SSTeMM

Student Stress Training
e-Mobile Management

STUDENT NURSE CLINICAL SUPPORT MANUAL FOR TRAINERS

Version 2 – August, 2022

HEA HIGHER EDUCATION AUTHORITY

With the support of the Erasmus+ Programme of the European Union

Title SSTeMM Manual for Trainers
Subtitle Student Nurse Clinical Support Manual for Trainers
Authors/ Contributors SSTeMM (Student Stress Training e-Mobile Management) project teams:
Waterford Institute of Technology School of Health Sciences
University of Maribor, Faculty of Health Sciences
TecnoCampus (FTMM) School of Health Sciences
UPMC Whitefield Hospital (EHC)
IBK Management Solutions GMBH
Cover graphics
Published by SSTeMM (Student Stress Training e-Mobile Management)

Publication type E-book
Published August 2022

This e-book is published under a Creative Commons 4.0 International licence (CC BY 4.0). This licence lets others remix, tweak, and build upon our work even for commercial purposes, as long as they credit us and licence their new creations under the identical terms.

Any third-party material in this e-book is published under the book's Creative Commons licence unless indicated otherwise in the credit line to the material. If you would like to reuse any third-party material not covered by the book's Creative Commons licence, you will need to obtain permission directly from the copyright holder.

https://creativecommons.org/licenses/by/4.0

The Erasmus+ Project (Strategic Partnership for Higher Education) SSTeMM (Student Stress Training e-Mobile Management) has developed an end-user accessible digital mobile platform providing stress management support tailored to the immediate needs of student nurses whilst they are in their clinical placement. SSTeMM supports student nurses to develop personal resilience to enhance their work engagement experience. More information at: https://sstemm.eu/

Contents

1 Supporting student mental health and wellbeing in the clinical placement 3
1.1 Promoting student mental health and wellbeing 5
1.2 Professional requirements 6
1.3 Theories of stress 7
1.4 Stress in health services 8
1.5 Health and safety 9
1.6 Key points 9
1.7 Bibliography 11

2 Common stressors for student nurses 11
2.1 Most prevalent risk factors in different areas 12
2.2 Others factors related to the appearance of stress 14
2.3 Key points 15
2.4 Bibliography 16

3 Your role in supporting student nurses 18
3.1 Responsibility as a preceptor 19
3.2 How to recognise that a student is stressed 20
3.3 What interventions can be used? 21
3.4 Developing a positive a relationship with a student 23
3.5 Key points 24
3.6 Bibliography 25

4 Ergonomics 27
4.1 What is ergonomics and how does it affect stress? 28
4.2 Addressing stressors in the clinical environment 29
4.3 Team climate and promoting cooperation 32
4.4 Key points 35
4.5 Bibliography 36

5 Self-assessment 37
5.1 The SSTeMM self-assessment survey 38
5.2 Key points 43

6 Resilience 44
6.1 What is resilience? 45
6.2 Interventions to increase resilience 47
6.3 Resources to support resilience 50
6.4 Key points 51
6.5 Bibliography 52

7 SSTeMM Mobile Application 2
7.2 How to use the SSTeMM app 6

SSTeMM

1. Supporting student mental health and wellbeing in the clinical placement

With the support of the Erasmus+ Programme of the European Union

1 Supporting student mental health and wellbeing in the clinical placement

Section 1 reviews the importance of promoting student nurses' mental health and wellbeing in clinical placement. The following sections will introduce you to academic and clinical staff's professional requirements and give you a brief overview of stress theories. We will look at stress in health services and explain its relationship with health and safety.

1.1 Promoting student mental health and wellbeing

Students are often subject to a range of life events that can lead them to be stressed (transition into higher education, distance from home, finances, ~~etc.~~). Feeling stressed can often reduce academic performance, lead to unsatisfactory performance and personal dissatisfaction in the clinical placement. Left unaddressed, constant exposure to unnecessary stress may lead nursing students to panic attacks, anxiety and depression.

Students' positive mental wellbeing is a critical element in their personal satisfaction and quality of life. Mental wellbeing is not only the absence of mental ill health but encompasses a subjective, psychological, psychosocial, and socio-community sense of wellness and happiness. These can influence students' satisfaction with study and academic success. Effective promotion of mental wellbeing by educational institutions and their clinical partners includes promoting activities that maintain mental health and wellbeing, particularly as this relates to unnecessary stress.

There are various preventative activities for students to maintain their mental wellbeing. The effectiveness of those activities depends mainly on student's interests. Nowadays, online sites, mobile applications and other modern technologies are frequently used to support mental wellbeing due to their cost-effectiveness, functionality, and attractiveness for end-users. The SSTeMM mobile application and website is one such example.

1.2 Professional requirements

Higher education and their clinical partners need to develop approaches and activities to promote student nurses' mental wellbeing. In support of this, special attention should be paid to preceptors' mental health and wellbeing. Commitment by and from nurse managers to such support through addressing their needs by continuous professional development about preceptorship are essential for the preceptors to fulfil their role.

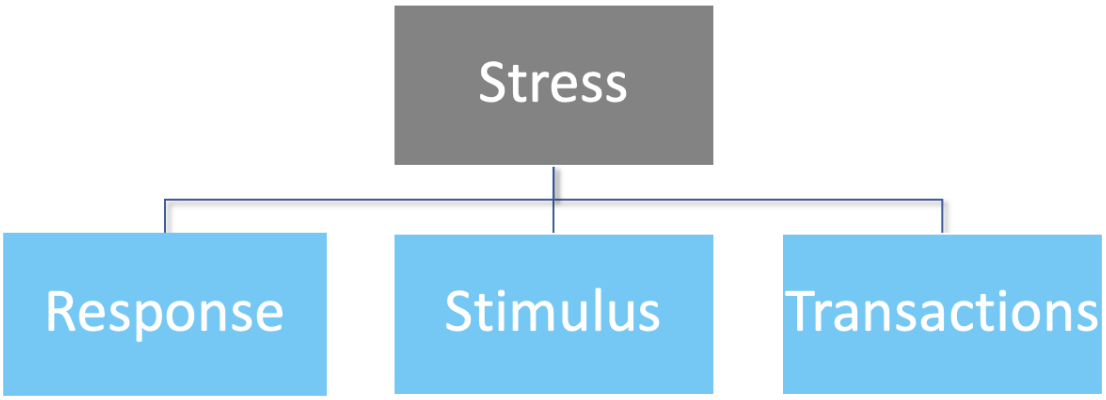
University staff, clinical nurse managers and preceptors, play a vital role in supporting students transitions to clinical placement. By embedding activities to develop professional skills through different modules and workshops, students can be equipped with knowledge and skills that help to maintain mental health wellbeing and manage their stress. Such activities can include communication; stress management and reduction; solving problems and presentation skills. These activities allow students to explore their relevance and personal values and thereby serve to improve their confidence in managing their anxiety when entering/ transitioning into a new clinical placement.

Preceptors need to have special knowledge, experience and skills when working with students. You should be able to recognise when a student nurse appears overly stressed, provide support and, where necessary, work with the partner academic institution to access necessary external support for students.

You can provide students with advice and support to navigate and negotiate poor professional relations and encourage students to draw links between theory and practice to recognise placement experience value. Also, guiding students to self-reflection of their clinical placement to consider their strengths and possible opportunities to improve themselves is of great importance. You might also introduce activities for maintaining mental health and good interpersonal relations, reducing stress and other subjects as an introduction to the placement, during orientation or throughout the placement as learning tools for student supervision sessions.

1.3 Theories of stress

Theories of stress describe, explain and predict physiological responses to stressors. Numerous theories exist, and we can broadly divide them according to the view on stress. Stress has been viewed as a response, a stimulus, and a transaction.



Picture 1.1. Stress as response, stimulus and transaction

Stress as a response was introduced by Seyle, "father of stress". In his theory, General Adaptation Syndrome, stress is described as a physiological response pattern that plays a role in every disease. Failure to cope or adapt to stressors can result in difficulties in adaptation, or, according to theorists, “diseases of adaptation”. Stress could be viewed as positive or negative and follows three stages, alarm, resistance, and exhaustion.

The theory of stress as a stimulus was introduced by Holmes and Rahe. According to their theory, stress is a significant life event or change that demands a response, adjustment, or adaptation. The theory was criticised for not considering that individuals experience changes or life events differently.

Stress as a transaction was viewed by Lazarus and Folkman, who developed the transactional theory of stress and coping. Stress is seen as a product of a transaction between a person and

their complex environment. How a person appraises a stressor determines coping, which includes both cognitive and behavioural responses. Beside this theory, concept of hardiness was explained. It refers to personal characteristics that distinguish people who remain healthy under stress compared with those who develop health problems.

1.4 Stress in health services

A person can tolerate a certain amount of stress. Small amounts of stress can energise you and thus have a positive impact on reaching your goals. However, excessive and prolonged stress can severely impact your health and job performance.

Working in healthcare can be stressful and affects healthcare workers at physical, emotional and mental levels. It is almost expected that healthcare workers should be in their perfect frame of mind to take care of other people's lives. Nevertheless, that is not usually the case. In addition to specific healthcare stressors, healthcare workers are prone to worries and anxieties by the same stressors that affect the general population. A high level of occupational stress and burnout in staff can lead to turnover. Nurses and healthcare workers are qualified to influence others' health promotion choices and treatment of illness but often forget to take care of themselves. This calls for programs for stress management interventions.

Common causes of stress in health services are shown in picture 1.2.

Picture 1.2. Stressors in health services

Working in health services, especially as a nurse, has its ups and downs. We always like to tell our good stories, but what about the not so good ones? All the stress, fatigue and burnout we face almost every day? How much do you share?

1.5 Health and safety

European Union legislation on health and safety at work requires that employers (including Higher Education) consider the mental wellbeing of workers, including students, as part of their duty of care. As such educational and clinical institutions should provide a safe workplace and care for and promote students' health and safety. During clinical placements, students are placed at risk or hazards for their health and safety. Physical injury, abuse, bullying, experiencing adverse events, and psychological distress can impact student health and wellbeing during clinical placement and negatively affect patient safety. Stress and anxiety are

highly prevalent among nursing students. This increases safety incidents and puts patient safety at risk.

It is impossible to eliminate risks or hazards from a clinical placement. Therefore, we have to prepare students for unpredictable clinical environments, adverse health events and empower students to manage health and safety issues. Academic and clinical staff should provide students with information and information sources concerning their health and safety.

Students should also be aware of all patient safety issues and know their role in providing safe care. Underreporting of safety incidents is an extensive problem in nursing practice. Students should be encouraged to report safety risks and incidents. Being a positive role model, cultivating a caring and safe culture, having a no blame attitude when adverse events occur, and reporting it can foster students' learning from past mistakes and develop a sense of faith in the reporting processes.

Key Points

- Students who experience good mental health can make full use of their abilities, can cope with everyday stressors, contribute to the community and maintain good interpersonal relations with others.
- Mental health preventive interventions should be based on modifying risk exposure and strengthening the stress coping mechanisms for students.
- Healthcare workers are prone to worries and anxieties by the same stressors that affect the general population in addition to specific workplace stressors. Theories of stress view stress either as a stimulus, as a response or as a transaction.
- While it is impossible to eliminate risks or hazards in clinical placements, students should be empowered in managing risks and ensuring safety.

Bibliography

Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's Psychological stress and coping theory. In *The Handbook of Stress and Health* (pp. 349–364). John Wiley & Sons, Ltd.

Boucaut, R., & Knobben, L. (2020). Occupational health and safety incidents at a university school of nursing: A retrospective, descriptive appraisal. *Nurse Education in Practice*, *44*.

Cilar, L., Barr, O., Štiglic, G., & Pajnkihar, M. (2019). Mental well-being among nursing students in Slovenia and Northern Ireland: A survey. *Nurse Education in Practice*, *39*, 130–135.

Eyi, S., & Eyi, İ. (2020). Nursing students' occupational health and safety problems in surgical clinical practice. *SAGE Open*, *10*(1), 215824402090180.

Graj, E., Sheen, J., Dudley, A., & Sutherland-Smith, W. (2019). Adverse health events associated with clinical placement: A systematic review. *Nurse Education Today*, *76*, 178–190.

Guzmán, J., Varela, J. J., Benavente, M., & Sirlopú, D. (2017). *Psychosocial well-being of children and adolescents in Latin America* (J. C. Sarriera & L. M. Bedin (eds.)). Springer, Cham.

Kakunje, A. (2011). Stress among health care professionals - The need for resiliency. *Online Journal of Health and Allied Sciences*, *10*(1), 6–8.

