



Undergraduate nursing students' experiences of anxiety-producing situations in clinical practicums: A descriptive survey study



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ABSTRACT

Background: Clinical practicums are regarded as one of the most anxiety-producing aspects of the curriculum by nursing students. Practicum-associated anxiety has negative impacts on learning, performance, and well-being. Little is known about what makes final year nursing students anxious during their practicum experience and the impact of clinical and student characteristics on their level of anxiety.

Objectives: The objectives of the study were (1) to explore which clinical situations final year nursing students perceive as anxiety-producing; (2) to identify if perceived level of anxiety associated with clinical tasks differ by clinical and student characteristics; and (3) to determine the relationship between clinical and student characteristics and perceived level of anxiety among nursing students.

Design: Descriptive, cross-sectional survey.

Setting: One university in Ontario, Canada.

Participants: A convenience sample of 93 final year undergraduate nursing students.

Methods: The Clinical Experience Anxiety Form (CEAF) was administered to assess perceived level of anxiety associated with common practicum tasks. Descriptive statistics, one-way analysis of variance, and Pearson's correlation tests were used to address the research questions. Content analysis was conducted for open-ended questions.

Results: Participants reported the following three situations as most anxiety-producing: fear of making mistakes, being observed by instructors, and initial clinical experience on a unit. Differences were noted between younger (18 to 24 years-old) and older (25 to 34 years-old) students, with the older student group reporting lower levels of anxiety associated with the following clinical situations: being observed by instructors and asking questions of faculty. Age was also found to be negatively correlated with CEAF scores wherein younger students reported higher CEAF scores. Content analysis indicated common areas that worried participants most about their practicum and their academic year.

Conclusions: Findings emphasize the importance of nursing educators to recognize anxiety-producing practicum situations and develop anxiety management interventions to ensure optimal learning.

1. Introduction

Anxiety, a form of stress, is a prominent issue in undergraduate education. The evidence of anxiety impeding learning and performance among students is well-documented in the literature (Jimenez et al., 2010). In particular, nursing students show significantly higher levels of anxiety and more psychological and physical symptoms than their cohorts in other health-related disciplines and in the general population (Jimenez et al., 2010; Wedgeworth, 2016). Integral to the nursing education curriculum, clinical practicum experiences prepare students to transition into the professional nurse role as they acquire nursing practice competence by employing skills, knowledge and judgment learned from the classroom. Students are often rotated through a variety of settings in different

organizations throughout their academic careers. However, due to the complexity of the clinical environment, numerous studies have reported that nursing students regard the practicum experience as one of the most anxiety-inducing aspects of the nursing curriculum (Jimenez et al., 2010; Melo et al., 2010). This is of particular concern because practicum-associated anxiety can lead to not only ineffective learning, performance, and health outcomes, but also increased burnout and attrition rates in nursing schools (Cogburn et al., 2015; Melo et al., 2010).

2. Literature Review

It is well-documented in the literature that nursing students experience high levels of anxiety as they must not only manage academic,

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social, and personal challenges related to attending university, but also need to deal with additional demands associated with clinical practicums (Chernomas and Shapiro, 2013; Timmins et al., 2011). Although sources of anxiety may vary, clinical practicum experiences are consistently identified as among the most anxiety-producing aspects in the curriculum by students (Jimenez et al., 2010; Timmins et al., 2011). Some known themes associated with higher levels of anxiety in practicum experiences reported consistently in the literature include: (1) concerns regarding the provision of patient care, including confidence in nursing skills, knowledge and judgment as well as feelings of unpreparedness; and (2) interpersonal relationships with patients and their families, healthcare team members and educators (Chernomas and Shapiro, 2013; Jimenez et al., 2010; Melincavage, 2011; Melo et al., 2010).

Researchers found that nursing students experience greater levels of anxiety and stress in particularly upper-years due to increased concerns regarding academics and practicum. For instance, Jimenez et al. (2010) found that final year nursing students reported higher levels of stress from the clinical environment and relationships with staff and teachers than their lower-year cohorts. Similarly, Timmins et al. (2011) found that students in their final year were more likely to report poor mental health and that clinical placements were stressful as compared to students in earlier years. This is consistent with the results of a longitudinal study conducted by Edwards et al. (2010) that found highest levels of stress were reported by students in the final year. Thus, current research indicates the importance of exploring the experiences of stress among this cohort of students. However, our literature review noted that there is currently no data available on how age influences experiences of stress and anxiety within final year nursing students.

