



ANXIETY AND CLINICAL PRACTICE READINESS OF STUDENT NURSES DURING COVID-19 PANDEMIC

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ABSTRACT

Clinical practice is a critical component of the nursing education program because it prepares graduates to be competent and professional nurses. Each student approaches clinical practice in hospitals with a unique level of readiness and anxiety, especially considering the recent Covid-19 pandemic situation. This study aimed to examine the relationship between anxiety and readiness for clinical practice in hospitals among nursing students. The descriptive correlational design was used in this study. There was a total of 337 second year nursing students. This study was conducted between February to March 2021. This study utilized the Casey-Fink Readiness for Practice Survey and the Hamilton Anxiety Rating Scale (HARS) questionnaires. The data were analyzed using the Chi-square test. Total of 201 nursing students involved in this study. Over half of the students (58.2 percent) reported experiencing anxiety at a mild to severe level. About 55.2 percent of students perceived ready for clinical practice in a hospital. This study reveals that there was a significant correlation between nursing students' level of anxiety and their readiness for clinical practice at the hospital (p value 0.0001). Students are expected to be prepared for clinical practice to alleviate any anxiety. The more students prepare, the more confident they are in their ability to perform critical nursing activities.

Keywords: anxiety; readiness; clinical practice; nursing; student

INTRODUCTION

Nursing education consists of two parts: theoretical and practical training, which enable nursing students to acquire the knowledge, skills, and attitudes necessary to provide nursing care (Jamshidi, Molazem, Sharif, Torabizadeh, & Kalyani, 2016; Nabolsi, Zumot, Wardam, & Abu-Moghli, 2012). As a result, clinical education is also regarded as a necessary and integral component of a nursing education program. Clinical learning environments are important in the acquisition of professional abilities and in training nursing students to enter the nursing profession and become a registered nurse because nursing is a performance-based profession (Jonsén, Melender, & Hilli, 2013). However, clinical experience is one of the most anxiety-inducing aspects of the nursing program that nursing students have learned about. In their clinical experience, students cited a lack of clinical exposure, unfamiliar ward setting, aggressive patients, fear of making mistakes during procedures, and being evaluated by faculty members as anxiety-inducing situations. (Lavina, Deepa, Abin, Shwetha, & Priya, 2021).

Anxiety is a feeling of fear that is vague and unjustified by the circumstances (Lavina et al., 2021). When people are anxious, they may feel fear, discomfort, or even despair, even if they don't understand why they are feeling these dangerous emotions. (Diferiansyah, Septa, & Lisiswanti, 2016). In addition, uncontrolled anxiety can obstruct an individual's ability to complete tasks (Wijayanti, 2015). Students' readiness for clinical practice varies, which can result in inefficient or inconvenient situations when practicing in hospitals (Kurdi, Nahariani, & Puji Priyanti, 2018). Clinical practice readiness is defined as the ability to perform a task, procedure, or activity with clinical competence (Cantlay et al., 2017). Personal practice

readiness can be influenced by factors such as knowledge, skills, professionalism, desire, and anxiety (Banneheke et al., 2017; Jamshidi et al., 2016). According to prior research on nursing students, there is a correlation between anxiety levels and clinical practice readiness (Nugraha, 2017). However, other studies indicate that willingness and professionalism, in addition to anxiety, are also associated with nursing students' readiness to engage in clinical practice (Banneheke et al., 2017).

All nursing students are required to participate in hospital and community-based clinical practice as part of a learning program designed to prepare and train students to practice nursing or provide nursing care to patients and the community. The student should involve in clinical practice from first semester. At a private nursing school, the second-year nursing student's level of anxiety when facing clinical practice in hospital settings has never been evaluated. As discussed before, the level of anxiety students experience will impact their preparedness for clinical practice. In addition, it is necessary to reexamine this issue because there are contradictory findings regarding the existence or absence of a relationship between anxiety levels and readiness for clinical practice. This study aimed to determine the relationship between anxiety levels and clinical practice readiness in hospitals among second-year nursing students at a private nursing school in Indonesia.

METHOD

This study employed a quantitative research design with a descriptive correlational methodology (Polit & Beck, 2018). In this study, the independent variable is anxiety level, and the dependent variable is clinical practice readiness. This study's population consisted of 337 second-year students. This study employs a non-random sampling strategy (a purposeful sample) (Polit & Beck, 2018). This study's sample is comprised of students enrolled in the second year of the Faculty of Nursing at a private Indonesian university. Exclusion criteria included second-year Nursing Faculty students at an Indonesian Private University who were down cohort (repeating courses), 10 respondents who had become researchers' initial data, and respondents who had been respondents in the VR test. Based on the sample calculation utilizing the Slovin formula $n = N / (1 + Ne^2)$ with $e = 5\%$, the sample size for this study was determined to be 201 students. The Casey-Fink Readiness for Practice Survey (Casey, Fink, & Fink, 2011) was used to measure the readiness variable, and the Hamilton Anxiety Rating Scale (HARS) questionnaire was used to measure the anxiety variable (Hamilton, 1959; Muhammad, 2010; Ramdan, 2019). Researchers administered a virtual reality (VR) test to 30 respondents on both questionnaires, with the previous researcher selecting questions in accordance with the research objectives.

The Casey-Fink Readiness for Practice Survey questionnaire consists of two parts: the first part inquiries about the student's practical experience, including the number of hours, clinical setting, course content, and mentors. Second, it emphasizes the convenience of clinical skills and relational performance for students. This questionnaire uses a Likert scale with the following values: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly disagree. This Casey questionnaire consists of 25 questions. Using the HARS (Hamilton Anxiety Rating Scale) questionnaire, the level of anxiety was measured, with measurement results of 14 = no anxiety, 14 - 20 = mild anxiety, 21 - 27 = moderate anxiety, 28 - 41 = severe anxiety, and 42 - 52 = very severe anxiety. This study's data collection occurred between February and March of 2021. This research has been approved by the Faculty of Nursing at an Indonesian Private University and has gained ethical approval with the number 038/RCTC-EC/R/I/2021.