Krohne, H. (2001). Stress and coping theories. In *International encyclopedia of the social & behavioral sciences* (pp. 15163–15170).

McGrath, J. (1982). Methodloical problems in research on stress. In L. Levi (Ed.), *Emotions: their parameters and measurement* (pp. 143–181). Raven.

Rice, V. (2017). Theories of stress and its relationship to health. In V. Rice (Ed.), *Handbook of stress, coping, and health: Implications for nursing research and practice* (pp. 22–42). Sage Publications.

Ridge, M., Wells, J., Denny, M., Cunningham, J., & Chalder, T. (2011). Developing a web-based stress management intervention for occupational support workers. *Journal of Mental Health*, *20*(2), 185–197.

Selye, H. (1976). *The stress of life* (revised). McGraw-Hill.

Waddill-Goad, S. (2016). *Nurse burnout: overcoming stress in nursing*. Sigma Theta Tau International.

Walinga, J. (2014). Stress and coping. In C. Stanger & J. Walinga (Eds.), *Introduction to psychology*. BD Campus.

SSTeMM

2. Common stressors for Student Nurses

With the support of the Erasmus+ Programme of the European Union

2 Common Stressors for Student Nurses

Most student nurses experience some stress during their academic and clinical experiences. Some studies show that at least 50% of students have symptoms of stress. This section provides a short description of the factors that have been found to be most common in causing student nurses to be stressed.

Most studies agree to categorize the stress level of students as moderate. Low or moderate stress levels can improve the motivation of students and stimulate their perseverance in studies.

There are, however, notable differences according to the nature of the clinical setting in which a student nurse finds her or himself. For example, there is a very significant difference between students with stress in the hospital setting (57%) compared to other clinical settings (13%).

Many studies talk about the factors that cause or facilitate the appearance of stress in students. These factors are not only related to the care activity during their clinical practices, they are also related to academic and personal aspects. Whilst generally the experience of stress is universal, there are cultural differences in the impact of stress in different countries.

Not being able to cope effectively with stress can have consequences on the mental wellbeing of students, who can develop depression and/or anxiety, among other disorders.

2.1 Most prevalent risk factors in different areas

We have to be aware that stress is inevitable, and it arises from a combination of factors. In this context, we can identify 3 areas that cause stress in student nurses:

- Clinical field
- Academic field
- Personal and social sphere

There are multiple stress factors further developed below from these key areas:

Stress factors arising from the clinical field	
	The cure of the patient
	Relationship with academic tutors
	Relationship with nursing professionals.
	Fear of a new environment, the clinical environment.
	Complexity of tasks assigned
	Number of tasks assigned
	Relationship to the team in daily tasks
	Cope with death
	Insufficient staff in the units
	Uncertainty and fear of the unknown
	New responsibilities
	Recognition of the profession in respect of other disciplines
	Relationship with family members of patients
	Level of requirement
	Lack of professional skills
	Unknown diagnosis and treatments
	Administration of special medications (children, for example)

Table 1- Relationship of stress factors in the clinical field

Stress factors arising from the academic field	
	Manage theoretical academic demands and the work of clinical practices
	Knowledge deficit
	Lack of technical skills
	Intensive nursing training curriculum
	Little support of the Academic Institution
	Workloads

	Economic burdens
	Fear and shame for making mistakes
	The exams. National assessments
	Control of the studies themselves

Table 2- Relationship of stress factors in the academic field

Stress factors arising from the personal and social sphere	
	Own personality
	Relationship
	Relationship with the environment
	Reconciliation with daily life

Table 3- Relationship of stress factors in the personal and social sphere

2.2 Other factors related to the appearance of stress

The discipline under study:

Studies in Nursing are considered one of the most stressful as opposed to other academic disciplines and university careers.

Stress is perceived more by students in practical academic training than in theoretical.

- According to the level of training course being taken, this factor being a predictor of risk, nursing students report increasing levels of stress during their education.
- It is 2nd year that presents the highest level of stress - these students feel poorly prepared in knowledge and skills.
- The stress experienced by students in higher grades is related to a conflict between their beliefs of *what care practice has to be like* versus the clinical reality and variability in practice. Otherwise known as the “Theory-practice gap”.
- According to gender, women experience higher stress levels.

Stress factors of special relevance related to tutors

Inadequate attention and orientation to the student
Poor training and skills of the tutor due to the needs of the student
Deficit in the use of new teaching methodologies, routine.
Failure to promote student independence
Allow the exploitation of students in care tasks
Incoherence or incorrect perception of the student between the theoretical training received and clinical practice
Insufficient and imprecise explanation of the objectives in clinical training
Inappropriate behaviour of the tutor in case of student error
Unrealistic expectations by the tutor
Unfair evaluation by the tutor
No feedback from the instructors towards the development of the tasks of the student
Confusion caused by the contradictions between tutors

Table 4- Relationship of stressors and tutorial activity.

Key Points

- Nursing students suffer more stress than students from other university courses.
- Stress increasing quantitatively, with the evolution of training but there are qualitative differences in terms of the factors that generate it.
- Mild stress can have a beneficial effect for the student.
- High to moderate levels of stress are negatively manifested in students as regards mental health, quality of life and academic results.
- Stress factors are related in 3 areas: clinical field, academic field and personal sphere.
- The clinical care setting is the one that generates the most stress factors
- The role of the academic tutor is essential in the development of student practices
- A relationship that favours a positive environment between the tutor and the student is a protective factor against the appearance of stress.

Bibliography

Admi, H., Moshe-Eilon, Y., Sharon, D., & Mann, M. (2018) Nursing students' stress and satisfaction in clinical practice along different stages: A cross-sectional study. Nurse Education Today, *68*, 86–92.

Brodersen, L. D. (2017) Interventions for Test Anxiety in Undergraduate Nursing Students: An Integrative Review. *Nursing Education Perspectives)*, *38*(3), 131–137.

Deary, I. J., Watson, R., & Hogston, R. (2003) A longitudinal cohort study of burnout and attrition in nursing students. *Journal of Advanced Nursing, 43*(1), 71–81.

Labrague, L. J., McEnroe-Petitte, D. M., Gloe, D., Thomas, L., Papathanasiou, I. V., & Tsaras, K. (2017) A literature review on stress and coping strategies in nursing students. *Journal of Mental Health*, *26*(5), 471–480.

Leodoro J. L., (2013) Stress, stressors, and stress responses of student nurses in a government nursing school. Health Science Journal, 7(4): 424-435.

D'emeh, WM, Yacoub, MI. (2020) The visualization of stress in clinical training: A study of nursing students' perceptions. Nursing Open, 8: 290– 298.

Rafati, F., Sharif Nia, H., Khoshnood, Z. Allen K. (2021) Development and psychometric testing of nursing students' perceptions of clinical stressors scale: an instrument design study. BMC Psychiatry, 21**,** 1

Regehr, C., Glancy, D., & Pitts, A. (2013) Interventions to reduce stress in university students: A review and meta-analysis. Journal of Affective Disorders, *148*(1), 1–11

Terp, U., Hjärthag, F., & Bisholt, B. (2019) Effects of a Cognitive Behavioral-Based Stress Management Program on Stress Management Competency, Self-efficacy and Self-esteem Experienced by Nursing Students. Nurse educator, *44*(1), E1–E5.

Yüksela, A., Bahadır, E., (2020) The effects of group mindfulness-based cognitive therapy in nursing students: A quasi-experimental study. Nurse Education Today, 85: 104268

3 Supporting student mental health and wellbeing in the clinical placement

3 Your role in supporting student nurses

With the support of the Erasmus+ Programme of the European Union

Preceptors have an integral role in nursing education. They are vital for nursing students' clinical training and are an essential link between the faculty and clinical placement. With the right support, students are able to successfully complete their studies and obtain good academic and employment outcomes. This section provides, in short, an understanding of your role and responsibility in supporting students in their professional journey with regard to stress.

3.1 Responsibility as a preceptor

The preceptor's primary role is to facilitate practice learning and monitor the student to meet clinical objectives. The preceptor's responsibility is to be a professional role model by providing guidance, support, supervision and adequately preparing students for their new roles. An efficient and effective preceptor demonstrates a high level of clinical care expertise. In order to ensure a positive, valuable experience for the preceptor, student, and faculty, the preceptor needs good communication skills, adequate knowledge about preceptorship, clinical teaching, and awareness of students' expectations and learning needs and learning styles. Leadership qualities such as caring, compassion and empathy are desired.

For a student to gain the most from a clinical placement experience, the preceptor should create a safe, caring, supportive and welcoming environment. By involving students in various tasks and nursing activities to assure safe practice, enhancing critical thinking, developing problem-solving skills, fostering independence and self-esteem, and preceptor support - students develop clinical skills. Ongoing evaluation and providing timely feedback about clinical performance and student evaluation enable students to continuously learn and improve clinical skills. Learning can also be facilitated by encouraging reflection.

During preceptorship, we emphasise developing clinical skills. However, the preceptor is also responsible for supporting students in professional socialisation and offering mental and

emotional support. We all know how challenging clinical placements can be. Students may feel insecure or experience anxiety or stress in the new work environment and struggle to become a team member. Being welcoming, showing students around a facility and orienting them to practice helps students adjust to their placement. An accessible, authentic, honest, friendly, helpful, and respectful preceptor can more easily establish a positive working relationship with a student and help the student cope with demands and challenges in the healthcare environment. Treat the student the way you would want to be treated.

3.2 How to recognise when a student is stressed

While students generally experience stress during their studies, nursing students experience even more stress and anxiety in the clinical environment. High levels of stress and anxiety have a negative impact on academic performance and may reduce the student's ability to interact with patients in a safe and caring manner. It is essential to recognise the signs of stress in a student. Pay attention if the student behaves differently or exhibits 'nervous habits'. Look for warning of physical, behavioural, cognitive, or emotional signs of stress. These may include poor communication (limited eye contact), nail-biting, fidgeting, pacing, memory or concentration difficulties, fatigue, irritability, loss of interest in work and loss of motivation. Regular absenteeism can be another red flag.

It can be challenging at times to recognise stress in others. Stress may manifest differently depending on the individual. A student may more easily express his/her feelings and thoughts in a safe and caring environment. Having friendly conversation over a cup of tea or coffee may help you identify other potential signs of stress (see Figure below). Social withdrawal or changes in the social relationship can also be a sign that the student is stressed. It is not always easy to recognise or admit that help is required. Sharing your stressful student experiences, history and clinical learning can improve and deepen an interpersonal relationship with a student and help him/her to normalise their experience and cope better with stress. Helpful

statements might include: “I am here to listen” or “I was where you were one time…” or “As a student, I felt very similar to you when… (give own example)”.

You may encourage the student to take a self-assessment survey to determine the level of stress and how much stress he/she is facing. Several instruments for measuring the perception of stress are available. Learn more about our SSTeMM self-assessment survey in Chapter 5. If you feel a student is in a severe mental distress, do not hesitate to contact the academic partner to discuss how and what level of external support might be needed. Failure to act or manage student stress can lead to a deterioration in mental health.