Additionally, while there is extensive research documenting sources of anxiety for nursing students, little is known about the association between nursing practicum characteristics and levels of anxiety experienced by students in a Canadian context. Findings from research suggested characteristics of learners and the practicum environment, as well as the tasks that learners are engaged in have impact on student anxiety. In terms of characteristics of learners, Cummings and Connelly (2016) reported that when a nursing student has more experience with simulations, they report a higher level of confidence. Another study conducted in 2013 by Hakimzadeh et al. (as cited in Villeneuve et al., 2018) found that previous healthcare-related employment experience promoted confidence and decreased feelings of anxiety among nursing students.

With respect to characteristics of the practicum environment, Blomberg et al. (2014) examined the effect of clinical setting characteristics on the level of stress in Swedish nursing students through a numerical rating scale. The authors found that students experienced greater stress in hospital practicums than in community practicums. The authors suggested that previously identified clinical sources of stress, such as lack of knowledge and heavy workload, are more prevalent in hospital settings; thus, students may experience more stress in hospital practicums. The results of the study also indicated that hospital departments overcrowded with patients increased the level of stress among students. Additionally, studies have found that job satisfaction and level of stress varies according to the clinical setting (Mrayyan, 2009; Ramoo et al., 2013).

Further, research suggests that the status of a hospital as either teaching or non-teaching has an impact on patient and nursing outcomes (Ayanian and Weissman, 2002). Teaching hospitals are often associated with higher quality of care, enhanced medical education and training, innovations in clinical care, and better nursing staff (Ayanian and Weissman, 2002). However, there are conflicting results in the literature about the differences between teaching and non-teaching hospital in outcomes for nurses. Mrayyan (2009) reported that Jordanian nurses working in non-teaching hospitals reported higher job satisfaction and intent to stay rates than those working in teaching hospitals. On the contrary, Carter's 2002 study (as cited in Mrayyan, 2009) found that nurses showed higher job satisfaction and greater retention

rates in teaching hospitals compared to their counterparts in non-teaching hospitals. Based on current research, it is evident that the type of hospital and practicum unit can likely influence a number of factors in the practicum experience, such as support, staff skill mix, resources, and complexity of patient care, which can ultimately impact a student's level of anxiety.

Although a number of studies in other parts of the world have explored nursing students' clinical experiences, empirical evidence on nursing student's experience of practicum-associated anxiety is very limited in Canada. It is necessary to examine practicum-associated anxiety among nursing students in a Canadian setting given the differences in healthcare systems throughout the world. Moreover, no research has investigated the impact of type of hospital and practicum unit on nursing students' level of anxiety. Additionally, very little is known about how characteristics of the nursing student, such as their level of previous relevant experience and age, influence practicum-associated anxiety. Thus, the purpose of this study is to explore which specific clinical situations final year nursing students perceive as anxiety-producing and to determine the relationship between clinical practicum and student characteristics and perceived level of anxiety among nursing students. The research questions for this study are as follows:

- (1) What specific clinical situations do final year nursing students perceive as anxiety-producing?
- (2) Does perceived level of anxiety associated with common clinical tasks differ by key sample characteristics, including age, level of previous relevant experience, as well as the type of hospital (teaching versus non-teaching) and practicum unit (acute versus non-acute)?
- (3) What is the relationship among key sample characteristics to practicum-associated anxiety?

3. Theoretical Framework

Situated Cognition Learning Theory (Lave and Wenger, 1991) posits that learning is influenced by the situation and environment in which it occurs. Situated cognition was used as a theoretical lens in this study to understand the experiences of anxiety of nursing students in clinical practicums and how anxiety affects learning. The theory suggests that learning is most effective when embedded within an authentic environment, wherein learners are immersed in real-world activities (Onda, 2012). The theory possesses two tenets: Legitimate Peripheral Participation and Community of Practice. The notion of legitimate peripheral participation describes that the main motivation for learning involves participating in authentic activities that move an individual towards becoming more central to a community of practice (Barab and Plucker, 2002). Further, the theory proposes that becoming proficient is a combination of joining a culture of practitioners as well as becoming technically skilled in a community of practice (Barab and Plucker, 2002; Onda, 2012). The theory suggests that students experience anxiety arising from the social interactions, resources, and the environment in clinical practicums (where the learning occurs) (Villeneuve et al., 2018) and as such, it is important to examine the association between characteristics of the practicum setting and the level of anxiety experienced by nursing students.