RESULTS

Table 1 demonstrates that nearly half of respondents (40.8%) did not experience anxiety. Nonetheless, more than half of respondents (59.2%) experienced anxiety ranging from mild to severe.

Table 1.
Anxiety levels of nursing students

Anxiety level	f	%
None	82	40.8
Mild	57	28.3
Moderate	26	13
Severe	25	12.4
Very Severe	11	5.5

Table 2 depicts the clinical practice readiness of students; more than half of respondents indicated that they were prepared for clinical practice (55.2 percent). However, nearly half of the students (44.8 percent) were found to be unprepared for clinical practice.

Table 2.
Clinical Practice Readiness of Nursing Student

Readiness	f	%
Ready	111	55.2
Not Ready	90	44.8

According to Table 3, nearly half of the students who did not experience anxiety reported being prepared for clinical practice (40.8%). In addition, it is observed that respondents with mild to severe anxiety reported both prepared and unprepared. The Chi-Square test yielded a p value of 0.00001, indicating that there was a significant relationship between anxiety levels and clinical practice readiness among students in hospital settings.

Table 3.
Relationship between anxiety level and clinical practice readiness of nursing student

Anxiety Level	Readiness		<i>Chi-square test</i>
	Ready	Not Ready	
None	82(40.8%)	1(1.1%)	<i>p-value <0.0001</i>
Mild	57(28.3%)	27(30%)	
Moderate	26(13%)	26(28.9%)	
Severe	25(12.4%)	25(27.8%)	
Very Severe	11(5.5%)	11(12.2%)	

DISCUSSION

This study revealed that forty-eight percent of second-year nursing students did not experience anxiety. Nonetheless, Sumoked et al. found that all student respondents experienced anxiety (100%), with more than half of respondents experiencing moderate anxiety (64.4%) (Sumoked, Wowiling, & Rompas, 2019). In addition, according to a previous study (Malfasari, Devita, Erlin, & Ramadania, 2018), 73% of respondents experienced anxiety, with the majority experiencing very severe anxiety (90.4%). The respondents in the study were nursing students undergoing hospital-based clinical practice (Malfasari et al., 2018). Students who undergo clinical practice in hospitals may experience anxiety (Jamshidi et al., 2016; Onieva-Zafra et al., 2020). In this study, the level of anxiety ranges from not experiencing to mild, moderate, severe,

and extremely severe anxiety. As discussed previously, uncontrolled anxiety can impede the achievement of individual performance, thus, it is important that students should be able to control their anxiety to achieve their goals (Wijayanti, 2015). Nursing students' ability to control anxiety must be developed to perform their clinical skills in hospital settings professionally. Moreover, using effective coping mechanisms including problem solving, social support, and cognitive restructuring techniques such as meditation can be some approach to reduce anxiety (Onieva-Zafra et al., 2020). Thus, further research regarding effective anxiety interventions for nursing students in clinical practice is essential.

More than half of this study's respondents also indicated that they were prepared for clinical practice (55.2%). This finding is supported by Nugraha's study, which indicated that 77.5 percent of respondents were ready for clinical practice (Nugraha, 2017). In contrast, research conducted by Munawaroh revealed that 72.6% of respondents indicated they were unprepared for clinical practice (Munawaroh, 2019). Nursing students' readiness to interact with patients, coworkers, and interprofessional teams can be influenced by physical, social, and spiritual factors (Sianturi, Sondang Ratnauli & Natalia, 2021). Students who are willing, professional, have good communication skills, and have good personal qualities will be ready for clinical practice (Banneheke et al., 2017; Jamshidi et al., 2016). Furthermore, clinical supervisors' support and the practice environment can help students feel at ease and gain confidence, allowing for more conducive clinical practice (Cornine, 2020). This study also demonstrated a correlation between anxiety and clinical practice readiness (p -value <0.0001). This is consistent with a previous research, which indicates that there is a correlation between student anxiety and practice readiness, with a p -value of 0.001 and a correlation coefficient (r) of 0.330 (Nugraha, 2017). However, previous research has shown that a variety of other factors, such as professional attitudes and skills, can influence nursing students' clinical readiness (Banneheke et al., 2017). A causal analysis study is needed to further investigate the impact of anxiety on clinical practice readiness.

Despite contradictory findings from previous research, it is critical for nursing education to ensure that nursing students are prepared for clinical practice with manageable levels of anxiety, such as mild and moderate anxiety. Clinical practice supervisors are also expected to help students prepare for practice before, during, and after it. Clinical practice supervisors who are knowledgeable and compassionate can help students acquire the necessary knowledge, attitudes, and skills, as well as develop effective coping mechanisms for clinical practice (Cornine, 2020). Clinical experience is critical for nursing students' professional development. This research is limited by its correlational methodology, which cannot analyze causal relationships. In addition, the sample was obtained from a single nursing faculty, so the results of this study should be generalized with caution. Nonetheless, this study recruited a sufficient sample to be representative of the study population.

CONCLUSION

During clinical practice, nursing students can experience anxiety ranging from nonexistent to severe, according to this study. In addition, there are nursing students who feel both prepared and unprepared for hospital clinical practice. This study concludes that there is a significant correlation between nursing students' anxiety levels and their readiness for clinical practice. It is anticipated that future research will identify effective interventions to combat nursing student anxiety during clinical practice.

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