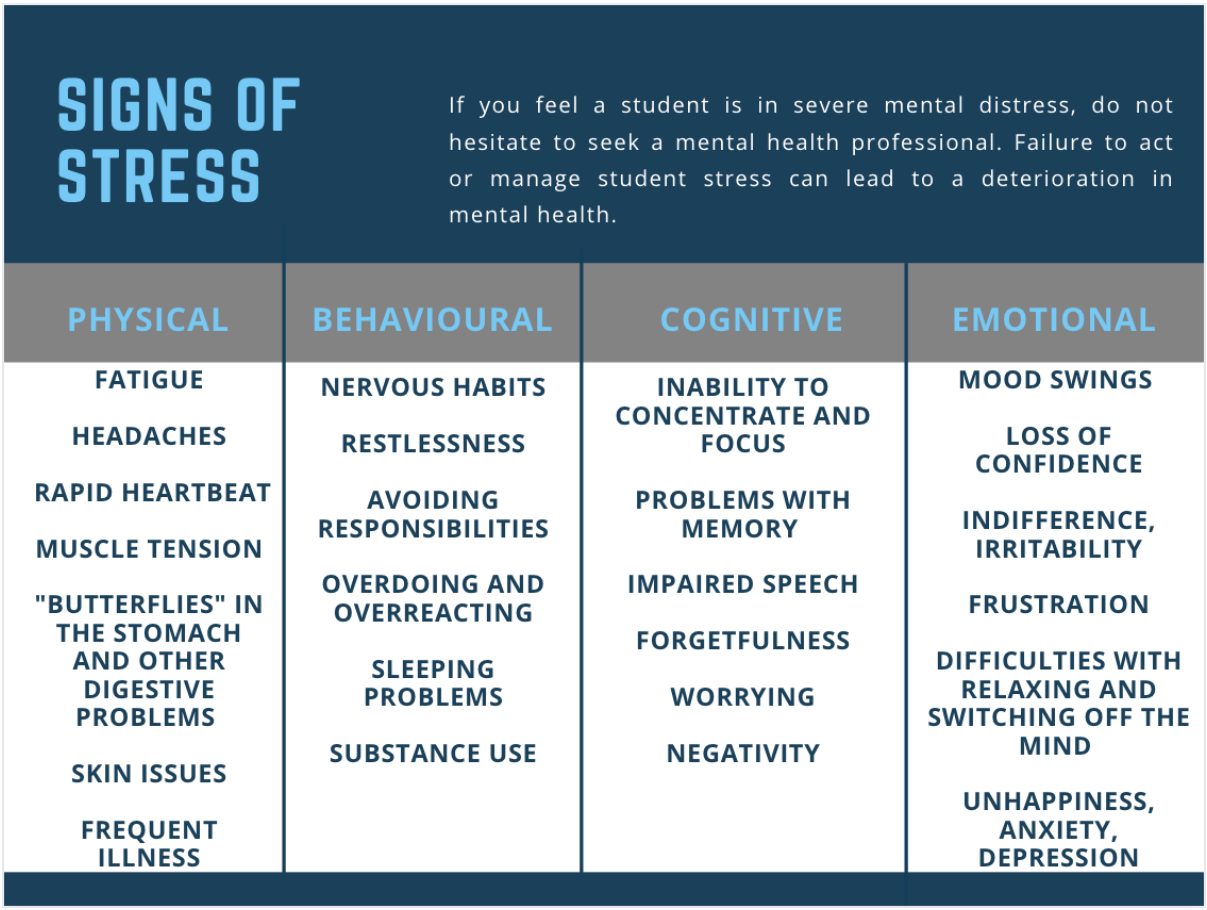


Figure 3.1: Physical, behavioural, cognitive and emotional signs of stress

3.3 What interventions can be used?

Empowered students are better prepared to cope, adapt and manage stress and anxiety in their future professional roles and the ever-changing, demanding health care environment. Several interventions can be recommended when a student is feeling stressed. Some people handle stress better than others, therefore selecting an intervention(s) should be person-oriented.

Some positive and simple interventions to consider and suggest to students are exercise, humour based activities, leisure time, hobbies or music, social support, relaxation techniques, expressive writing and meditation. Other mind-body-stress-reduction techniques, such as yoga, breathwork, and mindfulness are also effective stress management tools. The problem-solving approach, where the student develops objectives to resolve problems, adopting various strategies to solving issues (problem solving) and finding the meaning of stressful events is one of the most appropriate CBT based interventions. Several other interventions exist in the literature and can be divided into student-led and faculty-led (see Table 3.2).

Suggest picking intervention(s) that are evidence based and will work for the student. 'Millennials' may respond exceptionally well to technology-oriented interventions like mobile application based solutions. Several mobile apps for stress and anxiety exist on the market. Mobile apps could be successful, mainly if driven by theory. For example, our SSTeMM mobile app was designed especially for nursing students using cognitive behavioural therapy principles. It can help manage stress in clinical placement and equip students with the knowledge and skills to address occupational stressors. Learn more about the application in Chapter 7. Check out also our SSTeMM webpage for valuable resources.

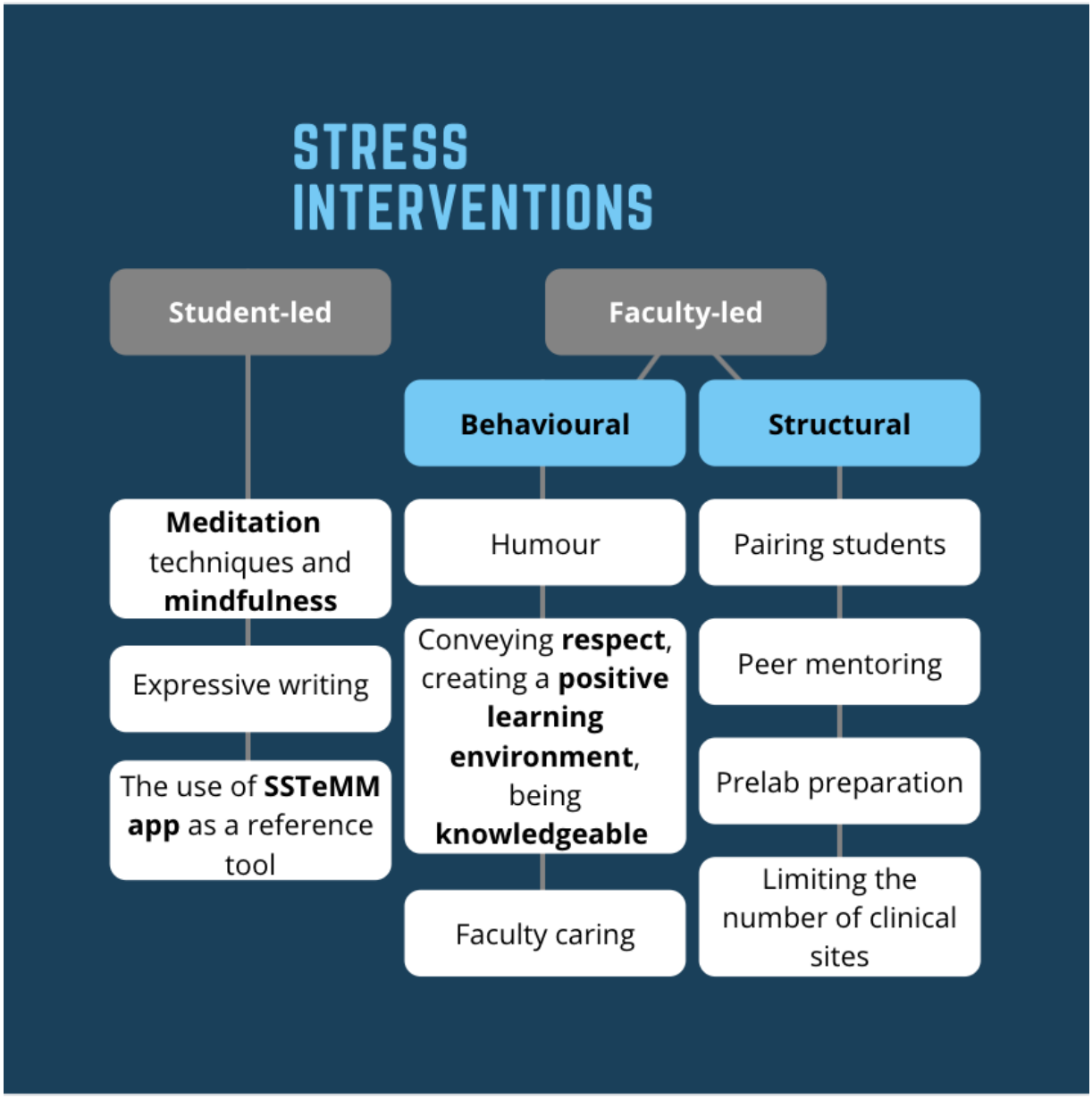


Figure 3.2.: **Interventions for stress relief**

3.4 Developing a positive relationship with a student

A positive relationship fosters positive outcomes of the learning process. It is also vital in reducing stress and making the placement experience more positive. A positive and caring relationship is the foundation for a student's personal professional growth and satisfaction with preceptorship and clinical placement. Positive practice experiences can build resilience, lead to decreased work-related stress, staff retention and decreased turnover. On the other

hand, if a relationship between preceptor and student is a source of stress, a student may not learn or integrate. In a worst case scenario, it can lead to negative feelings about nursing duties and the profession. It could be said that a relationship and interactions between preceptor and student 'make or break' the practical experience. Building a positive relationship grounded with mutual respect and trust can at times be challenging. Preceptors may have difficulties fulfilling a positive role model due to nurse shortage, increased workload, competing demands and time constraints.

Open, effective and respectful communication is considered as a foundation of a positive relationship. Students benefit if they can be open, expressing their feelings and concerns. The use of technology can promote effective communication in preceptorship. The current generation of students are millennials, who strive to be trusted, supported and understood. We can use technology to reach out to students more effectively. Other strategies to build a positive relationship include formal orientation, so students do not feel lost. It helps if preceptors can prepare students for more complex situations. Students also value appreciation and acknowledgement, regular constructive feedback, a positive and caring attitude, exchange of knowledge and sharing experiences, assurance of support, spending time together, knowing the student, giving breaks and encouraging self-commitment.

Key Points

- The Preceptor's responsibility is to act as a professional role model providing guidance, support and supervision.
- A caring and supportive environment and empowering interventions for coping with stress can maximise the positive clinical experience.
- Warning signs of stress include changes in body, mind, behaviour and emotions.
- A positive and caring relationship grounded in trust and respect is a foundation for a student's personal and professional development.
- Several interventions for stress relief such as mind-body-stress-reduction techniques and reflective writing can decrease stress and anxiety.
- Technology can be used effectively in reaching out to millennials.
- While it is impossible to eliminate risks or hazards in clinical placements, students
- Should be empowered in managing risks and ensuring safety.

3.6 Bibliography

Beanlands, H., McCay, E., Fredericks, S., Newman, K., Rose, D., Santa Mina, E., … Wang, A.(2019). Decreasing stress and supporting emotional well-being among senior nursing students: A pilot test of an evidence-based intervention. *Nurse Education Today*, *76*, 222–227.

Bengtsson, M., & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: development of a continuous professional development course - a qualitative study part I. *BMC Nursing*, *14*(1).

Cleveland Clinic. (2021). Stress: Signs, Symptoms, Management & Prevention. Retrieved March 24, 2021, from https://my.clevelandclinic.org/health/articles/11874-stress

Colbert, B. J. (2015). *Navigating your future success* (2nd ed.). University of Pittsburgh: Johnstown Pearson education.

Cornine, A. (2020). Reducing nursing student anxiety in the clinical setting: an integrative review. *Nursing Education Perspectives*, *41*(4), 229–234.

Eller, L. S., Lev, E. L., & Feurer, A. (2014). Key components of an effective mentoring relationship: a qualitative study. *Nurse Education Today*, *34*(5), 815–820.

Friedman, Wi. J. (2020). Types of stress and their symptoms. Retrieved March 24, 2021, from MentalHelp.net website: https://www.mentalhelp.net/blogs/types-of-stress-and-their-symptoms/

Galbraith, N. D., & Brown, K. E. (2011). Assessing intervention effectiveness for reducing stress in student nurses: quantitative systematic review. *Journal of Advanced Nursing*, *67*(4),

Lazarus, J. (2016). Precepting 101: teaching strategies and tips for success for preceptors. *Journal of Midwifery and Women's Health*, *61*(S1), 11–21.

Mayo Clinic. (2019). Stress symptoms: effects on your body and behavior - Mayo Clinic. Retrieved March 24, 2021, from https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress-symptoms/art-20050987

McCarthy, B., Trace, A., O'Donovan, M., Brady-Nevin, C., Murphy, M., O'Shea, M., & O'Regan, P. (2018). Nursing and midwifery students' stress and coping during their undergraduate education programmes: an integrative review. *Nurse Education Today*, *61*, 197–209.

McIntosh, A., Gidman, J., & Smith, D. (2014). Mentors' perceptions and experiences of supporting student nurses in practice. *International Journal of Nursing Practice*, *20*(4), 360–365. https://doi.org/10.1111/ijn.12163

Quek, G. J. H., Ho, G. H. L., Hassan, N. B., Quek, S. E. H., & Shorey, S. (2019). Perceptions of preceptorship among newly graduated nurses and preceptors: a descriptive qualitative study. *Nurse Education in Practice*, *37*, 62–67.

Stillwell, S. B., Vermeesch, A. L., & Scott, J. G. (2017). Interventions to reduce perceived stress

among graduate students: a systematic review with implications for evidence-based practice. *Worldviews on Evidence-Based Nursing*, *14*(6), 507–513.

Stones, S., & Glazzard, J. (2019). *Supporting student mental health in higher education*. St Albans: Critical Publishing Ltd.

Ward, A., & McComb, S. (2017). Precepting: a literature review. *Journal of Professional Nursing*, *33*(5), 314–325.