4. Methods

4.1. Study Design

A mixed-methods descriptive survey study using an online questionnaire was conducted to address the following study objectives: (1) to explore the specific clinical situations final year nursing students perceive as anxiety-producing; (2) to investigate if perceived level of anxiety associated with common clinical tasks differ by key sample

characteristics; and (3) to examine the relationship between key sample characteristics and practicum-associated anxiety. The aim of adopting a descriptive mixed-method design in this study was to supplement quantitative results with qualitative findings to address the study objectives in a more comprehensive method. This study is nested within a larger research study that examined physiological response to stress during simulation training.

4.2. Setting and Sample

A convenience sample of 93 participants ($N = 93$) was recruited from the target population of approximately 200 undergraduate nursing students enrolled in their final year of the four-year Bachelor of Science in Nursing program at a large urban university in the Province of Ontario, Canada.

4.3. Procedure

Ethics approval was obtained from the University's Research Ethics Board. All final year nursing students received an introductory email message explaining the purpose of the study and data collection procedures by the administration of the nursing school. In the email, students were invited to complete a one-time study survey on Google Forms, with the consent form on the first page. The online questionnaire was open for two months between end of September to mid-November in 2017. Students received two email reminders during this time period.

4.4. Variables and Measures

Practicum and student characteristics were explored in the area of demographics. The self-reported demographic data comprised of age, ethnicity, gender, highest level of education, location and area of practicum, relevant experience prior to the current placement, and cumulative grade point average (GPA).

The Clinical Experience Assessment Form (CEAF) (Kleehammer et al., 1990) was used to measure level of anxiety associated with common tasks or situations during practicum. Participants rated their response to each of the 16 items on the instrument on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The possible total scores range from 16 to 80, with a higher score indicating higher levels of anxiety in the clinical situation. The CEAF also had two open-ended questions at the end: (1) What worries you the most in fourth year? (*Added by the researchers*); and (2) What worries you the most about your practicum? (*Revised from the original CEAF open-ended question by the researchers*). In previous studies, the CEAF has reported reliability ranging from 0.82 to 0.88 (Kleehammer et al., 1990; Kim, 2003; Melo et al., 2010). In this study, the Cronbach's alpha was 0.83 indicating acceptable reliability (Tavakol and Dennick, 2011).

4.5. Data Analysis

Analysis of demographic and CEAF data was conducted using Statistical Package for the Social Sciences (SPSS) version 20. After data screening and cleaning, descriptive statistics were used to summarize sample characteristics and the CEAF scores.

To address the first research question, individual items of the CEAF were examined by calculating their mean scores and ranking them from highest to lowest. An inductive approach of content analysis (Elo and Kyngäs, 2008) was used to identify major categories that emerged from the two open-ended questions at the end of the CEAF. To become immersed in the data, the written material was manually reviewed for individual comments and read through several times by the researchers. Next, the qualitative data was organized through open-coding, creating categories, and abstraction (Elo and Kyngäs, 2008).

To address the second research question, a one-way analysis of variance (ANOVA) with post hoc comparisons using Bonferroni corrections

was used to differentiate the individual items on the CEAF across selected demographic data to determine if they affected perceived level of anxiety with respect to common clinical tasks. To accomplish this, the level of previous relevant experience was grouped into three categories: (1) Low (e.g. did not practice or learn what is expected at the practicum or learned in courses but never practiced); (2) Medium (e.g. learned in courses with some lab practice); and (3) High (e.g. learned in courses with both lab and practicum experience or previous work experience in the setting). Lastly, to address the third research question, Pearson correlation coefficients were computed to explore the relationship between selected demographic characteristics and the CEAF total scores. An alpha level of 0.05 was chosen as the indicator of statistical significance.

5. Results

5.1. Demographic Information

Ninety-three final year nursing students participated in the study (47% response rate), with the majority of participants identifying as female (88.2%) and 18 to 24 years-old (83.9%). This is comparable to the target population. The ethnic breakdown of participants are as follows: 41.9% East and Southeast Asian, 17.2% South Asian, 2.2% Persian, 7.5% Black/African American, 26.9% White, and 4.3% Other. The highest level of education for majority of participants was high school (66%), followed by college (12.9%) and bachelor's degree (20.4%). A little over half of the participants (50.5%) were placed in a non-teaching hospital practicum whereas other participants (48.4%) were in a teaching hospital. A large percentage of participants (57%) had a practicum in acute care, while others had long term care (20%) and other (20.4%). Majority of participants (61.3%) reported having a high level of previous relevant experience compared to others who reported medium (9.7%) or low (26.9%). Lastly, most participants had a GPA between 3.33 and 3.67 (61.3%). A summary of the sample's demographic data can be found in Table 1.

