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Susan Kun Leddy, PhD, RN,
Widener University, Chester, PA

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Stressors and Counseling Needs of Undergraduate Nursing Students in Ibadan, Nigeria

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ABSTRACT

Existing evidence suggests that nursing students have high levels of stress and that counseling and other support services should be made available to them. However, the stressors and counseling needs of undergraduate nursing students in Nigeria have yet to be explored. This study used a questionnaire to investigate the stressors, counseling needs, and desired counseling facilities of undergraduate nursing students at the University of Ibadan.

Common stressors included excessive schoolwork, financial problems, inadequate recreational facilities, and overcrowded accommodations. There was an association between reporting inconsiderate, insensitive lecturers as stressors and evidence of psychological distress. Nearly 60% of the respondents felt counseling would help them, and most desired counseling for academics, finances, and rela-

tionships. Most (78%) of the respondents preferred an independent facility with trained counselors. Desired characteristics for the services included accessibility, affordability, confidentiality, and a friendly atmosphere. Educators and administrators should use this information to design counseling facilities for students.

There has been an increasing focus on stress and stress reduction in the health profession (Henning, Ly, & Shaw, 1998). Despite this heightened interest, there is a paucity of comprehensive research on stress in nursing students (Sawatzky, 1998). Some studies suggest that nursing students may even have higher levels of stress than students of other health professions. Baccalaureate nursing students in Canada experienced higher levels of stress than students in other health-related disciplines (Beck, Hackett, Srivastava, McKim, & Rockwell, 1997), and stress levels in first-year nursing students exceeded stress levels reported in published studies of fourth-year medical students and the general female population (Jones & Johnston, 1997). Common reasons for high stress in these students include financial constraints, academic-related concerns, and relationships with teachers (Timmins & Kaliszer, 2002). As a result of the stressors identified, recommendations for educators include availability of student counseling (Timmins & Kaliszer, 2002).

In Nigeria, the nursing profession continues to evolve and experience

change. To prepare nurses for leadership roles in nursing education and administration, the first post-basic bachelor of science in nursing program south of the Sahara was established at the University of Ibadan in 1965. This degree course required a diploma in nursing for entry and lasted 3 years. Fresh intake into the program ceased in 1999 to give way to the 5-year bachelor of nursing science program, for which entry requires selection after an examination at the end of a secondary school education (Okunade, 2001). As these systems evolve, it is important to keep abreast of stressors and identify the counseling needs of students enrolled, to enable the establishment of preventive measures.

This study aimed to identify stressors experienced by, perceived counseling needs of, and the types of counseling facilities desired by nursing students enrolled in degree programs at the University of Ibadan, Ibadan, Nigeria.

Method

Sample

Nursing students in both undergraduate degree programs at the College of Medicine constituted the study population. Participation in the study was voluntary, and consent was obtained before the participants completed the questionnaire. Nursing students in their 200 level of study and above were included. The 100-level students (first year) were excluded from this study because the 100 level is a general year of study for

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all students in the university before they move into their specific courses of study. Data was collected during July 2001.

Instrument

The questionnaire was anonymous and requested information about demographic details, stressors, counseling needs, and desired facilities for counseling. The last section of the questionnaire included the 12-item General Health Questionnaire (GHQ-12). The GHQ-12 is a self-administered questionnaire designed to detect psychiatric disorders in community and other settings, such as primary care (Goldberg & Williams, 1988).

In this study, two different cut-offs for the GHQ-12 were explored: the 2-point and 3-point thresholds. In a validity study of the GHQ-12 in this environment, the 2-point cut-off, which is suggestive of psychological distress, was obtained as the optimum threshold with sensitivity of 77.8% and specificity of 79.4% (Gureje & Obikoya, 1990). The higher cut-off point of 3 points was also explored, as it is more indicative of psychological disorder and allows for increased specificity.

Data Analysis

The researchers went through all of the questionnaires to identify the issues the students felt made life stressful for them, their perceived counseling needs, and the counseling services they desired.

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 10.

Results

Demographic Details

Seventy-seven records were available for analysis (100% response rate). There were 57 (74%) women and 17 (22%) men. The remaining 3 respondents did not indicate their gender. Forty students (52%) were older than age 30. The mean age of students was 31.73 ($SD = 6.37$, range = 21 to 45). Sixty-three students (82%) entered the bachelor's degree

program after becoming RNs, whereas 31 (40%) of the respondents were gainfully employed, and the majority of those worked as nurses. There were 7 (9%) students in the 200 level, 21 (27%) in the 300 level, 46 (60%) in 400 level, and 3 (4%) in the 500 level.