WebMD. (2019). Stress Symptoms: Physical Effects of Stress on the Body. Retrieved March 24, 2021, from https://www.webmd.com/balance/stress-management/stress-symptoms-effects_of-stress-on-the-body

Zilembo, M., & Monterosso, L. (2008). Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students. *Contemporary Nurse*, *30*(1), 89–94.

SSTeMM

4 Ergonomics

With the support of the
Erasmus+ Programme
of the European Union

4 Ergonomics

Ergonomics of the workplace aims to support and improve the wellbeing of people who work in a particular environment whilst maintaining a productive working environment. Within the context of supporting student nurses therefore, ergonomics aims to look at the clinical environment and note the aspects that can negatively affect a student and try to change this whilst ensuring the student still has an effective clinical learning experience This section looks at how you might manage the clinical working environment so it can be supportive of people in terms of reducing stress, including student nurses.

4.1 What is ergonomics and how does it affect stress?

Ergonomics means the study of how a working environment affects the worker and, in the context of stress, how to design a working environment that minimises stress for the worker. Ergonomics focuses on changing three principal areas of a working environment to reduce stress:

1. Physical stressors – these include physical demands and workplace layout.
2. Psychological stressors – these include how much someone has to remember, reporting and writing, working with computers and databases.
3. Organisational stressors – these include combination of different activities, breaks within a shift, how much work is done alone and how much is done by the team.

Because we get so used to working in a particular environment – that is - we perceive a particular way of working (or its culture) as *being normal*, we may not notice how any of the above (or a combination of all three) may contribute to our work stress or that of our student nurses. As result we can often over focus on looking at individual stress and not consider how the working environment is the area, we need to change in order to manage stress effectively. Consequently, the working environment never changes and increasingly can feel monotonous, unexciting, yet psychologically and physically demanding.

4.2 Addressing stressors in the clinical environment

Clearly, if you are going to change a working environment you must do two things. Firstly, you need to identify what is right and what is wrong with the environment – in other words you should conduct a situational assessment/risk analysis. Secondly, you should draw up a plan of change and implement and evaluate it.

When thinking about carrying out such an analysis consider the cultural values of the clinical environment. This could be include how we have traditionally thought about nursing values as expressed through our work organisation and how these can negatively contribute to stress. For example, some typical negative nursing values that can characterise the clinical environment may include:

'Try Hard' - There may be a culture of taking on as many tasks as possible, especially when resources are tight. This culture promotes the idea that student nurses are under-performing if they are unable to achieve such volume of tasks.

Signs that this culture is prevalent include:

- It is rare for a nurse to clear their to-do list for the shift.
- Nurses feel the need to stay on late after work to complete tasks.
- Tasks are frequently left half-done or forgotten.

'Please Others' - This usually refers to an unspoken culture where a nurse should not acknowledge their own needs. For example, it may be seen as unprofessional to take a full lunch break or leave on time at the end of a shift, when there is an outstanding amount of work to be done. Nurses may not feel able to communicate to others when they are feeling overwhelmed by the workload they are faced with. They may fear that they are being judged, unsupportive of the nursing team or simply not up to the job.

Signs that this is a prevalent culture in the clinical area include:

- Nurses rarely take the full amount of time allotted for lunch.
- Nurses often missing a break or eating their lunch at a desk in the clinical area.
- Nurses frequently stay later than working hours to complete work.
- Nurses rarely saying “no” to new pieces of work.

‘Be Strong’ - Often a culture of professionalism can get confused with being overly cautious about admitting when individuals are feeling stressed or worried about their workload. This may come to be considered a sign of weakness, unsuitability for nursing or being incompetent. This may become more obvious if the clinical area is perceived to be quite competitive or, in the case of a student nurse, they are worried that such an admission will negatively affect their clinical assessment.

Signs that employees are worried about expressing their emotions in the workplace may include:

- Emotions are rarely expressed.
- Feedback, direction or clarification is rarely sought from managers or colleagues.
- Absenteeism is high.
- Fear of criticism by senior members of the team/ mistakes perceived less tolerated.

‘Hurry Up’ - This refers to the expectation that everyday tasks should always be completed within specific deadlines. These are rarely up for discussion with the allocated nurse or nursing student. There will also likely be a general sense that tasks need a very quick turnaround. Such a culture is likely to exacerbate a high stress environment.

Signs that this is a prevalent culture in the clinical environment include:

- Deadlines are rarely challenged or discussed.
- Deadlines are honoured generally but there may be outstanding errors or parts left undone. Attention to detail may be missed.
- Again, nurses may rarely take the full time allocated for lunch.
- Nurses may arrive early and/or stay later to get their task list done.

'**Be Perfect'** - This culture may be characterized by all of the four cultures described above. Nurses may be expected to work with minimal mistakes at a quick rate, without raising concerns and taking on all that is expected of them in the workplace. It may be perceived that nurses that work methodically with little talk about their emotions or practical problems they are experiencing, are looked at more favourably or considered to be more competent than those that voice their concerns. Errors may not be tolerated or a big issue is made when they occur in nurses' work.

Signs that this culture may be prevalent in the clinical environment include:

- Nurses may not easily own up to mistakes that have been made.
- There may be very little communication between nurses 'on the ground' and the clinical nurse managers.
- Nurses may not be open to reflective self-criticism or accept legitimate criticism from others.
- Senior staff may role model intolerance to mistakes being made in the workplace through their responses/ behaviour.

These cultural markers need to be considered when undertaking a situational assessment. Such an assessment does not need to be overly complex but what it needs to be effective is support from your clinical colleagues and clinical manager in terms of process and a commitment to change. Both you and your colleagues act as a role model for student nurses and therefore if they see lack of commitment or support/ negative working culture on your part or that of your nursing colleagues, they will think that this is a professional way to behave in a clinical environment in relation to themselves and colleagues – thereby perpetuating unnecessary working stress for themselves and others.

Preparing a situation plan

When assessing stressors and preparing a plan to address them, you should collaborate with your managers, nursing colleagues and student nurses. It is also a good idea to get the input and support of the safety and health personnel in your organisation.

Tips:

1. Involve staff in active discussion regarding potential and actual stressors in clinical settings. Identify positive resources that you have within the environment to address stressors and identify possible solutions.

2. In light of your discussions with your colleagues and student nurses, combined with your own observations about the stressors in the clinical environment, the positive resources you can call upon and the potential solutions, you should then formulate an action plan.

3. The action plan should state *how* you are going to manage stressors. In drawing up this plan, use interventions that have worked in similar situations or observed from the evidence base. Be goal focused and specific. Note: One way of checking this – say: "what does that look like?" or "I know it is achieved because the team will notice A, B or C".

4. Implement your plan.

5. Seek feedback from your colleagues and student nurses on what worked and what did not work.

7. Monitor and re-assess the clinical environment on a regular basis to ensure avoidable stressors do not continue or reappear – take appropriate action when and if needed.

As a general principal, your action plan should be focused on the following:

- Use the competencies and skills of the workers.
- Create meaningful and 'whole' tasks - not isolated fragments of tasks.
- Make their contribution to the total output identifiable to the nurse.
- Use the variety of the nurse's skills, with an appropriate combination of simple routine actions.
- Provision of regular and positive feedback on task performance.

- Provide opportunities to develop existing skills and acquire new ones.
- Avoid overload as well as underload that may lead to unnecessary or excessive strain, fatigue or errors.
- Avoid repetitiveness, which may lead to physical disorders as well as to feelings of monotony, loss of motivation, boredom or dissatisfaction.
- Avoid working alone without opportunities for social and functional contacts.

4.3 Team climate and promoting co-operation

The climate of the clinical environment, sometimes referred to as its 'atmosphere' depends on how supportive and co-operative staff are to one another. This co-operation is based on two pillars – communication and conflict resolution.

Communication

Good communication skills are essential to foster a positive team climate and help reduce stress in the clinical environment. Communication should run smoothly amongst student nurses whilst working in the clinical environment, with the clinical staff they work with and between the student nurses and academic staff whilst they are in the clinical environment. Clinical preceptors can be important role models for positive communication in relation to the provision of a positive student nurse clinical experience. This means that students can learn positive behaviour that is demonstrated by their preceptor and this will generalise into their own practice.

A core principle of communication that should be encouraged and modelled is a civil and positive tone, content and delivery in what is said when communicating. This can sometimes be forgotten in the clinical environment when it is under resourced or staff are under pressure.

Non-verbal communication also plays its part in this regard, in terms of what one thinks about oneself – conveying confidence or nervousness – and others – support, annoyance or disdain. In this context, non-verbal communication can either mitigate stress in the clinical workplace or be a cause of stress for those who view negative non-verbal communication. For examples of different types of non-verbal communication and both positive and negative examples, see the table below.

Non-verbal communication	Description	Examples
Eye contact	Looking at someone directly in the eyes. This often occurs when someone is talking to you but is harder to hold when you are talking directly to someone	▪ Looking at someone square in the eyes for a long period of time can intensify the communication or indicate interest, attraction or hostility. ▪ Little eye contact or shifty eye-contact can indicate nervousness, shyness or feeling uncomfortable ▪ Looking down or away could indicate feeling uncomfortable, shy, nervousness of feeling distracted
Facial Expression	How someone expresses their feelings or sentiments about a topic through arranging their facial features. These can occur quite automatically in some situations e.g. when we are surprised	▪ Smiling ▪ Frowning ▪ Grimacing ▪ Widening eyes
Proximity	How close we may stand or sit to someone else or others as a group. This can also be affected by putting distance between an individual and others when a piece of furniture such as a desk is situated between them	▪ Standing or positioning yourself close to someone could be indicative of acceptance and a sense of confiding with the person ▪ However standing or positioning yourself close to someone may make them feel threatened or uncomfortable ▪ When people feel comfortable with others they are less likely to feel uncomfortable or threatened
Body Posture	The way someone holds themselves during an interaction	Negative body language ▪ Hunched shoulders ▪ Crossed arms ▪ Not facing the person being addressed Positive body language

		▪ Facing the person you are talking to ▪ Leaning forward
Gestures	Movements often made with the arms or hands but sometimes other parts of the body to express or emphasize meaning	▪ Nodding ▪ Beckoning or pointing ▪ Opening your arm out to show someone the way ▪ Using your hands and harms whilst talking (frequently done when making a presentation) ▪ Clasping hands together
Touch or Contact	Physically making contact with someone	▪ Placing a hand on someone's arm or shoulder ▪ Holding someone's hand ▪ Patting someone's back

Resolving conflict

Conflict can occur for a variety of reasons including personality conflicts, different styles of interaction or differing values and beliefs between members of staff. Conflict can provide opportunities to learn to grow if they are resolved and not left unaddressed. In this context therefore it is important to identify them early and resolve their causes before they cause damage to the team, climate and staff morale. Some guidelines to resolve conflict include:

Create an effective atmosphere - Adequately prepare for addressing conflicts. Allow for time and avoid any distractions. A non-threatening place should be picked to bring parties involved in the conflict together. Plan what you will say at the beginning carefully and adopt a "your turn, my turn rule".

Clarify perceptions - Is this conflict an isolated event or another in a long list? What is the nature of the conflict? Organise the points which are most pressing to the ones that are least pressing. Prioritize action items according to the list.

Focus on individual and shared needs - Be careful not to confuse needs with wants. Try to put yourself into the shoes of those involved in the conflict when thinking about the situation. Identify areas of common interest to the parties involved in the conflict

Look to the future not the past - Don't let the past rule people's thinking. Encourage thinking about has been learned in terms of personal development.

Develop the 'doable' and stepping stones - What can be fixed right now? Fix this first. What can be done to resolve other more difficult issues? What's the path to get there? Start with small steps towards achieving the end goal.

Strive for mutual benefits agreements - It does not matter who started the conflict or who is right or wrong. Blame will not help resolve the issue. Focus on solutions and a new beginning and partnership on the issue.

Flexibility key to conflict resolution - Apologies and concessions can go a long way to resolving issues and creating a more positive work environment. Admitting error can be very difficult, as can conceding on issues that the parties care about; however, point out that through such actions positive relationships can be developed and the stress of the conflict alleviated.

Key Points

- Ergonomics works by addressing physical, psychological and organisational stressors in the working environment.
- Some nursing values such as 'try hard, 'please others' and 'hurry up' can increase stress in the work environment.
- Situation assessments and follow up action can help to reduce stress.
- Good communication and co-operation are key to maintaining a positive team climate.