5.2. Research Question 1: What Specific Clinical Situations Do Final Year Nursing Students Perceive as Anxiety-producing?

The mean (M) and standard deviation (SD) scores of the individual items on the CEAF is presented in Table 2. The total CEAF scores ranged from 20 to 71 ($M = 47.18$, $SD = 9.81$). Mean scores for individual items on the CEAF indicated that the clinical situation producing the highest perceived level of anxiety in participants was fear of making mistakes, followed by being observed by instructors and initial clinical experience on a unit. Three clinical situations that produced the least perceived levels of anxiety include patient's morning care, talking to patient, and availability of instructor (e.g. faculty and preceptor).

Participants were also given the opportunity to discuss their experiences through the two open-ended questions at the end of the CEAF. For the first question, "What worries you the most in fourth year?", 82 participants responded to the question. Many participants ($n = 22$) described worrying about being prepared for the National Council Licensure Examination-Registered Nurses (NCLEX-RN) and finding a job after graduation. For instance, comments included: "I'm concerned I won't be ready for the NCLEX", "Being unprepared for the NCLEX", and "Not passing the NCLEX". Majority of participants ($n = 50$) also found their fear of failing and not doing well in academic work as well as their perceived unpreparedness as a final year nursing student transitioning into a Registered Nurse (RN) as particularly anxiety-producing. Comments from participants include: "Failing and not keeping up", "Not feeling like an adequate nurse by the time I graduate", and "That I won't develop my professionalism and practice enough to be an independent RN by the end of the year". Some participants ($n = 10$) also commented that they found balancing school and personal life challenging: "Balancing school work, placement and life while still keeping myself mentally, physically and spiritually healthy and happy" and "Organizing enough time to

Table 1
Participant characteristics (N = 93).

Variable	Frequency	Percentage
Age		
18 to 24 years-old	78	83.9
25 to 34 years-old	14	15.1
35 to 44 years-old	1	1.1
Gender		
Female	82	88.2
Male	11	11.8
Ethnicity		
East and Southeast Asian	39	41.9
South Asian	16	17.2
Persian	2	2.2
Black or African American	7	7.5
White	25	26.9
Other	4	4.3
Highest level of education		
High school degree or equivalent	62	66.7
Some college, no degree	12	12.9
Bachelor's degree	19	20.4
Type of hospital ^a		
Teaching hospital	45	48.4
Non-teaching hospital	47	50.5
Practice area of practicum ^a		
Acute care	53	57.0
Long term care	20	21.5
Other	19	20.4
Previous relevant experience level		
Low	25	26.9
Medium	9	9.7
High	57	61.3
Other	2	2.2
Cumulative grade point average (GPA)		
1.67 to 2.33 (C- to C+)	1	1.1
2.67 to 3.00 (B- to B)	26	28.0
3.33 to 3.67 (B+ to A-)	57	61.3
4.00 to 4.33 (A to A+)	9	9.7

^a One participant did not have a placement yet.

Table 2
Clinical experience anxiety form results.

Instrument item	Mean	Standard deviation
1. Talking to patient	2.07	0.988
2. Talking to patient's family	2.96	1.279
3. Reporting to team leader, preceptor or charge nurse	3.16	1.156
4. Talking with physicians	3.54	1.442
5. Asking questions of faculty	2.58	1.218
6. Evaluation by faculty	3.46	1.181
7. Patient teaching	2.56	1.122
8. Procedures	3.03	1.184
9. Hospital equipment	3.04	1.294
10. Fear of making mistakes	4.07	1.189
11. Patient's morning care	2.00	1.368
12. Availability of instructor	2.46	1.228
13. Initial clinical experience on a unit	3.73	1.391
14. Beforehand in-hospital preparation	2.91	1.384
15. Being observed by instructors	3.97	1.134
16. Being late	3.66	1.542
Total score ^a	47.18	9.812

^a Possible total scores range from 16 to 80, with higher scores indicating higher overall anxiety.

balance class work, clinical, extracurriculars and personal time, while still trying to ensure enough sleep and maintain a Dean's List GPA”.

