

Building Emotional Resilience in Nursing Students: Overview

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ABSTRACT

A variety of traumatic events can happen during childhood, adolescence, youth, and adulthood. Events that cause stress, and consequently perceived stress, occur at all stages of life and have an impact on health. Due to the transitional nature of college life, nursing students are more vulnerable to stress. Some people have the ability to bounce back more rapidly than others after a hard life event and find strength in the experience. Resilience is a dynamic process through which a person overcomes challenges in a healthy way. The overall perceived stress ratings go down when the resilience score is up. By strengthening their resilience, they will be better able to cope with challenges and adapt to their surroundings. Emphasizing resilience in nurses can help them better handle difficult situations.

Keywords: Building, Emotional, Nursing students, Resilience.

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INTRODUCTION

Students face new problems in their academic, social, and personal contexts during university life, which is typically viewed as a stressful and even traumatic time. It is also regarded as a positive developmental aspect because it aids pupils in developing their coping mechanisms and preparing for adulthood.¹

It is now widely acknowledged that nursing schools are high-stress environments that frequently have a negative impact on students' academic performance and psychological health. Nursing students are becoming more stressed, according to studies from the UK and India.

Due to the transitional nature of college life, nursing students are more vulnerable to stress. High levels of stress are thought to have an impact on both academic performance and health. Students face a variety of pressures, including academic pressure with a duty to perform, uncertainty about the future, and challenges assimilating into the system. Personal connections, health problems, financial concerns, and expectations from oneself can all be sources of stress.²

In a 2017 study, Smith and Yang looked at the connection between stress and resilience. They measured nursing students' stress levels and found that resilience was weakly and negatively connected with stress, with an increase in resilience score leading to a fall in total perceived stress scores (PSS). The study focused on the potential role of resilience in helping nursing students deal with the inevitable sources of stress during their education.³ In a study by Hwang and Shin to identify the traits of nursing students with strong academic resilience, it was discovered that these students were happier with their major, practice material, and atmosphere.⁴

FACTORS ASSOCIATED WITH STRESS AMONG NURSING STUDENTS

The majority of B.Sc nursing students (60% and 64%, respectively) experienced moderate stress levels. Clinical stress was the most prevalent among these students (mean 2.79), followed by personal-environmental stress (mean 2.77) and academic stress (mean 2.61).⁵

The different causes of stress among nursing students include the following:

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- *Environmental factors:* Inadequate safety and security provisions, poor canteen, and mess facilities, and a lack of recreational amenities.
- *Intrapersonal factors:* Alteration in eating habits, engagement or marriage, homesickness while staying in a hostel, alteration in sleeping habits, new obligations in life, personal concerns, parental expectations, deterioration in health, loss of a loved one, financial difficulties, and alteration in religious beliefs. Conflict with roommates, a change in social activities, fights with close friends, a lack of collaboration from friends, and a lack of close and personal relationships.
- *Academic factors:* Fewer breaks or vacations, inability to balance work and play, excessive workload, inability to focus, poor classroom performance, receiving a lower grade than expected, inability to enjoy class presentations, difficulty understanding teachers' language, low interest in studies, poor relationships with teachers, serious arguments with teachers, practical work, and absences.
- *Clinical factors:* Stress during procedure execution, worry about making a mistake, time constraints, managing a variety of challenging patients. Lack of expertise, worry about making errors, discomfort with faculty members evaluating one's performance, anxiety over providing patients the incorrect information or prescription, and worry about potentially injuring a patient.

Effects of Stress

Beyond causing physical, emotional, and behavioral problems, stress can also affect pupils' ability to succeed academically. Long-term or continuous stress in nursing students can result in memory issues, the difficulty to focus on one's studies, chest pain, a quick heartbeat, depression or overall dissatisfaction, and disturbed sleep.²

Diagnosis of Stress

Stress can be evaluated subjectively using structured questionnaires (including self-reporting forms) or objectively by observing the body's many stress-related physiological reactions. The most popular self-reporting questionnaires and self-reporting visual scales for clinical stress assessment are Cohen's PSS and visual analogue scale for stress (VASS), respectively. By administering the Trier Social Stress Test (TSST), which induces a state of stress in test subjects, biomedical researchers are more interested in using biochemical markers for detecting stress, such as cortisol and amylase.⁶

Kang, Choi, and Ryu studied on the effects of a mindfulness-based stress reduction program on stress, anxiety, and depression experienced by nursing students in Korea. The study's participants showed significantly lower levels of stress than the control group. They came to the conclusion that stress-coping techniques based on mindfulness meditation are successful in reducing stress and anxiety in nursing students as a result of these findings.⁷

RESILIENCE

Resilience is a concept that is derived from the Latin word "resilire" and is described as the capacity to adapt to or overcome extremely challenging situations. It has been discovered that resilience affects the educational process, academic achievement, course completion, and over time, professional practice. Stress may be resisted and personal well-being can be increased via resilience and healthy coping mechanisms.⁸

Sources of Resilience

Personal characteristics (openness, extraversion, and agreeableness), internal locus of control, mastery, self-efficacy, self-esteem, and cognitive appraisal (positive interpretation of events and cohesive integration of adversity into self-narrative) are among the factors that influence a person's behavior.

Demographic Factors

These include age, sex, gender, race, and ethnicity, as well as social ties and demographic traits, have varying effects on resilience.

Biological Factors

Oxytocin inhibits the HPA axis in humans and may promote positive social interaction by lowering stress and anxiety and so boosting interpersonal trust.