4.5 Bibliography

Beehr, T. A., Walsh, J. T., & Taber, T. D. (1976). Relationship of stress to individually and organizationally valued states: Higher order needs as a moderator. Journal of Applied Psychology, 61, 41-47.

The EU funded DELAROSE (Delivering E-Learning Accreditation to Reduce Occupational Stress in Employment) project.

European Federation of Ergonomic Societies 2015 European Month of Ergonomics October, 2014 and 2015 V4 Ergonomics for managing work-related stress

Fisher, C. D., & Gitelson, R. (1983). A meta-analysis of the correlates of role conflict and ambiguity. Journal of Applied Psychology, 68, 320-333.

Jackson, S. E., & Schuler, R. S. (1985). A meta-analysis and conceptual critique of research on role ambiguity and role conflict in work settings. Organizational Behaviour and Human Decision Processes, 36, 16-78.

Kahn, R. L., & Byosiere, P. (1992). Stress in organizations. In M. D. Dunnette & L. M. Hough (Eds.), Handbook of industrial and organizational psychology (2nd ed., Vol. 3, pp. 571-650). Palo Alto, CA: Consulting Psychologists Press.

Katz, D., & Kahn, R. L. (1978). The social psychology of organizations. New York: Wiley.

More reading on the communication cycle

http://sgh.org.sa/Portals/0/Articles/Communication%20and%20Interpersonal%20Skills%20for%20Nurses.pdf

http://www.nursingtimes.net/Journals/2013/02/12/v/o/n/071127DevComm.pdf

http://resources.collins.co.uk/free/BTECHSCunit1.pdf

SSTeMM

5 Self-assessment of stress

With the support of the
Erasmus+ Programme
of the European Union

5 Self-assessment of stress

This section describes the survey tool on the SSTeMM website that can be used by nurses and student nurses to self-assess their level of personal stress.

5.1 The SSTeMM stress self-assessment survey

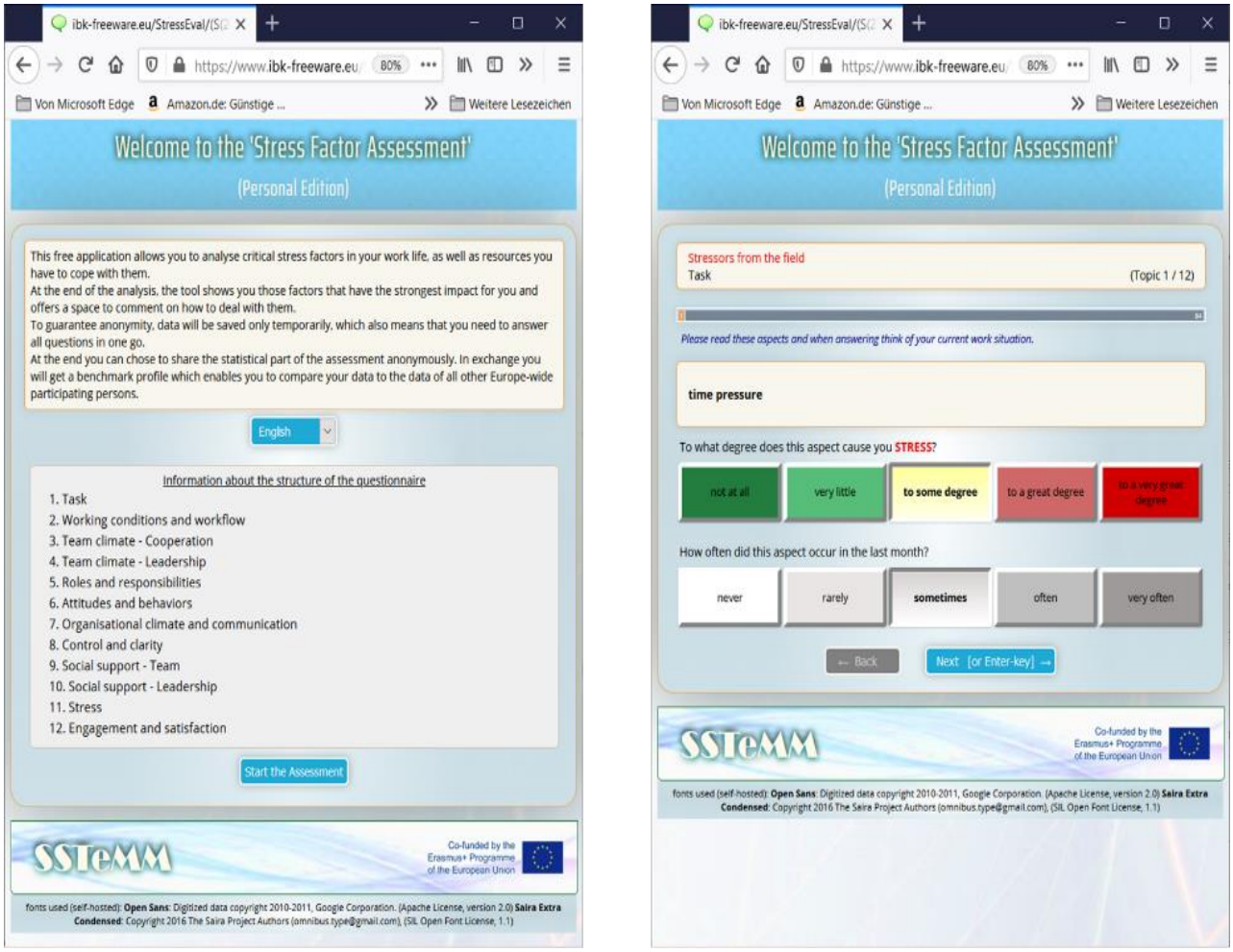
The SSTeMM stress self-assessment survey tool facilitates student nurses and nurses in general to assess their levels of personal stress over a range of work related areas. The survey consists of 84 questions (with some having some sub-questions) grouped under 12 topic headings. Answering the questions takes approximately 20 to 25 minutes. Completing the survey tool provides the user with their own personal stress profile; which is compared against a general stress profile based on the accumulated answers and stress profiles of people who have previously completed the survey. As such it allows the user to place their own stress level within a wider context and thereby gives them perspective.

Design of the STeMM stress self-assessment survey tool

The SSTeMM stress self-assessment survey tool is based on a tool that was developed in a project called IMPRESS (Improving management competences on Excellence based Stress avoidance and working towards Sustainable organisational development in Europe - http://www.excellence-in-stress-management.eu/) project which looked at stress amongst employees in engineering.

The IMPRESS survey tool was then adapted to be used by student nurses and qualified nurses in SSTeMM through referencing questions to what we already know about stress, student nurses and working in clinical practice.

Figure 1: SSTeMM Stress Factor Assessment screens



Questions are clustered under 7 Stress Dimensions, 3 Resource Dimensions and 2 blocks covering psychophysiological health outcomes including burnout indicators and performance indicators.

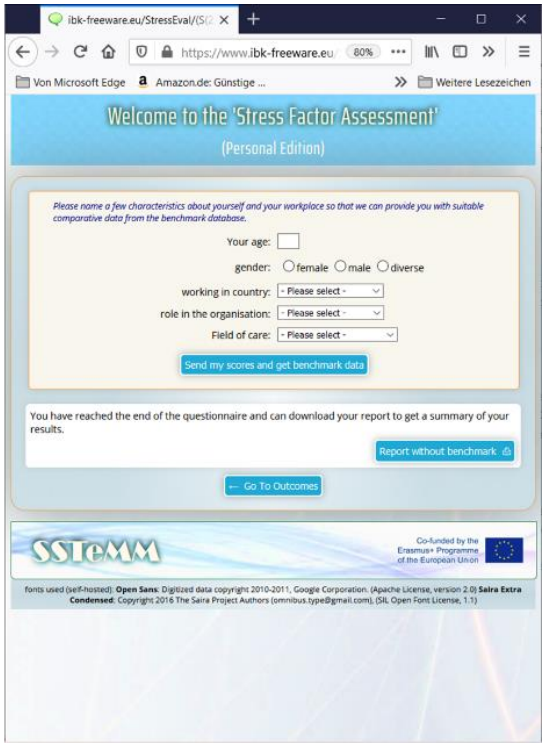
On completion of the survey tool the user receives a profile of their potential stressors based on a traffic light system. The user is given an overview of their stress and then asked whether they want to download the detailed analysis with or without pan-European benchmark data.

To include this benchmark data, the system requests the user to fill in some basic socio-demographic data, such as age, gender, country and type of work.

Figure 2: SSTeMM Stress Factor Assessment online reporting screens

The user is then asked to share their anonymous responses in exchange for benchmark data where they can compare their results to previous responses.

Figure 3: SSTeMM Stress Factor Assessment detailed report download



The report gives first an overview of the positive and negative outcomes to show a user's stress profile.

How stressed are you?

	Average and standard deviation* Frequency					Count questions
	(1) never	(2) rarely	(3) sometimes	(4) often	(5) very often	
Stress		1,50				8

How satisfied are you?

	Average and standard deviation* Frequency					Count questions
	(1) never	(2) rarely	(3) sometimes	(4) often	(5) very often	
Engagement and satisfaction					4,75	4

The size of the green circles in the following table represents the frequency of the positive outcomes' occurrence (large = frequency > 3, medium = 3, small < 3 on a scale from 1 to 5).

Figure 4: SSTeMM Stress Factor Assessment Report – First Overview

Following these overviews, the report shows tables with more detail on the underlying areas of stress, see the example of "Engagement and satisfaction" below.

Positive outcomes from the field 'Engagement and satisfaction'		Frequency (last month) (Benchmark)
I think I have achieved all my goals at work.		3 (3.3)
All in all, I am satisfied with my work.		3 (3.6)
At my job, I feel strong and vigorous.		3 (3.3)
I am proud of the work that I do.		2 (3.7)

Figure 5: Individual Stress Factor Reporting - Engagement and satisfaction

The report then offers an overview of the individual stress dimensions. This is followed by the details for each of them, with a colour code for positive or negative impact, the numerical value for it and the benchmark data from the European database.

Stressors from the field 'Task'		Potential for stress (Benchmark)	Frequency last month (Benchmark)
frequent interruptions		4 (3.0)	3 (3.2)
time pressure		3 (3.4)	3 (3.5)
multitasking (having to do more than one task at a time)		3 (3.4)	3 (3.5)
having very different priorities that force me to manage a wide variety of information sources		2 (2.9)	4 (2.9)
new problems and situations often arising and not knowing how to do them best		2 (3.1)	3 (3.0)
work leading to new situations that need to be resolved		2 (2.9)	3 (3.0)
assignment of new or unfamiliar duties		2 (2.9)	3 (3.1)
continuous information overload		2 (3.2)	2 (3.4)

*Figure 6:*SSTeMM *Stress Factor Reporting - Stressors*

Resources from the field 'Control and clarity'		Potential for relief (Benchmark)	Frequency last month (Benchmark)
I understand how my work fits into the overall aim of the organization.		5 (3.9)	5 (3.6)
I have much influence on what tasks I perform.		4 (3.5)	5 (3.3)
I can plan and schedule my work by myself.		5 (3.8)	5 (3.6)
I take a positive attitude toward myself.		4 (3.9)	4 (3.6)
I know how to go about getting my job done.		4 (4.1)	4 (3.9)

SSTeMM *Stress Factor Reporting - Resources*

After the report on the analysis, the users are offered tables that allow them to develop ideas on how to minimise their individual stress impact and increase their resources for growing their own resilience through:

- Active coping to counter passive coping (learned helplessness);
- solution-focused coping (solving the problem, tackling the stressor);
- emotion-focused coping (undertanding their own individual emotional reaction to the stressor).

The Individual Stress Factor Assessment helps not only to tackle existing stress, but also preventing potential stress in the future.

Intervention ideas

Short introduction to explain how intervention ideas can be generated and to facilitate the process:
http://www.ibk-projects.eu/IMPRESS/InterventionIdeas.pdf

What can you do against your stress?

Stressors	What exactly do you mean by that?	What could you specifically do about this aspect?	What could your company do specifically about this aspect?

You can add additional stressors:	What exactly do you mean by that?	What could you specifically do about this aspect?	What could your company do specifically about this aspect?

Key Points

- The self-assessment stress survey tool allows you to identify your personal stressors in the clinical area.
- It gives you a stress profile which can be compared to the average stress profile of all other people who have filled out the survey.
- If you share your anonymous survey data it helps to develop the general population database on stress and you get in return a more detailed stress profile.

