

Reduced Anxiety Improves Learning Ability of Nursing Students Through Utilization of Mentoring Triads

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Abstract

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Beginning student nurses have reported a high incidence of anxiety in clinical settings. Theory and research have demonstrated that reduced anxiety leads to increased learning capacity. Anxiety has shown to be increased when students are paired with different nurses each shift.¹ By implementing a mentor relationship earlier in the nursing curriculum student anxiety is reduced. Reduction in anxiety allows enhanced critical thinking. Throughout the semester, the mentor's knowledge of the student's skill level and ability creates a trust that enables them to give the student maximum learning opportunities. A pilot study showed that students had greater control and independence in their education.

Methodology: Mentor triads consisting of a student, a staff nurse/mentor, and a faculty member are formed. The current study follows sixteen mentor and sixteen control students throughout the second and third semesters of a five semester nursing program. Critical thinking and clinical skills are measured at the beginning and end of the project to measure learning and compared. Mentors that work full-time and enjoy teaching are essential for the success of the research. An orientation was provided as an overview of the research project and to introduce the roles to all participants.

Introduction

Students majoring in nursing are frequently faced with dynamic, stressful situations in their clinical education. Many of these situations include: using newly acquired technical skills, managing higher acuity patients, integrating didactic theory into the clinical setting, long and early hours in the clinical setting, and dealing with staff who may or may not be accommodating in having the presence of student nurses on their unit. All of these situations, plus many more, lead to a heightened sense of anxiety among nursing students as they enter into their clinical rotations of the nursing programs particularly those students enrolled in medical-surgical courses.²

It has been found that the three major causes of student anxiety are: fear of making mistakes, initial clinical experience on a unit, and performing clinical procedures.¹ The clinical learning experience is the larger part of the education among nursing students as the hours in clinical versus the classroom are typically three times greater. These high levels of anxiety that are found among nursing students are cause for concern. Literature supports that mild anxiety may actually enhance learning. However, an inverse relationship exists between anxiety and learning—as anxiety increases, learning decreases.³ Furthermore, it has been studied that when anxiety is reduced learning capabilities are improved.¹ It is the heightened sense of anxiety commonly felt among nursing students that deserve attention and possible intervention.

The use of mentors

Although the concept of using mentors in upper nursing education is not new, the use of implementing mentors in younger nursing students is a developing field of strategy. Using mentors in education has been shown to increase student's role conception, and helps with reinforcement and internalization of knowledge.⁴ The use of mentors has increased the internalization of knowledge in the areas of critical thinking.⁵ It is widely believed that advanced critical thinking skills is one of the foundations for the professional nurse. Indeed, the ability to critically think is listed as the first core competency to prepare professional nurses in all baccalaureate nursing programs.⁶

Mentor theory has been shown to integrate and advance professionals in their careers and help with skill acquisition. The use of mentors with nursing students has also helped in their professional integration. In relation to the clinical experience it has been shown to increase confidence and continuity, teach better time management, enhance real world expectations, validate their chosen profession, and increase flexibility and responsibility for their own learning.⁷

Many studies agree that specific outcomes of mentored relationship increase confidence, decreases reality shock, increases self-concept, and helps socialize the student into the nursing role.⁸ A critical appraisal of mentoring research over the past 10 years has shown several reports of enhanced self-esteem and decreased anxiety and stress among nursing students in mentoring programs.⁹ Along with verbalizing less anxiety, mentored students also report less confusion, and a more positive environment for learning to occur.²

The positive research of mentoring nursing students prompted the groundwork for the current educational intervention being studied at Brigham Young University. The use of mentors is currently in use at the senior level of the program, but is now being studied in its implementation of junior students. The topic of interest for this paper is the added benefit of nursing student anxiety reduction through the use of mentor relationships.

Methodology

Prior to the start of the study, approval from all participating agencies was obtained. Including the pilot study, 50 randomly selected students participated from a convenience sample of the second year nursing program. Thirty-eight students took part in the mentored program, while 22 went through the "traditional" type of clinical education typical in the second semester of nursing. The study was over the period of 1 ½ years, or 3 separate semesters. The students were all involved in the semester entitled "Nursing Care of Adults with Acute and Chronic Illnesses." The mentored clinical experience includes formation of triads composed of a faculty member, a registered nurse mentor, and a nursing student. The mentors were previously selected by their nurse managers based on a set of criteria. The criteria for selection was based on personal characteristics, clinical expertise, teaching skills and demonstrated motivation. The faculty member worked closely with the mentors and nursing students to ensure students learned all skills considered essential for the given semester. Mentored students completed the same assignments, number of clinical hours, tests, assessments, and didactic instructions as students experiencing the traditional clinical experience.

The differences and similarities of the traditional and mentored student groups included the following:

Clinical supervision:

Traditional students were supervised daily by an on-site faculty and worked with various staff nurses each day during their clinical rotation.

Mentored students worked with one mentor (staff nurse) for the entire semester of their clinical rotation. The student is visited weekly by the faculty member at the start of the semester, and less frequently afterward.

Clinical conference:

Traditional students attended weekly clinical conferences held at the clinical site. Conferences are conducted by the faculty member who instructs the group of students.