Environmental Systemic Factors

On a macro-systemic level, resilience is influenced by community elements, such as high-quality public schools, local services, chances for sports and the arts, cultural elements, spirituality and religion, and a lack of exposure to violence.⁹

Types of Resilience

Psychological Resilience

The term describes the capacity to psychologically tolerate or adapt to setbacks, adversity, and uncertainty.

People who are emotionally strong are aware of their feelings and their motivations. Even in times of crisis, they maintain a sense of realistic optimism and are proactive in making use of both internal and external resources. They are therefore able to deal with stressors and their emotions in a healthy, advantageous manner.

Physical Resilience

When we talk about physical resilience we're talking about the body's capacity to overcome obstacles, hold onto strength and endurance, and heal swiftly and effectively. It refers to a person's capacity to carry out daily activities and bounce back after accidents, illnesses, or other physical demands.

Community Resilience

The ability of a community to respond to and bounce back from challenging circumstances, such as natural disasters, violent crimes, economic difficulties, and other challenges to their community, is referred to as community resilience.¹⁰

Scales for Resilience

One of the resilience scales listed below may be more suited than another depending on the context in which it will be used, but they are all effective instruments for measuring resilience.

The Connor-Davidson Resilience Scale (CD-RISC) is a self-report resilience scale for the post-traumatic stress disorder (PTSD) therapeutic community which measures resilience as a function of five interrelated components: personal competence, acceptance of change and secure relationships, trust/tolerance/stress-strengthening effects, control, and spiritual influences. It is a validated and frequently used scale with 2, 10, and 25 items.

The Resilience Scale for Adults (RSA) is a five-score items on this scale look at both the intrapersonal and interpersonal protective variables that encourage adversity adaptation. It measures the personal structure, social support, family coherence, and personal competence.

An assessment tool designed to gauge a person's capacity to "bounce back from stress" is the brief resilience scale (BRS). Six items make up the BRS instrument, three of which are positively and three negatively worded.

The resilience scale has 25 items and is designed to assess resilience based on five key traits: existential courage, persistence, self-reliance, equilibrium, and meaningful life (or purpose).

Ponce-Garcia, Madwell, and Kennison created the scale of protective factors (SPF) in 2015 to quantify resilience in its entirety. There are 24 items in total, evaluating two social interpersonal, two cognitive, and two individual aspects.

The predictive six-factor resilience scale was created (Roussouw and Roussouw, 2016). The PR6 assesses the resilience in relation to six domains involving a number of related concepts, including vision, composure, tenacity, reasoning, collaboration, and health.

Block and Kremen created the Ego Resilience Scale in 1996 to be used in contexts outside of psychiatry to assess resilience. The resilience scale (RS-14) consists of 14 items, each of which is scored on a scale of 1–4, with higher scores indicating higher levels of resilience.

Simon Cassidy created the academic resilience scale (ARS-30) to measure resilience in the context of academic accomplishment. The ARS-30 is based on responses to vignettes that describe substantial academic challenges and are graded on a scale of 1–5, with 1 being the most likely and 5 being the least likely. Three factors—perseverance, reflecting and adaptive help-seeking,

negative affect and emotional response—are represented by the items on this scale. High resilience is indicated by high scores on factors 1 and 2 and low scores on factor 3.

When the BRS was created, the capacity to recover or overcome stress was measured. The BRS is made up of six items. Objects 1, 3, and 5 all employ positive language, while objects 2, 4, and 6 use negative language. By calculating the average of the six components and reverse coding items 2, 4, and 6, the BRS is scored. The Likert scale used by the BRS classifies responses into five categories: 1 denotes “strongly disagree,” 2 “disagree,” 3 “neutral,” 4 “agree,” and 5 “strongly agree.”^{11,12}

Building Resilience

Every stage of life requires that people deal with stressful and challenging situations. By strengthening their resilience, they will be better able to cope with challenges and adapt to their surroundings. A variety of traumatic events can happen during childhood, adolescence, youth, and adulthood.

Self-awareness, attention, letting go (physically and mentally), and sustaining positivity are the five fundamental resilience skills.¹³

Focus on these things in order to turn unfavorable situations into positive ones: Adopt the proper mindset, be alert, exercise restraint, and develop optimism, increase social connections, keep a sense of humor, exercise, develop your spiritual side and keep going.¹⁴

The ABCDE model, which Seligman (2011) and Reivich and Shatté (2002) both discuss in depth, The keys to constructing resilience can be found in these five particular steps presented in this ABCDE model: adversity, beliefs, consequences, disputation, and energization.¹⁵

Dr Amit Sood created SMART to reduce the signs of stress, anxiety, and burnout while boosting resilience, well-being, mindfulness, happiness, and healthy habits. Two facets of the human experience—attention and interpretation—are covered in the training.¹⁶

Resilience Training

A dynamic method that aids in context and adversity adaptation is resilience training. To help people develop this quality, several tactics and strategies are transmitted. Personal resilience training can provide people with the skills they need to alter how their brain perceives events and circumstances and assist them in shifting their attention to the positive aspects of their own lives.¹⁴

Kenneth Ginsburg created the 7C model, which offers a strategy for life preparation. Control, competence, coping, confidence, connection, character, and contribution are the seven abilities that make up the model.¹⁷

CONCLUSION

The quality of nursing care can be greatly enhanced by emphasizing resilience, a virtue for overcoming hardship, to nurses. Because of the vital role that nurses play in the medical industry and the intense nature of their work, they are subject to a variety of challenges. Recent focus has been given in both research and practice to studies on nurses' resilience, which can be a helpful force in overcoming this.

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