SSTeMM

6 Resilience

With the support of the
Erasmus+ Programme
of the European Union

6 Resilience

Resilience is the capacity to be resourceful and creative, to make choices and to take effective action no matter what is going on. In this section we give a brief description about why it is important and how you can support a student nurse to build their personal resilience.

6.1 What is resilience and why is it important?

It is recognised that it prevents burnout amongst student nurses. Thus, promoting resilience is crucial for a student nurse to be effective, happy and content whilst on placement.

Resilience does NOT mean you are unaffected by stress when at work. Resilience means that you recognise when you are stressed so that you can manage your stress to limit it adversely affecting you or your actions. Resilience is about dealing with the situation that is causing you to be stressed and/or managing your stress. The more resilience you develop the better your emotional and physical health.

However, a person's resilience can ebb and flow depending on the circumstances. It is not necessarily a constant and can be affected by many things. These can be both internal to the individual and external in terms of the pressure to which they are subject at any one time or cumulatively.

The ebb and flow of resilience is an important concept to remember as it avoids blaming a person for a lack of resilience in certain situations or events. When such situations or events arise in which resilience is more limited, it is then important to reflect after the event as to why that happened, what one can learn from it and how one can improve personal resilience going forward.

It is well established that nurses regularly experience workplace difficulties that can challenge their levels of resilience. Working in clinical settings is a particularly challenging environment

both physically and emotionally. This is one of the reasons why developing resilience as a nurse is important; it is also a reason why being reflective and prepared to learn how to improve personal resilience when things go wrong, is an important aspect of a student nurse's learning when in clinical areas.

What we are aiming for - the resilient student nurse

Building personal resilience amongst students has been shown to have long lasting positive effects whilst they are studying and also when they qualify. Resilient student nurses look after their mental, physical and social wellbeing. They are independent and flexible in their thinking. They are adaptable and respond well to uncertainty and change. They maintain a positive work life flow by setting clear boundaries around their work and home, their responsibilities and the demands they can actually cope with.

The role of the nurse mentor in developing resilience in the student nurse

The student's mentoring nurse is a key support for a student nurse in their development of resilience. The nurse mentor acts as a role model for the student nurse in relation to how he/she/they demonstrate their own resilience. A student nurse will observe how their mentor nurse behaves and manages a situation as a guide to what she/he/they should do in a similar situation.

The following are a list of observable behaviours that model resilience to a student nurse:

- Identify and manage thoughts and feelings and demonstrate this through calm behaviours such as using a steady and quite tone of voice and purposeful behaviour.
- Deal with uncertainty - managing situations that are not predictable and clearly defined. Being thoughtful before responding to uncertain situations.
- Be *realistically optimistic* and make the best of situations, even when they are difficult.

- Interpret events and their causes accurately, with a focus on problem solving and processing events effectively.
- Display emotional intelligence through empathizing with other people's emotions through clear communication assisted through the development and nurturing of support networks.

6.2 Interventions to increase resilience.

General Principals of Practice

It is important to recognise that interventions to support resilience development are not a solution for problems that exist within the clinical environment. Interventions can help the student nurse deal better with the stress of clinical work, but services still need to look at the structures and practices that lead to unnecessary stress and try to change these.

When thinking about how to help build a student nurse's resilience there are certain principals that you should bear in mind in your practice. These are:

- Resilience building is integral to your professional role as a mentor for the student nurse in supporting their practice development and a duty of care owed to the student;
- Recognise that resilience is a dynamic process which requires continuous nurturing;
- Believe and communicate that low resilience is not a sign of failure, incompetence or unworthiness;
- That communication needs to be non-judgemental and reflective to promote positive learning experiences and build confidence.

Getting to know the student nurse through asking the right type of questions

When your student arrives in the clinical area, one of the first things you need to do as a mentor is find out what they need to achieve in their programme outcomes and to get to know them a little more personally. In this 'getting to know you' phase of establishing your mentoring role with the student, you should also try to find out about their resilience and attitude to building resilience. Below are the type of questions you should initially ask them in the first week following their arrival. You should not ask these questions all at once but try and work them into your conversations with the student over the course of the week so you can build up picture of where they might need your help to support their resilience growth.

The questions to ask a student in order build a picture of their resilience (to help identify helpful or unhelpful thoughts, feelings or behaviours)

- Tell me about a time when you had to deal with a difficult situation?
- What do you find stressful?
- How do you cope with pressure?
- How do you get on with people you might not agree with?
- How do you deal with negative feedback?
- Have you had any education about resilience and what do you know?

Utilising supervision to promote resilience

As a mentor you should utilise both informal supervision (that is times when you are working alongside your student nurse) and formal supervision (that is a time which you have specifically put aside to meet with your student to reflect on their progress) to review their stress, how they are coping with the pressures in the clinical area and suggestions as to how they can build their resilience. A reflective conversation about the week in terms of stressors and coping should take place. This conversation (to include or help student articulate thoughts, feelings or behaviours) should facilitate the student to feel confident enough to

discuss what they found stressful and how well (or not) they felt they coped. It could also include stress from outside the direct clinical experience, such as academic work pressures.

For the student who use the SSTeMM mobile application, you could ask them if they would like to share their reflection with you. However, it is important to emphasise that that is entirely up to them and they do not have to share.

In building and supporting student resilience, below is a list of seven strategies (with examples of interventions) which you can use to address issues as they arise in your reflective conversations with the student nurse.

Balance

1) Creating balance in one's life between working, leisure and resting.
2) Time management and restructuring the day or order of activities.

Coping

Reflect on how well the student coped with a situation, what they learned and how they can improve their coping in the future.

Sense making

Making sense of experienced events and the student's role in them.

Problem solving

1) Define the problem in terms of fact rather than opinion/ perception.

2) Generate alternative solutions to the defined problem.

3) Select the best solution that will address the problem most fully.

4) Plan and implement the solution.

5) Evaluate the success of the implemented solution at your next meeting.

Self-care

1) Identifying extra social supports such as peers, family or others to whom a student can talk.
2) Provide information and, if possible, training on stress management techniques. These could include physical activities that relieve distract or relieve physical manifestations of stress, such as controlled breathing exercises, walking/ running, making time for leisure activities or improved diet/ sleep guidance.
3) Suggest an online mindfulness course or mindfulness activities such as a) doing one thing at a time; b) becoming aware of bodily sensations and taking control through breathing exercises; c) create mindful spaces in the working day which provide pauses for the student nurse to think about themselves and the moment they are in.

Taking action

1) Encouraging the student to take ownership of a situation and develop an approach to deal with the issue when it next arises.

2) Provide an avenue for conflict resolution.

6.3 Resources to support resilience

Above are examples of interventions. For further resources to enhance your ability to support and build your student's resilience you can visit the SSTeMM website at www.sstemm.eu. In addition, below are some other websites that can provide you with further information and resources:

https://wellmd.stanford.edu/content/dam/sm/wellmd/documents/10-ways-to-build-resilience.pdf (Quick sheet - building resilience)

https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/

Some points were quite practical in below article:

http://repository.essex.ac.uk/23071/1/C%20Barratt%20Resilience%20for%20Nurses%20Accepted%20Version.pdf

Key Points

- Resilience is about dealing with the situation that is causing you stress and / or managing your stress. The more resilience you develop, the better your emotional and physical health will be.
- Learning how to improve personal resilience when things go wrong, is an important aspect of a student nurse's experience when in clinical areas.
- Resilience building is integral to your professional role as a mentor for the student nurse, in supporting their practice development
- Low resilience is not a sign of failure, incompetence or unworthiness.
- You should try to find out about their resilience and attitude to building resilience.
- As a mentor you should utilise both informal supervision and formal supervision to how they are coping with the pressures in the clinical area and provide suggestions as to how they can build their resilience.
- In building and supporting student resilience, utilise a combination of the seven suggested strategies to nurture and promote resilience.

6.3 Bibliography

Boardman, L. (2016) Building Resilience in Nursing Students: Implementing Techniques to Foster Success *International Journal of Emergency Mental Health and Human Resilience*, 18, 3, 1-5

Henshall, C. Davey, Z., Jackson, D. (2020). Nursing resilience interventions–A way forward in challenging healthcare territories, *Journal of Clinical Nursing*, DOI: 10.1111/jocn.15276

Sanderson, B. & Brewer, M. (2017). What do we know about student resilience in health professional education? A scoping review of the literature. *Nurse Education Today*

Thomas, L.J., Asselin, M., (2017). Promoting resilience among nursing students in clinical education, *Nurse Education in Practice*, doi: 10.1016/j.nepr.2017.10.001.

Traynor, M. (2017) *Critical Resilience for Nurses: An Evidence-Based Guide to Survival and Change in the Modern NHS* . Taylor and Francis. Kindle Edition.

SSTeMM

7 SSTeMM Mobile app

SSTeMM Mobile Applic

With the support of the
Erasmus+ Programme
of the European Union

SSTeMM Mobile Application

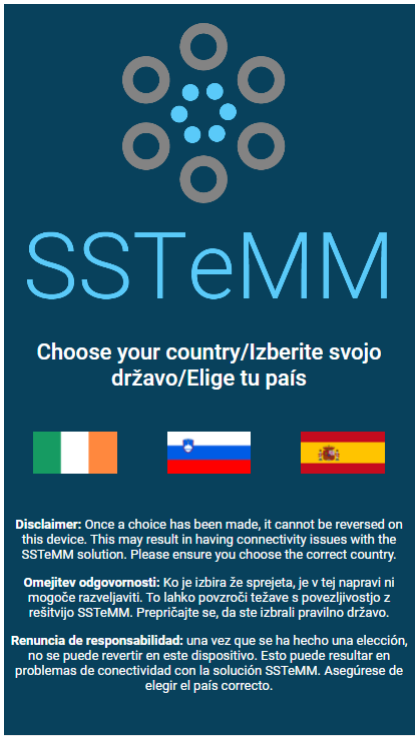
Availability

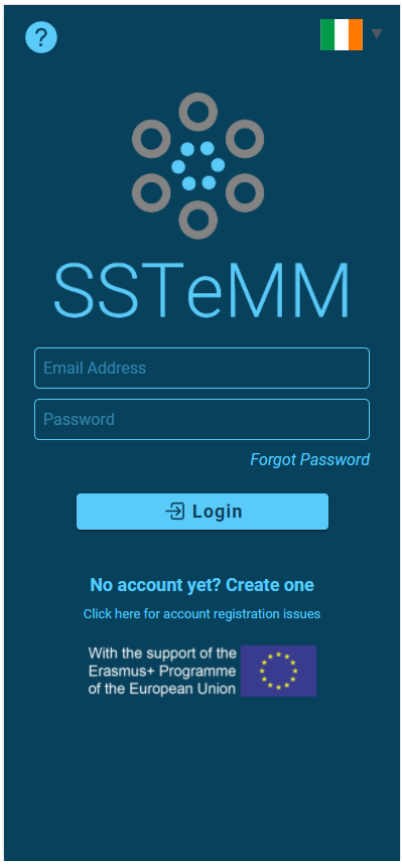
The SSTeMM mobile application is a cross-platform solution that works both on iOS and Android. The SSTeMM mobile application is available in both Google Play Store and Apple App Store.

Release Features

- Choose Country Location
- Register
- Login
- Resend Verification Emails
- Reset Passwords
- Logout
- Create Stress Signature Records
- View Stress Signature Records (Overview)
- View Stress Signature Records (Detailed)
- Update Profile Details
- View Resources
- View Past Stress Signature Records
- Filter Past Results
- Change Language

First Use/Login





When the application loads for the first time, the student nurse will need to select their country. Once this choice is made it will navigate to the login screen.

If they choose a different country, they may face connectivity issues to the SSTeMM platform.

Once a choice is made on their device it cannot be reversed.

Once the application is loaded the user is presented with the Login page. You need an email address and password to use the account.

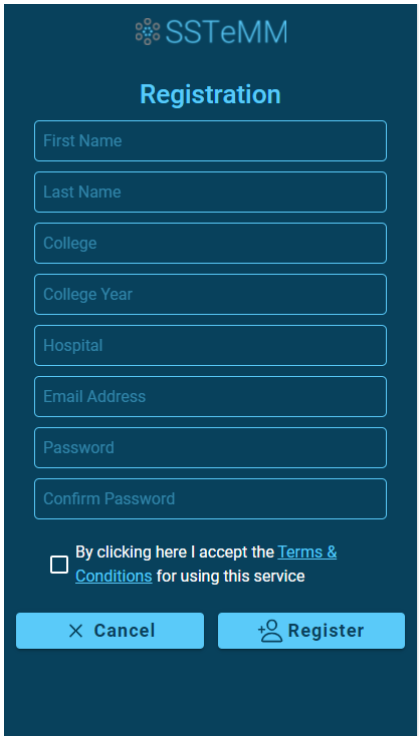
If the user does not have an account, they can click on the '**No account yet? Create one'** link below the login button. This will lead to the registration page.

