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A descriptive study to assess B.Sc. nursing 1st Year and 2nd Year student's adjustment pattern and psychological distress in two selected college of nursing at Gwalior city

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Abstract

Stress is an all pervading phenomenon in life. If a person is able to deal effectively with a situation, the amount of stress he or she may be facing is less. Same events may be perceived in different ways by different people. It depends upon the coping resources they use to solve the problem. As far the Indian youth are concerned they are dominated mainly by the parents and other elders in the family. All the important decisions pertaining to their life are taken by them. This in turn can create a stressful situation for the students, ultimately influencing their personality and behavior. The present Study aimed to assess B.Sc. nursing 1st year and 2nd year student's adjustment pattern and psychological distress in two selected college of nursing at Gwalior city. Study possessed quantitative research approach and descriptive survey design. After obtaining Permission the final study was conducted. Purposive sampling technique was used for selecting the sample from nursing students and the sample size was 120. Overall findings of the study show that the student's adjustment is of average category but a great many of them experience psychological distress related to both trait and state factors.

Keywords: psychological distress, nursing student, phenomenon

1. Introduction

"Life presents a continuous chain of struggle for existence and survival", says Darwin. The observation is apt since every one of us strives for the satisfaction of our needs. In struggling to achieve something, if we find that the results are not satisfactory, we either change our goal or procedure. While doing so, one protects oneself from possible injury to one's ego, failure or frustration. Stress is an all pervading phenomenon in life. If a person is able to deal effectively with a situation, the amount of stress he or she may be facing is less. Same events may be perceived in different ways by different people. It depends upon the coping resources they use to solve the problem. As far the Indian youth are concerned they are dominated mainly by the parents and other elders in the family. All the important decisions pertaining to their life are taken by them. This in turn can create a stressful situation for the students, ultimately influencing their personality and behavior.

2. Material and Methods

Study possessed quantitative research approach and descriptive survey design. After obtaining Permission the final study was conducted. Purposive sampling technique was used for selecting the sample from B.Sc. Nursing 1st year and 2nd year students and the sample size was 120. Demographic variable tool, AICS, Nursing Adjustment inventory and GHQ-28 tools were administered to all the students to assess the Adjustment Pattern and Psychological Distress respectively.

2.1 Procedure of Data Collection

After obtaining Permission the final study was conducted. Students were informed regarding the purpose of study before administration of tool to obtain a free and frank response.

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120 B.Sc. Nursing students were selected using purposive sampling technique. Demographic variable tool, AICS, Nursing Adjustment inventory and GHQ-28 tools were administered to all the students to assess the Adjustment Pattern and Psychological Distress respectively.

3. Result

Table 1: Frequency and percentage distribution of male nursing students in terms of selected personal variables.

N=120

Demographic Variables	Frequency	Percentage (%)
1. Age In Years		
A. 18-19	23	19.2
B. 20-21	77	64.2
C. 22-23	12	10.0
D. 24-25	3	2.5
E. 26	5	4.2
2. Religion		
A. Hindu	89	74.2
B. Christian	29	24.2
C. Muslim	1	0.8
D. Others	1	0.8
3. Marital Status		
A. Unmarried	117	97.5
B. Married	3	2.5
4. Domicile		
A. M.P	53	44.16
B. U.P	20	16.6
C. Rajasthan	30	25.0
D. Kerala	10	8.3
E. Others	7	5.8
5. Family Income/ Month		
A. < 5000-7000.	39	32.5
B. 7000-9000	48	40.0
C. 9001 and above	33	27.5
6. Mode Of Residence		
A. Hostelite	82	68.4
B. Day scholar	38	31.6
7. Education After 10+2		
A. Technical	3	2.5
B. Professional	29	24.2
C. Graduation	12	10.0
D. Nil	69	57.5

Table 1 shows that majority of the students were in their late teens and early twenties. (Mean age 20.38, SD 2.50) and were single, Hindus and from semi urban background and their family income ranged between Rs 7000 to 9001 and above. Majority of the students were from M.P were hostelites and had joined the nursing course directly after 10+2.

Table 2: Scores of the Subjects in the Five Areas of Adjustment

Areas of Adjustment	Mean	S.D	Remark
Home	3.97	2.75	Average Adjustment
Health	4.38	2.62	Average Adjustment
Social	9.12	3.13	Average Adjustment
Emotional	14.83	5.23	Unsatisfactory Adjustment
Educational	8.54	3.51	Unsatisfactory Adjustment
Total	40.83	12.93	Average Adjustment

Table-2 shows that the nursing students total adjustment and in the areas of home, health and social falls into the average category. Unsatisfactory adjustment is seen in the emotional and educational areas.

