

Clinical Practice Stress, Emotional Labor, and Emotional Intelligence among Nursing Students

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Abstract. This study was conducted in order to examine the relationships among nursing students' clinical practice stress, emotional labor, and emotional intelligence. For this purpose, data were collected from 576 nursing students sampled from seven metropolitan cities and provinces during the period from March 1 to May 31, 2015. The subjects' mean score of clinical practice stress was 2.99, emotional labor 3.03, and emotional intelligence 4.88. Clinical practice stress was in a positive correlation with emotional labor, and emotional labor was in a negative correlation with emotional intelligence. When developing programs for mitigating their clinical practice stress and enhancing the effect of practice education, it is necessary to consider factors such as emotional labor, emotional intelligence, and environment for practice comprehensively.

Keywords: Nursing students, Clinical practice stress, Emotional labor, Emotional intelligence

1 Introduction

The eventual goal of nursing education is to cultivate professional experts capable of practice in the nursing field. Clinical practice is an educational opportunity which allows nursing students to apply the nursing intervention they have learned to subjects, and can be the pathway to development of clinical competency. As the result of the previous study shows, clinical competency was high if satisfaction with clinical practice was high [1]. Besides, as much as clinical practice stress is felt, view of nursing profession or satisfaction with their major was affected negatively. In addition, the level of anxiety or fatigue was high if nursing students have significant clinical practice stress [4]. In previous studies, clinical practice stress of nursing students was more than the mean value [2],[3],[4]. Therefore a strategy to lower clinical practice stress and to increase the quality and satisfaction of clinical practice is needed. First, factors affecting the clinical practice stress should be identified and improved. Emotional labor, generally defined as the act of expressing socially/organizationally-desired emotions in the context of interpersonal interactions during service transaction [5]. For nurses, emotional labor was the variable predicting depression level [6]; it was reported that the higher emotional labor and experience level, the greater

somatization or job stress [7] and turnover intention [8].

Nursing students are not the workers at the practice institution, but wear uniforms while staying on the field for a long period of time. Furthermore they are involved in nursing of subjects either directly or indirectly. In addition, as nursing students are experiencing clinical practice stress related to subjects [4], it is expected that nursing students as well as nurses will experience emotional labor in clinical practice. However, previous studies [9],[10],[11] identifying emotional labor of nursing students are limited. Moreover, positive effects were reported from the research of emotional intelligence which is a variable affecting clinical practice stress of nursing students or emotional labor of nurses in the previous studies [8],[12]. In this context, it is considered that investigation of clinical practice stress level and the relationship between emotional labor and emotional intelligence for nursing students is helpful to establish educational intervention associated with clinical practice stress. Therefore, this study attempted to identify the relation among clinical practice stress, emotional labor, and emotional intelligence for nursing students.

2 Methods

2.1 Study population

This study targeted 576 nursing students having a clinical practice period of at least 1 year and data were collected using structured questionnaires from March 1, 2015 to May 31, 2015.

2.2 Measurements

2.2.1 Clinical practice stress

Clinical practice stress was examined using the tool modified and supplemented by Kim and Lee [4] with the previous study results. This includes 5 sub-areas consisting of 24 questions with a 5-point scale. Cronbach's alpha value of reliability was .91 in Kim and Lee [4], and was .82 in this study

2.2.2 Emotional labor

Emotional labor was measured using the tool amended by Jo [13] based on Morris and Feldman (1966)'s tool. This tool consisted of 9 questions with 3 sub-areas and each question has a 5-point scale. Reliability of the tool was Cronbach's=.86 in Jo [13] and in this study was .84.

2.2.3 Emotional intelligence

Emotional intelligence was measured using the tool amended by Jung [14] based on Wong and Law (2002)'s tool. This tool has 4 sub-areas with a total of 16 questions out of a 7 point score. Reliability of emotional intelligence by factors was shown to be at least .80 during development and in this study was .91.

2.3. Analysis

Subjects' general characteristics and level of variables were measured by descriptive statistics including real number and percentage. Relations with variables were shown with Pearson Correlation Coefficient and reliability was shown with Cronbach's alpha.

2.4. Ethical consideration

This study received the approval of the IRB (institutional review board) affiliated with the investigator's university (KNU-IRB_2015-14).

3 Results

3.1 Clinical practice stress, emotional labor, and emotional intelligence among subjects

Clinical practice stress was overall 2.99 out of 5 and Clinical environment 3.45, Undesirable role model 3.06, Assignments and workload 3.47, Interpersonal relationship 2.45 and Conflict with patients 2.50 by sub-areas. Emotional labor was 3.02 out of 5, Frequency of appropriate emotional display 3.57, Attentiveness to required display rules 3.03, and Emotional dissonance 2.45 by sub-areas. Lastly, Emotional intelligence was 4.88 out of 7, and Self-emotional appraisal 5.09, Other's-emotional appraisal 5.16, Regulation of emotion 4.60 and Use of emotion 4.65 by sub-areas.

3.2 Correlation among clinical practice stress, emotional labor, and emotional intelligence

Clinical practice stress showed positive correlation with emotional labor($r=.512$, $p<.001$), and emotional labor showed negative correlation with emotional intelligence ($r=-.122$, $p=.003$)[Table 1].

Table 1. Correlation among clinical practice stress, emotional labor and emotional intelligence (N=576)

Variable	Clinical practice stress r(p)	Emotional labor r(p)	Emotional intelligence r(p)
Clinical practice stress		.512 ($<.001$)	-.027 (.522)
Emotional labor			-.122 (.003)

4 Discussion

The clinical practice stress of the study subjects was 2.99 out of 5. Clinical practice stress by sub-areas showed the highest in Assignment and workload, Clinical environment, and Undesirable role model in order. This study result shows that clinical practice stress of nursing students was higher than 2.83[2] and lower than 3.12[9] or 3.3[4]. There is a difference in the stress level of studies, including this study. However, all were identified at least over mean level. There will be no disagreement that educational management is needed considering negative impact affecting clinical practice competency or practice satisfaction.

Sub-areas which had high clinical practice stress included Assignments and workload, Clinical environment, and Undesirable role model in order. These results were identical with previous study results [2],[4]. There was no difference in the area having high perception in clinical practice stress among nursing students. In the previous study that related to clinical practice of nursing education, it is considered that securing qualified clinical instructor in practice, supportive educational facility and establishment of practice educational policy is needed [15]. Therefore, a great deal of effort in both educational institutions and nursing field is needed to improve the areas showing high practice stress level.

The overall emotional labor score of the study subjects was 3.02 out of 5. This result was lower than the result of 3.28 [9] or 3.17 [10] in nursing students which identified emotional labor using the same tool. It can be anticipated that nurses have even higher emotional labor compared with nursing students because nurses are working in practice as a member of the organization. However, emotional labor of nursing students is similar to that of nurses. It was shown to have a negative effect in depression, somatization, and job stress if emotional labor level of nurses was high. However, studies to identify problems caused by high emotional labor in the case of nursing students have been inadequate. Therefore, a follow up study, identifying the effect on emotional labor experienced during practice with regard to nursing education will be needed

In this study, clinical practice stress showed positive correlation with emotional labor and emotional labor showed negative correlation with emotional intelligence. These results of this study were identical with the previous study [9] in that the clinical practice stress of nursing students and emotional labor showed positive correlation.

In this way, attention is needed as clinical practice stress and emotional labor level

is identified at least at medium level. It will require a comprehensive approach, with consideration for emotional labor and emotional intelligence when it is needed to find the intervention to lessen clinical practice stress and strengthen the effect of clinical practice.

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