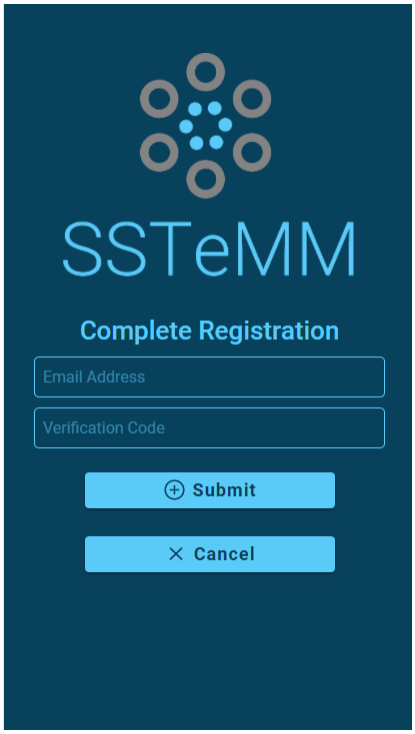
The SSTeMM application is available in 4 languages:

- English
- Spanish
- Slovenian
- German

To change language all the user needs to do is pick the flag of the country with your desired language.

Registration





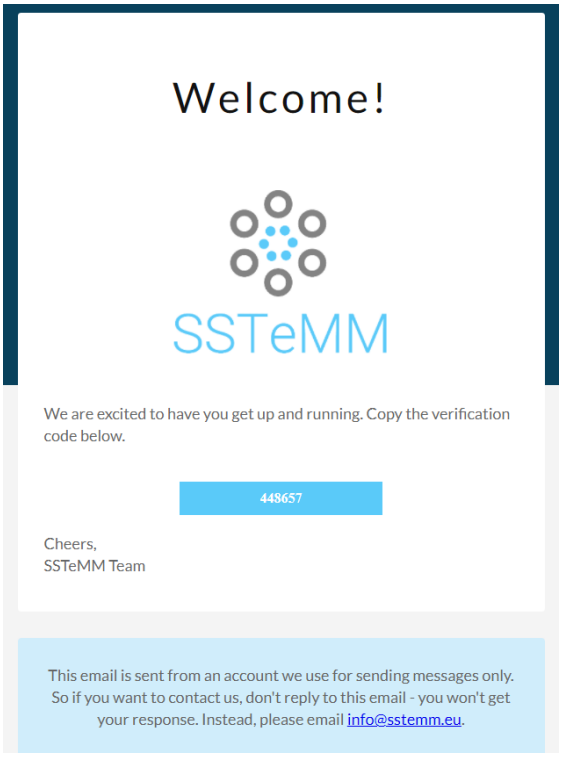
Not all fields are mandatory in the Registration form only:

- First Name
- Last Name
- Email Address
- Password
- Confirm Password

***Terms & Conditions also need to be accepted**

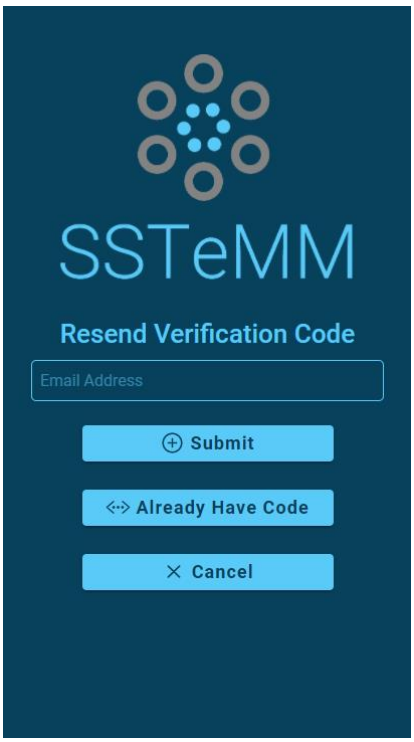
Password should have minimum 8 characters, at least 1 uppercase letter, 1 lowercase letter and 1 number.

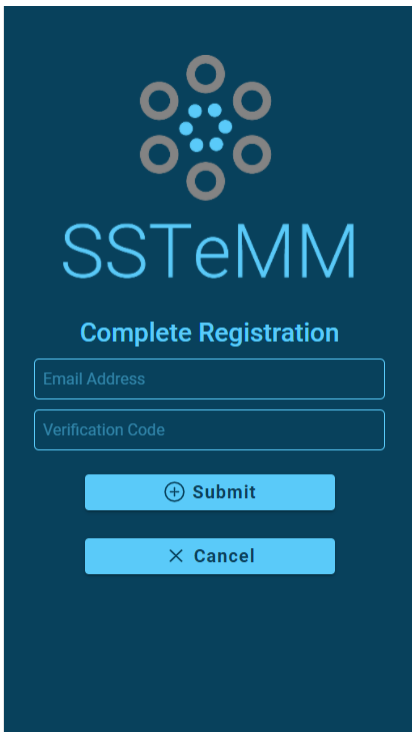
Once an account is created, an email is sent to to the provided email address to validate the account. An example of the email they receive is:



There is a code in the email to verify the account. This needs to be provided in the mobile application to complete registration. Once you have verified your account you can log in.

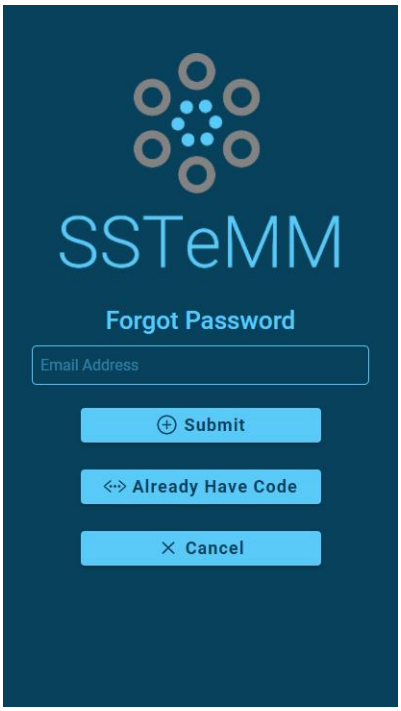
Email Verification

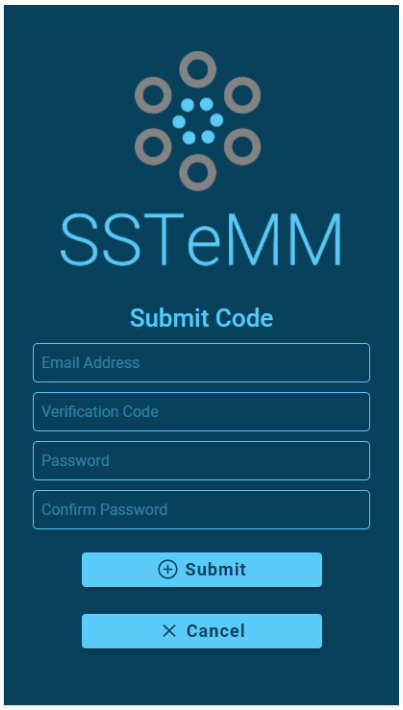




The registration verification code is only valid for 72 hours and may be sent to your Junk folder. If the user does not validate their account in that time, the user can click on 'Click here to resend verification code' from the Login page. They can submit their email address and the verification code will be resent. If they have done this previously, they can select 'Already Have Code' to complete the registration of their account.

Forgot Password





Once you have received the email, the code provided can be entered to reset the password. Password should have:

- A minimum 8 characters
- at least 1 uppercase letter
- 1 lowercase letter
- and 1 number.

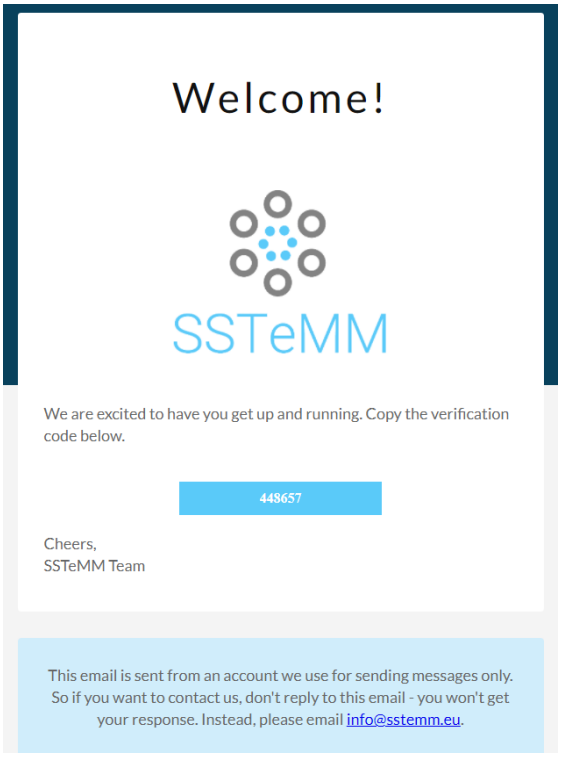
When a user forgets their password, there is a simple process to follow to reset their password.

From the Login Page, the user can select ‘Forgot Password’. This will navigate them to the page for resetting their password.

It will ask the user to submit their email address that the account was created on. Once they click on the ‘Submit’ button, a request is generated and a code is sent to them to reset their password.

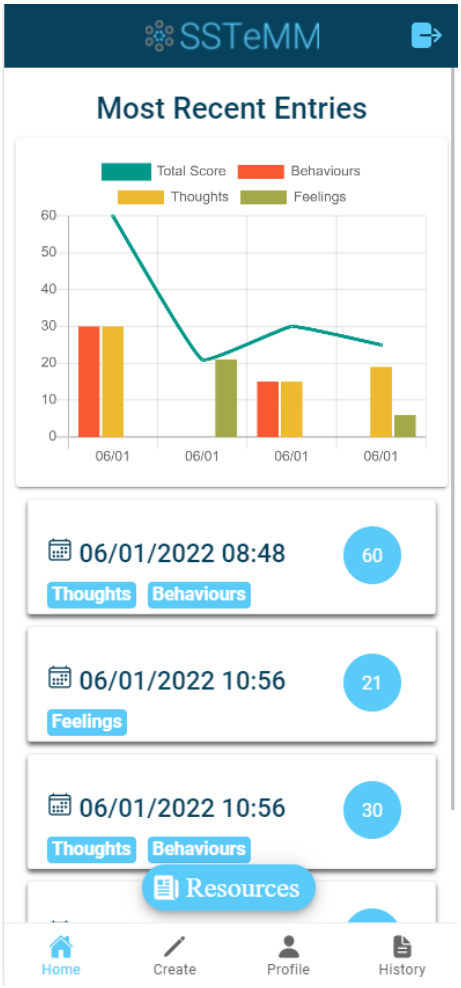
If they have done this previously, they can select ‘Already Have Code’ to reset their password.

An example of the email the user receives is shown next.



Once the password has been reset, you can now log into the SSTeMM mobile applicatio

Home



Once a user successfully logs in, they are presented with the Home page (left). This contains the most recent stress signature entries.

The most recent entries give a preview of created stress signature records. These are the five most recent entries. It contains the date, the domains that were selected and the total score (based on the scores on each domain question).

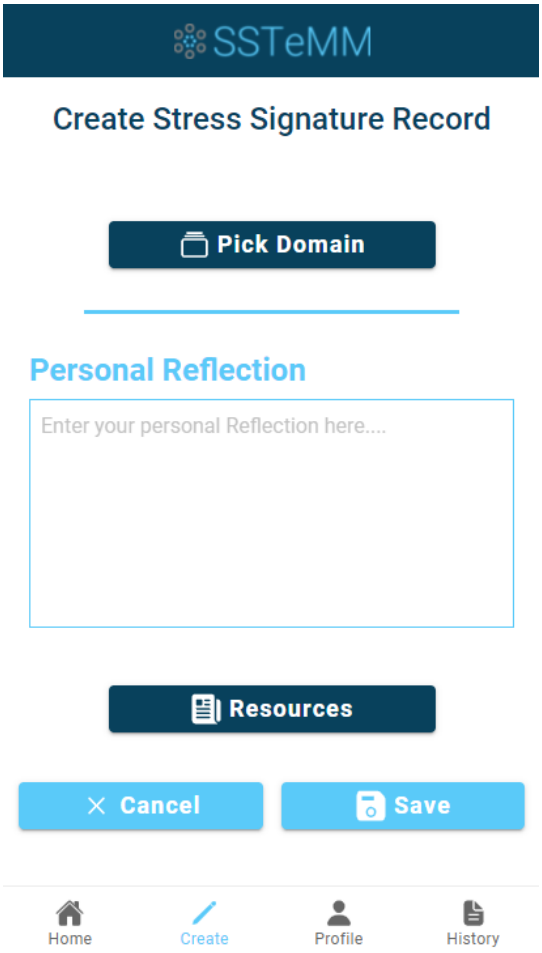
There is a link to the Resources available from the SSTeMM solution.