For the next inquiry, “What worries you the most about your practicum?”, 80 participants responded. Similar to the results of the CEAF, many participants (n = 20) reported that their fear of making mistakes and causing harm to the patient made them particularly anxious. A large number of participants (n = 34) also worried about feeling unprepared, incompetent, and inadequate which can impact their ability to provide

quality nursing care to patients. One participant describes this vividly in their comment, “I feel as if I am not competent enough to critically think and take on the full responsibility of a patient without missing a crucial part of assessment, worsening their condition. I feel like I have not studied assessment, documentation, or pathotherapeutic knowledge fully, resulting in anxiety and feeling of inadequacy in the placement setting.” Further, some participants (n = 18) described that they were anxious about not having enough relevant learning opportunities in practicum. Participants (n = 8) also reported that having a lack of support from their preceptor and their clinical environment worried them the most: “Not getting support from team members” and “Not having a helpful preceptor”.

5.3. Research Question 2: Does Perceived Level of Anxiety Associated With Common Clinical Tasks Differ by Key Sample Characteristics?

The exploratory item analysis using one-way ANOVA revealed two areas in which responses to perceived levels of anxiety due to clinical tasks/situations differed statistically significantly between 18–24 and 25–34 years-old students: (1) being observed by instructors [$F(2,103) = 6.37, p = 0.002$]; and (2) asking questions of faculty [$F(2,103) = 4.98, p = 0.009$]. With respect to the type of hospital and practicum unit as well as the level of previous relevant experience, the item analysis indicated no statistically significant differences.

5.4. Research Question 3: What is the Relationship Among Key Sample Characteristics to Practicum-associated Anxiety?

Pearson correlation coefficients were computed between the sample characteristics and the CEAF scores to determine the strength of the linear relationship between the independent variables of age, level of previous relevant experience, and the type of hospital and practicum unit, and the dependent variable of CEAF scores. According to Cohen (1992), for a significant Pearson correlation at a 0.05 level of significance, a power of 0.80, and a medium effect size of 0.30, the sample size must be 85; thus, adequate power was achieved in this study. There were no statistically significant correlations between the level of previous relevant experience ($r = -0.07, p = 0.51$), type of hospital ($r = 0.19, p = 0.07$), and type of practicum unit ($r = 0.14, p = 0.19$), and the CEAF scores. However, correlation between age and CEAF scores was found to be statistically significant ($r = -0.23, p = 0.03$), indicating that younger participants reported higher CEAF scores.

6. Discussion

This study adds to the body of literature regarding practicum experiences of anxiety in final year nursing students and specifically addresses the gap in knowledge related to how the type of hospital and practicum unit, level of previous relevant experience, and age influence practicum-associated anxiety. Furthermore, the qualitative findings provide insight on the practicum-associated anxiety experiences of nursing students.

Fear of making mistakes was reported as the most anxiety-producing situation in clinical practice by participants. This was further emphasized in the responses to the open-ended questions as students described the fear of making mistakes and causing harm to patients as the most anxiety-producing situation in practicum. Studies involving nursing students suggest this is due to fear of consequences of an error (Kim, 2003) and concerns related to being exposed by faculty and staff nurses of the mistake (Melincavage, 2011). Understanding that making mistakes is inherent to the learning process, Kim (2003) advises faculty to provide support to students in shifting the focus from fear to positive learning.

Additionally, according to the Situated Cognition Learning Theory, learning in practice is also a matter of acculturation. As such, it is important for nurse educators to recognize the social structures in the clinical setting as members of the community of practice (e.g. faculty,

preceptors, healthcare team, patients) which students are part of can contribute to their level of anxiety (Melincavage, 2011). Among the top ten anxiety-producing clinical situations reported in this study, most pertain to interactions with faculty and staff (e.g. observed by instructors) as well as clinical nursing skills (e.g. procedures). These situations were also reflected in the open-ended questions as participants reported that feeling unsupported by preceptors and the practicum environment to be particularly anxiety-provoking. These findings are consistent with those of other researchers where Sun et al. (2016) found that students described their interactions with instructors as anxiety-provoking, especially when they have “an unfriendly attitude” (p. 23). Similarly, Wallace et al. (2015) report that students identify educator incivility and expectation inconsistency as anxiety-producing, specifically as these behaviours disrupt the harmony of the learning milieu and increases uncertainty. To reduce anxiety to optimize learning, educators should recognize that meaningful learning occurs within environments that promote a culture of mutual respect, shared expectations, and reciprocity (Ford et al., 2016). Melincavage (2011) also suggests offering in-services for healthcare staff regarding positive interactions with students.