Mentored students attended weekly clinical conferences held on campus. The progress of the research was discussed, as well as relationships with mentors and experiences with patients. Leadership concepts were introduced and discussed in the clinical conferences.

Orientation and evaluation:

Traditional students received the usual orientation to clinical experiences and class room instruction which also included a review of the syllabus with emphasis on course requirements and an orientation to the clinical facility.

Mentored students attended the usual orientation to class, plus a mentor training workshop for all mentors and mentees which took place at the beginning of the study. This training covered an orientation to the study, an introduction to the leadership aspects being studied that semester, a review of mentoring programs, mentoring theory, mentor and student expectations, and goals and responsibilities of the mentor and student.

A demographic questionnaire and a questionnaire including the perceptions of nursing students regarding the mentoring experiences were obtained. Qualitative results will be discussed in the data section of this paper. Clinical conferences were also held frequently where students expressed verbally their feelings about the mentoring program. Qualitative results, both written and verbal, concerning anxiety reduction will be discussed in the data section of this paper.

Data

Qualitative data from a pilot study and current study found common themes among comments from mentored students. The following themes include: flexible schedule; trusting relationship; greater opportunities to perform skills, mentors being open to questions; and positive mentor attitude towards students. The factors within these themes are believed to reduce anxiety among students.

Placing each student with one mentor RN gave the students the opportunity to choose the day of the week they participated in clinical, based on the mentors' schedules. The students had to coordinate their schedules of classes with the mentors' schedules of work each week to pick the day most convenient for the student to have their clinical experience. When asked which part of the study the students like best, one commented, "I like picking my own hours because some weeks are really open and others are busy." Another study participant stated that her favorite aspect of the study was being "able to plan my own schedule." Students participating in the study overwhelmingly preferred coordinating their schedules as opposed to having one set clinical day per week, which is the traditional clinical schedule.

Giving the students the opportunity to be acquainted with one mentor gave them the possibility to develop comfortable relationships that helped decrease their anxiety. Students said they felt more comfortable being with one RN. One student said, "it was nice to be consistent and to know my nurse." Another observed, "[my mentor] trusted me and my abilities." They said that they felt there was more trust between the nurse and the student than in the traditional clinical setting. "You are able to get a lot of one-on-one time with a nurse. As you and the nurse get to know each other, you feel better about asking questions and the nurse is more open and trusting in you as a student." The students felt more encouraged to ask questions because they felt the nurse was more open towards them after they were able to get to know each other.

Students agreed that knowing the nurse better gave them more opportunities to practice their skills. A student said, "Because there are fewer students, sometimes no others, I feel like I have more opportunities to see and perform skills." Another student added, "I was the only student and was well taught by the entire floor." Many students in the study felt the same way. When asked if they felt they were getting as much experience as their classmates not in the study, the responded that they were getting more. "I think I actually had more of an opportunity to do procedures and stay busy than traditional students."

Students felt that having one mentor for the entire semester provided them with someone always there to answer questions the students had. The felt more comfortable asking questions because they were placed with the same nurse each time and felt more comfortable with the nurse. In a traditional clinical setting, students are placed with a specific patient versus a specific RN. The RN has others patients and does not always have time to answer questions the student has. One student observed, "[The mentor} is there to answer your questions immediately, which is a

great advantage.” Another student said, “I love having someone always there to help and answer questions. I never feel stupid asking questions.” Since questioning is such a key element in the learning experience, it is a great benefit to have a nurse available to answer students’ questions.

Nurses in the mentor study were volunteers who wanted to participate in the study and were willing to take a student and teach them. Because they chose to take a student, many students felt it was a great benefit. They said they were more comfortable because their mentor wanted to work with them, was excited to teach them, and was willing to answer questions. One comment was, “the best part about the mentor experience is the opportunity to work with someone who wants you to be there! I loved having a mentor who let me dive into the experience and who was so willing to teach me and explain things to me.” Many students’ comments reflected the same ideas that they felt that they learned more because the nurse was more willing to give them opportunities.

Conclusions

Nursing literature focuses on many aspects of educational paradigms, including the use of mentor-relationship theory. From current studies it is seen that many times there exists a positive relation between the use of mentors and enhanced clinical education in the nursing field of study. Although the mentor field of study is still in its infancy, there also exist numerous positive side benefits. One of the important side benefits is that of reducing student anxiety. Students see this benefit as ultimately important in their educational experience in the nursing program.

The current study shows through qualitative research that student anxiety is greatly reduced as they have more control over their own schedules; they are able to form trusting relationships with their mentors; opportunities to develop and practice skills are enhanced; an atmosphere of openness to questions was developed; and finally that positive attitude were shown towards the students.

Further recommendations for research in this area would include the study of the direct relationship of perceived anxiety with skill and knowledge acquisition and retention in the nursing student. Comparison of an interventional group using mentors in the clinical setting, and students participating in the “traditional” clinical area could take place. The research study of this educational intervention would include the distribution of an “anxiety measurement” tool, compared with student test results and skill acquisition.

Other studies on student satisfaction in their clinical experience, as well as other student outcomes, need to be formulated and repeated. These types of studies will contribute in the science of mentor-relationship theory and improve the state of the science with evidence-based practice in education.

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