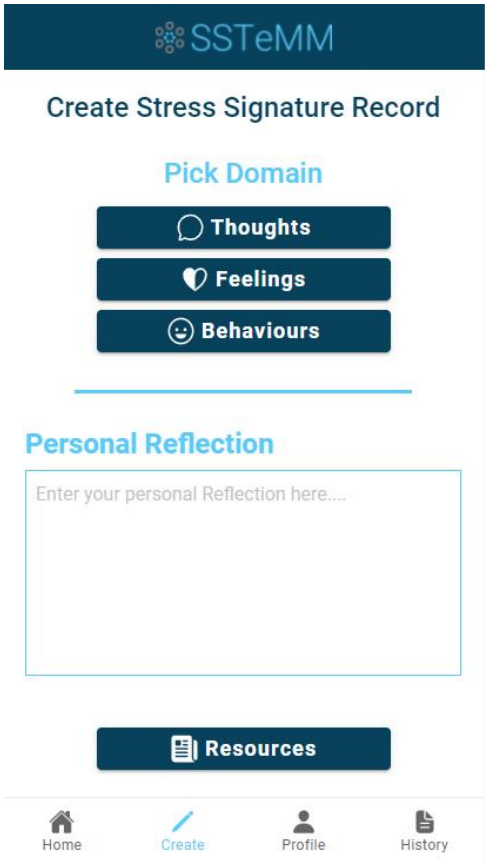
There is a tabbed navigation view at the bottom of the screen. This allows the user to navigate between different aspects of the SSTeMM solution including:

- Home
- Create – Create Stress Signature Record
- Profile – Update Profile
- History – View previous entries

A user can also select an individual stress record from this screen and view the details of that stress record.

Create Stress Signature Record



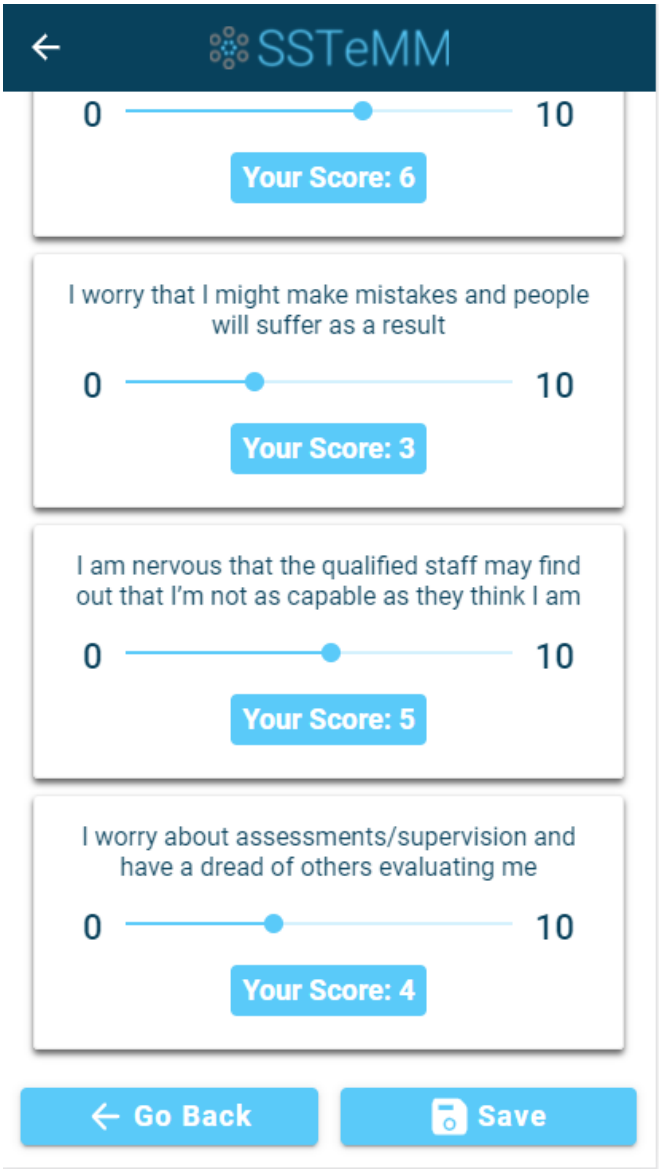


A Stress Signature Record gives the user an opportunity to record a stressor. A record can contain a reflection piece and/or answers to questions based on a particular domain. There are three domains:

- Thoughts
- Feelings
- Behaviours

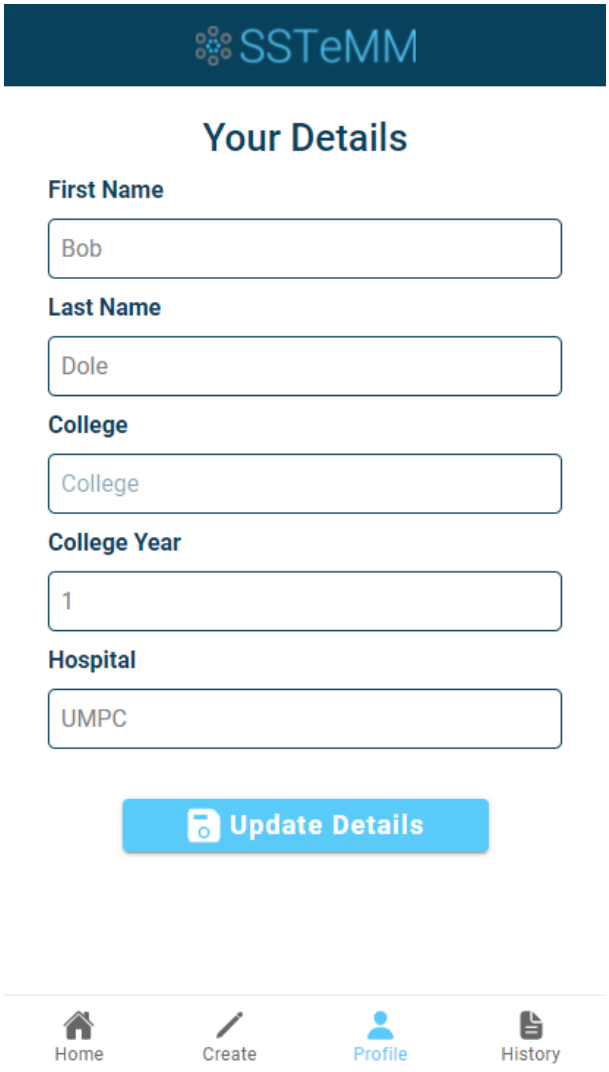
Each question can be scored from 0 to 10.

Once a domain is chosen, another page opens displaying questions based on that domain. Once a score has been saved, this domain cannot be chosen again, but another domain can be.



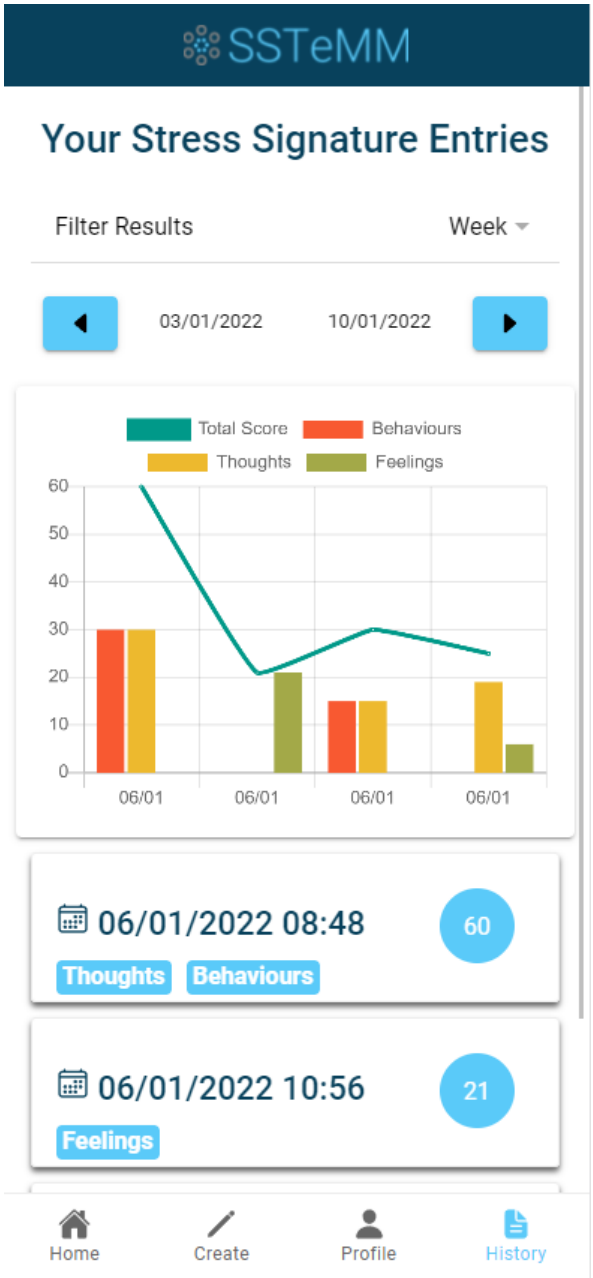
Once a user is ready to save their stress signature record, they click the Save button (above). This will save the record and revert to the home page.

Update Profile



Users will be able to update their profile for their account. Only First Name and Last Name are mandatory fields. Once the fields are updated, the user can click on 'Update Details' and they will be navigated to the home screen.

History

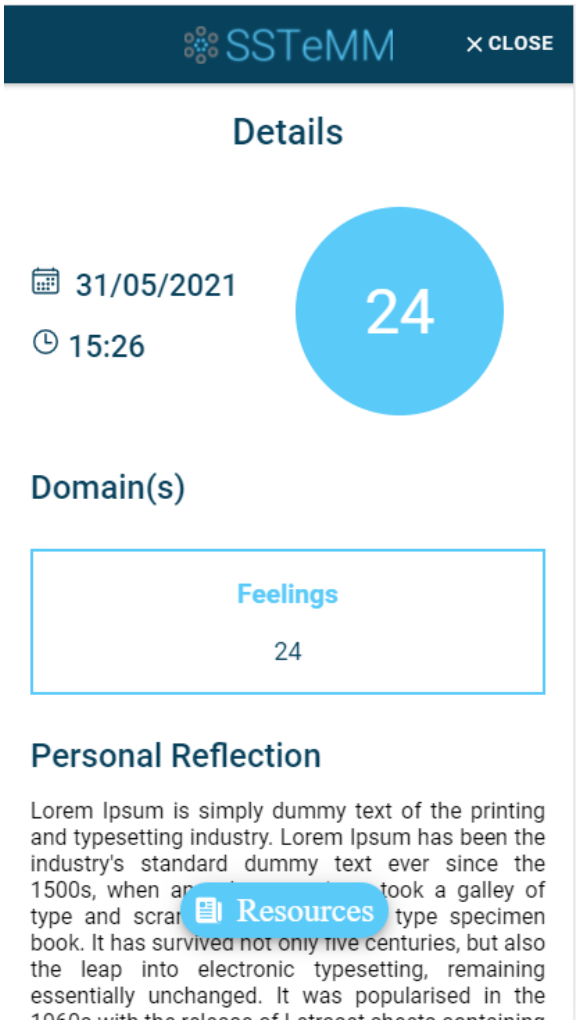


This history tab will provide the user with their previous entries. By default, the last 7 days entries are shown. The Filter Results has four options:

- All
- Week
- Month
- Year

A user can select an entry to get more details about it.

Stress Signature Record Detailed View



Both on the home tab and history tab, it shows the entries made by the user. Users can view these entries in greater detail by selecting one of them. This will give greater details of the entry, including a breakdown of the scores per domain and the personal reflection given.

There is also a link to the Resources on the SSTeMM platform.