Many participants also discussed worrying about providing and managing patient care as well as the lack of opportunities to gain quality clinical skills. These findings emphasize the importance of developing and integrating educational programs such as high-fidelity simulations to adequately equip nursing students with the clinical skills and knowledge to provide safe and quality patient-centered care prior to their practicum (Lewis et al., 2012). Additionally, participants reported perceived unpreparedness as a final year nursing student transitioning into the RN role as anxiety-producing. Participants experience anxiety as “newcomers” in the community of practice as they perceive themselves as inexperienced and unprepared. Thus, they perceive themselves as more peripherally positioned instead of centrally located. Unpreparedness is a pervasive theme in the literature as students commonly contextualize their anxiety in relation to perceived inexperience (Melincavage, 2011), as well as feeling inadequate and incompetent (Reeve et al., 2013) during practicum.

Participant reports of NCLEX-RN being the most anxiety-producing aspect of their senior year are particularly relevant given that the nursing regulatory bodies across Canada adopted the computer-based NCLEX-RN only in January 2015 as the entry-to-practice licensing exam for Canadian RNs (College of Nurses of Ontario, 2011). According to Hall et al. (2016), policy-related issues associated with preparing for the NCLEX-RN can lead to negative experiences for nursing students, such as perceptions of American context and content on the exam and financial costs incurred. Thus, it is important for educators to consider appropriate means to adequately prepare students for success through curriculum revisions.

Differences in two clinical tasks were noted between 18–24 and 25–34 years-old students: being observed by instructors and asking questions of faculty. Additionally, the study results indicate a negative relationship between age and CEAF score as younger students reported higher CEAF scores. The literature suggests these two groups differ in the way they perceive stressors due to differences in developmental stages, support networks, life backgrounds, and previous life experience (Hayden et al., 2016). Such identified differences can inform educators to address needs unique to each age group. In a literature review conducted by Hayden et al. (2016), it was found that mature age students (25–34 years-old) have different preferred learning styles, course content, and mode of delivery when compared to their younger counterparts (18–24 years-old). For instance, mature students prefer an academically challenging environment that recognizes their life experiences and achievements, and thus, should inform mode of delivery.

6.1. Limitations

The study had some limitations. There is a potential for selection bias due to convenience sampling. Inherent to convenience sampling,

selection bias can threaten the internal validity of the study. Additionally, sampling was conducted at one single baccalaureate program which may limit generalizability.

6.2. Implications for Nursing Education

Given that clinical settings are expected to become progressively more stressful, recruiting and retaining nurses is essential to the future of the profession; thus, it is important for nurse educators to become aware of factors contributing to and the implications of anxiety in nursing students (Wedgeworth, 2016). In particular, considering that anxiety can negatively impact not only well-being, but also impact learning, performance and decision making, patient care and safety can be jeopardized (LeBlanc, 2009). Understanding the specific clinical tasks and situations that produce anxiety will allow educators to effectively target technological and educational interventions where they are most likely to be of benefit. For example, nursing educators could create or integrate effective anxiety management programs and interventions into the curriculum to optimize learning. Research has shown that educators can leverage anxiety reduction and management strategies, such as mindfulness meditation, support groups, and quality mentorship (Moscaritolo, 2009). Seeing as increased anxiety may lead to poor role transition, burnout, poor job performance, or novice nurses leaving the professions all together (Wedgeworth, 2016), equipping students with effective techniques to mitigate anxiety is critical as it increases their likelihood for positive health outcomes and professional longevity as they transition from the academic setting to the workforce.

7. Conclusions

Nurse educators are continually challenged to ensure that undergraduate students are equipped with the foundational nursing skills and knowledge to provide safe and quality nursing care. One of the main obstacles that educators face in ensuring knowledge acquisition and application is the anxiety experienced by students, particularly in clinical settings. This study builds on the research of others and adds to the existing body of knowledge on the practicum experiences of nursing students. As the study findings suggest nursing students face a wide variety of anxiety-producing practicum situations, which can ultimately impact the quality of patient care, a considerable need exists for interventions that target anxiety in this population. Educators must recognize existing stressors in the practicum setting, understand student adaptive responses, and critically examine curricula designs. The findings of this study can inform strategies and interventions to mitigate and help alleviate students' anxiety in practicum.

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