and assessments on a real person, interacting with health professionals, and finding their way around the clinical unit (Ross & Carney, 2017). Throughout the program, fear of making mistakes or causing patient harm abound. As students approach completion, they can be apprehensive about the transition to practice, often reporting not feeling ready to take on the full role and responsibility of a nurse (without preceptor/instructor support) (Turner & McCarthy, 2017).

SIMULATION

The good news is that there are multiple proven strategies to help mitigate this clinical placement anxiety. Simulation has repeatedly proven an effective strategy to build skill competency and clinical judgment in a safe environment (Smith, 2014), and simulation before clinical can increase student confidence and decrease anxiety related to the clinical experience (Ross & Carney, 2016). Simulation can take many forms, including low-, medium-, and high-fidelity patient simulators and the use of standardized patients. In the simulation lab, it is easy to create an environment that is similar to the clinical setting where students can participate in simulated patient care scenarios. When the majority of time is spent learning at a distance, faculty can still provide meaningful simulation experiences for students.

For novice students, simulation can help take away some of the unknown. Not only can they practice patient care, but it provides an opportunity to practice soft skills, including how to approach patients, respond to their questions and needs, and interact with other healthcare providers. Scenarios can easily be role-played virtually, with the instructor as a guide. While students won't get the psychomotor practice, they will spend more time thinking through the care they will provide. Faculty can help by providing patient data/responses and posing "what-if" questions to help students understand the different courses a scenario might take. Also, with faculty playing the role of patient, family, or healthcare team members, students can practice communication and gain confidence in their ability to do so in the clinical environment.

Simulation at a distance can also be beneficial for students who are more advanced in the program. If they have been out of clinical for an extended period or have had minimal opportunities for in-person clinical, they may still have similar fears and anxiety of their novice peers. Faculty can provide opportunities to practice therapeutic communication with diverse populations. As students learn about caring for patients across the lifespan and with specialty nursing needs, faculty can facilitate appropriate simulated scenarios. Students should practice interpretation of patient cues, prioritization of care, and evaluation of outcomes in order to build clinical confidence and competence. The instructor can help students consider alternative scenarios, potential complications, and appropriate courses of action for each.

For those students approaching program completion, simulation scenarios should include more opportunities to manage the care of multiple patients. Providing this type of guided and supported practice at this level helps mitigate student anxiety and prepares them for their transition to practice.

SKILLS PRACTICE

Skill competence is a consistent concern both for nursing students and faculty. Students report fear of performing a skill incorrectly in the clinical setting as a major source of anxiety, and when students are anxious, they are significantly less competent with skills (Smith et al., 2001). It's a vicious circle. In order to improve confidence and lessen anxiety, students need more opportunities to practice psychomotor skills. When students are unable to be in a practice lab, these opportunities can include reviewing the steps involved in a skill and watching videos of skill performance. Faculty can help students put the skill into context. Discussions about circumstances when the skill is appropriate, expected outcomes, complications, and appropriate documentation all give the skill more meaning for the student. Actual hands-on skills performance is also crucial. Ozturk et al. (2020) suggest that for learning to be permanent and students to be most competent, skills practice should occur in a setting that is similar to the clinical environment, with demonstration and the ability to ask questions, and with more than one opportunity to practice each skill. Every effort should be made to provide students with psychomotor skills practice in order to improve their confidence and lessen anxiety related to clinical skills performance.

PREPARATION FOR CLINICAL

Thorough preparation for the clinical experience can also mitigate students' clinical placement anxiety (Baksi, Gumus, & Zengin 2020). The first step is to acknowledge the students' anxiety. So often students have the misconception that they are the only ones feeling scared, anxious, and overwhelmed. Help them to understand that it's common. Allowing them to share their fears and concerns with their peers helps them feel less isolated and allows faculty to address the issues. Next, review what to expect in the clinical experience. Outline what a day will look like, including a rough timeline and expectations. Orient the students to the clinical unit, including unit staff. This step is critical to build comfort with the environment and healthcare team. And finally, role-play some interactions with nurses, other healthcare providers, patients, families, etc. to help prepare students for their clinical experience.

SELF-CARE

The importance of student self-care is another crucial piece of addressing anxiety. Mindfulness-based practices have shown numerous benefits for nursing students, including decreased stress, anxiety, and depression, increased capacity for learning, and increased ability to show patients compassion and empathy (Myers, 2017). Halm (2017) advises that "positive results are hinged on regular practice" (p. 347). Programs may consider integrating mindfulness meditation education from the beginning of nursing education. Research shows that when students are given the tools and time to develop self-care strategies as part of a nursing course, they are more likely to follow through with the care and outcomes improve (Stark, Manning-Walsh, & Vliem, 2005). Other important themes of self-care may include diet, exercise, and additional stress-reduction techniques such as reflective journaling (Blum, 2014).

Self-care strategies to tackle stress and anxiety before they are overwhelmed creates resiliency. For students, this will mean improved learning in a more positive clinical practicum. Stress and anxiety will not stop after nursing school, so it is crucial that new nurses are prepared to handle the emotional challenges they may face as professionals. Turner and McCarthy (2016) identify stress and anxiety as the leading cause of nurse burnout. Building resiliency as students can improve attrition rates and have a positive impact on the looming nursing shortage.

CONCLUSION

Today's educational environment for nurses is unprecedented. The challenges and uncertainty only add to students' previous clinical-related fears and anxiety. When students are anxious, they are less likely to perform well and more likely to make mistakes (Myers, 2017). Faculty can help mitigate these emotions and improve student learning by offering simulated clinical activities, psychomotor skills practice, thorough preparation for clinical experiences, and self-care education.

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