

A study on verbal abuse, emotional labor and clinical practice stress of nursing students

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Abstract. This study aimed to investigate verbal abuse, emotional labor, and clinical practice stress of nursing students and identify relevant factors to reduce the clinical practice stress and improve the quality of nursing education. 212 subjects participated in this study and the mean age was 22.2 years. They suffered verbal abuse from nurses, doctors, staff, and patients and their family once or more on average. They scored higher than the mean for emotional labor and clinical practice stress: 3.28 and 3.12, respectively, on average. The variables were significantly positively correlated with each other. The results demonstrate that nursing students are exposed to verbal abuse during clinical practice and may consequently suffer from greater practical stress and emotional labor. These results are expected to be used as fundamental data for improving the quality of practical education and the practice environment and to contribute to the improvement of nursing education.

Keywords: verbal abuse, emotional labor, clinical practice stress, nursing student

1 Introduction

Nursing education is the process in which nursing students acquire all theoretical knowledge necessary to perform the duties as a nurse, explore methods to apply the knowledge to the actual nursing situation, and acquire practical techniques through clinical practice [1]. In particular, clinical practice is an essential element in nursing education in addition to theoretical education [2] and allows nursing students to experience various nursing situations and make preparations so that they can perform duties to meet social concerns and requirements for health. However, nursing students may have clinical practice stress due to the unfamiliar environment of clinical situations, fear and anxiety about mistakes during the practice, excessive tasks, role conflicts and limited knowledge, limitations in applying theories they have learned at school to clinical practice, unpredictable crisis situations, personal relationships with the patients and their caregivers, and so on [3,4]. If such clinical practice stress is not relieved, nursing students may get afraid of practice, lose confidence in nursing, and even become skeptical about their major in nursing; consequently, they may become daunted and frustrated badly [5]. Moreover, such stress can negatively affect nursing

professional values and even threaten physical health [6]. In a healthcare site for practice, nursing students, who are pre-service healthcare providers, may experience emotional labor similar to the medical staff. Such emotional labor may increase clinical practice stress. Nursing students in clinical practice, who are beneficiaries of learning based on the practice, critics, and non-professionals, may suffer various types of abuse from the medical staff, including nurses, and patients and their caregivers. Still, very few studies have been conducted in nursing students in clinical practice. It is therefore necessary to investigate the actual state of verbal abuse nursing students, who are expected to become nurses, suffer and to identify its effects on emotional labor and clinical practice stress. The ultimate goal is to help them establish a nursing value as a good nursing professional and improve the quality of nursing by creating a safe environment for practice.

2 Method

2.1 Design

This is descriptive research to investigate verbal abuse, emotional labor, and clinical practice stress among nursing students having performed clinical practice.

2.2 Sample

Convenience sampling was made with nursing students in Seoul who had performed clinical practice. The number of subjects was determined using a G*Power3.1.2 program and 212 out of 250 questionnaires were returned and were finally analyzed.

2.3 Instrument

The instrument for clinical practice stress consists of 24 items: 5 for the practical education environment, 6 for undesirable role models, 4 for the burden of practical tasks, 4 for conflicts in interpersonal relationships, and 5 for conflicts with patients. Each item has a five-point scale, with a higher score meaning a higher level of clinical practice stress. For reliability of the instrument, Cronbach's alpha was .860.

The instrument for verbal abuse consists of 35 items in total by offender type (patient, caregiver, nurse, doctor, and other staff). Each item has a five-point scale, with a higher score meaning a greater degree of verbal abuse from an offender.

The instrument for emotional labor consists of 9 items in total, each of which has a five-point scale, with a higher score meaning a higher level of emotional labor. For reliability of the instrument, Cronbach's alpha was .806.

2.4 Data collection and ethical consideration

Data were collected with the approval of the Institutional Review Board in H University. With the ethical aspect taken into account, the participants were given explanation of the specific purpose and methods of the study; then, those agreeing to participate in the research were given explanation of anonymity, confidentiality, and the right to veto participation in the research and a survey was conducted in the subjects consenting to participation in the research from October to November 2013.

2.5 Data analysis

The collected data were analyzed using an SPSS Win 19.0 program.

3 Results

3.1. General characteristics of subjects

The subjects were 22 years old on average; 91% of them were female; and 36.8% were juniors and 63.2% were seniors. The majority of them (58%) performed clinical practice during three semesters and 95.2% got no education about how to cope with verbal abuse.

3.2. Verbal abuse, emotional labor, and clinical practice stress

The subjects scored $3.28 \pm .56$ on average for the degree of emotional labor and had the highest score, $3.75 \pm .65$, for the frequency of emotional expression among its sub-areas. They scored $3.12 \pm .46$ for clinical practice stress and scored high with $3.92 \pm .59$ for stress from the practice environment among its sub-areas. As for verbal abuse, they had the highest score, 2.13, for verbal abuse from patients and the lowest score for verbal abuse from other staff members.

3.3 Correlation between verbal abuse, emotional labor, and clinical practice stress

Emotional labor was significantly positively correlated with clinical practice stress ($r=.488, p<.001$). Verbal abuse was significantly positively correlated with emotional labor; in particular, verbal abuse from nurses was most strongly correlated with emotional labor ($r=.330, p<.001$). Clinical practice stress was significantly positively correlated with verbal abuse and verbal abuse from nurses was most strongly correlated with clinical practice stress ($r=.584, p<.001$).

4 Conclusions

This study aimed to investigate verbal abuse, emotional labor, and clinical practice stress nursing students might experience during clinical practice and contribute to more efficient nursing education. The subjects experienced moderate or severe clinical practice stress and a great degree of emotional labor. Verbal abuse from diverse offenders during clinical practice caused them to suffer higher levels of clinical practice stress and emotional labor. On the basis of these results, it is necessary to make a plan to create a safe environment for clinical practice with the objective of improving the quality of nursing education. It is also necessary to develop an education program that can allow them to relieve clinical practice stress and emotional labor.

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