Table 3: Distribution of the Sample Based On Responses to Statements Reflecting Their Career Choice N=120

Responses		
Nursing is my		
1st choice	41	34.2
2 nd choice	51	42.5
3 rd choice	10	8.3
4 th choice	4	3.3
Not at all my choice	14	11.7
Given an opportunity I like to take another profession		
Yes	42	35
No	78	65

Table 3 shows that for approximately one third (34.2%) of the group, nursing was their first choice. For a large number however, it was a second choice. A small number (11.7%) reported that nursing was not an option at all. However despite the fact that it may not have been their first choice, majority (65%) of the students do not want to change their profession now that they are in the course.

Table 4: Comparison of Career Choice with Nursing Adjustment

Nursing Adjustment				
Career choice	Mean	s.d	Interference	Df
First	5.12	2.29	t=2.81	118 significance
Other than first	6.35	2.27		p<0.05

Table 4 shows that students who took up nursing as their first choice for a career were significantly better adjusted to nursing.

Table 5: Comparison of Level of Nursing Adjustmeent with Change of Career

Change of career	Mean	Sd	Inference
Wishing to change			
Yes	6.88	2.65	t=3.39
No	5.42	2.02	Significant P<0.01

Table 4 reveals that those students who were happy with their choice of nursing as a profession and did not wish to change had a significantly better adjustment to nursing.

Table 5: Level of Psychological Distress of Subjects As Reported On the General Health Questionnaire

Dimensions	N	Mean	s.d	Minimum	Maximum
Somatic complaints	120	1.23	1.58	0.0	6.0
Anxiety	120	1.71	1.88	0.0	7.0
Social dysfunction	120	1.35	1.54	0.0	6.0
Depression	120	1.07	1.77	0.0	7.0
Total	120	5.36	5.42	0.0	22.0

Table 5 indicates that on an average, the group reports experiencing five symptoms in the previous 4 weeks. The level of anxiety experience appears to be marginally higher than the other complaints.

Table 6: Distribution of the Sample on Ghq Scores (N=120)

GHQ Scores	f	%	Mean	sd	Remarks
0-4	65	54.20	1.45	1.96	Below cut off score (absence of psychological distress)
>5	55	45.8	9.98	10.95	Above cut off score (presence of psychological distress)

Table 6 shows that only little above half the number of students (54.2%) have GHQ score between 0-4 indicating absence of psychological distress.

Table 7: Comparison of Low and High Score on the Ghq Across Area Of Adjustment

Areas of adjustment	Low Scorer				High Scorer				Level of significance
	GHQ scores <5				GHQ scores >5				
	n	Mean	sd	n	Mean	sd	't' value		
Nursing	65	5.66	2.47	55	6.25	2.16	1.387	Not significant	
Home	65	3.45	2.21	55	4.58	3.19	2.294	Not significant	
Health	65	3.55	2.43	55	5.35	2.53	3.952	significant	
Social	65	8.55	2.89	55	9.78	3.29	2.176	Not significant	
Emotional	65	12.37	4.44	55	17.73	4.60	6.482	significant	
Educational	65	7.14	3.33	55	10.20	2.97	5.270	significant	
Total	65	35.06	11.30	55	47.64	11.43	6.042	significant	

df=118 in each case

High scores on the GHQ-28 showed a significantly different level of adjustment than low scores in the health, emotional and educational areas and in their total adjustment.

Result depicted in Table-7 indicates that students experiencing higher levels of psychological distress are relatively less well-adjusted in the health, emotional and educational areas as well as in their total adjustment. Items in the area of health adjustment may overlap, to some extent with items in the GHQ. This may result in the higher scores obtained. In the scores on GHQ are seemingly more emotionally vulnerable. This factor of emotional vulnerability may predispose them to experience higher levels of distress. At the same time the unsatisfactory adjustment in the educational area indicates that they are generally dissatisfied with the theoretical content of curriculum and the teaching method employed. This in turn may act as a stressor and source of distress the interaction of these variables may be complex and difficult to explain in a cross sectional study.

4. Discussion

More than half the number of students (58.3%) express being nervous when they have to demonstrate procedures. Not having had adequate number of practices in the preclinical set up could account for this (Bell 2001). In addition poor teacher- student relationship may also be a contributory factor. Inadequate support and guidance from senior nurses and clinical instructors are reported as stressful by Parks (2008).

More than half the group (56.7%) of students reported getting angry when nursing staff order them around. This may be because while the student perceives themselves as a learner and prefers to proceed at self-set speed, the nursing staff may view them as 'producer of work' resulting in role ambiguity. This confirms to Beck and Srivastava's report (2001) that the atmosphere created by clinical faculty is experienced as stressful by nursing students.

According to the present study, 45.8% of the students have some psychological distress. This is so much higher than the 27% reported in staff nurses the present study results thus show that both trait and state seem to influence the psychological distress experienced by the students. The degree to which each of these contribute to the experience of distress has not been examined in the study. It emphasize that

temperamental dispositions are more powerful than environmental factors in predicting psychological distress.

5. Conclusion

The study reveals that an increasing number of nursing students experience psychological distress which is related to their health, emotional and educational adjustment. It is imperative that the nurse administrator, educator and researcher join hands to unburden the students of such distress and equip them to be effective contributor to health care.

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