Stressors

Eighteen issues were described as stressful, which can be grouped into four sub-themes:

- Utility, accommodations, and transportation, such as problems with water supply and electricity supply, overcrowded accommodations, lack of security, and transportation difficulties.
- Relationship problems with families and fellow students.
- Academic difficulties, such as excessive schoolwork, poor instructional methods, inconsiderate or insensitive lecturers, and short holiday periods.
- Other stressors such as health and financial problems, and inadequate recreational facilities.

The common stressors identified were excessive schoolwork (48%), financial problems (39%), inadequate recreational and sporting activities (39%), overcrowded accommodations (35%), short holiday periods (29%), and family problems (23%).

Only two stressors showed statistically significant differences between students at different levels. Overcrowded accommodations was found stressful by 71% of the 200-level students, compared to 43% and 27% of the 300-level and 400-level students, respectively ($\chi^2 = 6.2$, $p = .045$). Short holiday periods was less likely to be mentioned as a stressor with higher level of study ($\chi^2 = 10.1$, $p = .006$). The only stressor associated with psychological distress was inconsiderate or insensitive lecturers ($\chi^2 = 4.6$, $p = .042$).

Counseling Needs

Ten problems or circumstances were mentioned by the respondents as requiring guidance and counseling:

- Academic ($n = 45$, 58%).
- Financial ($n = 18$, 23%).

- Love-life, courtship, and marriage ($n = 17$, 22%).
- Emotional difficulties ($n = 10$, 13%).
- Family problems ($n = 9$, 12%).
- Health problems ($n = 4$, 5%).
- Spiritual matters and religion ($n = 4$, 5%).
- Future career ($n = 3$, 4%).
- Utilities ($n = 3$, 4%).
- Difficulties with teachers ($n = 1$, 1%).

At a GHQ cut-off of 2 points, mentioning a need for academic counseling was associated with psychological morbidity ($\chi^2 = 5.6$, $p = .018$), while at a GHQ cut-off of 3 points, declaring a need for financial counseling was associated with psychological morbidity ($\chi^2 = 4.98$, $p = .033$).

Fifty-eight percent of the respondents believed counseling would help them. Reasons provided by the respondents who desired counseling were that it might give them an opportunity to ventilate their feelings, help with decision making, and provide feedback to faculty. The 16% of the respondents who did not feel counseling would help them gave reasons such as their belief that counseling would not tackle the main areas of their stress (e.g., money, utilities) or that they could take care of themselves.

Desired Counseling Services

Aspects in the counseling service desired by the students included:

- Affordable and accessible ($n = 17$, 22%).
- Friendly atmosphere ($n = 15$, 19%).
- Confidentiality ($n = 13$, 17%).
- Trained counselors ($n = 9$, 12%).
- Involve those seeking counseling ($n = 5$, 6%).
- Offer a wide variety of services ($n = 4$, 5%).
- Sensitivity to ethnic and religious beliefs ($n = 2$, 3%).

When asked if they wanted their lecturers to conduct the counseling, 40% of the respondents answered in the affirmative, while 46% were opposed to such an idea. Those who wanted their lecturers to provide the counseling felt that the lecturers

would be more understanding, having gone through a similar program, and that this might help improve student-lecturer relationships. Those who were opposed felt it would affect interpersonal relationships, that lecturers were not skilled counselors or were not sensitive, or that students needed counselors who were neutral.

When asked if they would prefer an independent counseling facility set up with trained counselors, 60 (78%) of the students said yes, 6 (8%) said no, 7 (9%) did not know, and 4 (5%) did not answer. For the question pertaining to paying for such an independent facility, only 36 respondents (47%) were willing to pay, 21 (27%) did not want to pay, 11 (14%) said they did not know, and 9 (12%) did not answer.

Discussion

The predominance of women in this sample is not surprising, considering the well-reported feminization of the nursing profession (Okunade, 2001). The relatively high mean age of the students is also linked to the fact that 83% of the students enrolled for the degree course after completing the basic diploma in nursing program and, possibly, working for some years before resuming formal education. The smaller number of students in the 200-level program is due to the University's recent reduction in student intake and the phasing out of the original bachelor of science degree program.

In a factor-analytic study of components commonly reported to cause stress in nursing students (Timmins & Kalisz, 2002), four of the five factors extracted (i.e., academic problems, relationship problems with teaching staff, relationship problems during clinical experience, financial problems) were also reported by the respondents in this study. The fifth factor extracted, death of patients, was not mentioned as a stressor by the respondents in this study. The lack of mention of death of patients as a stressor may be due to the nature of the program, which involves less time on the wards and more time in the

classroom, thereby reducing contact with patients and death, although this will not necessarily apply to students in the undergraduate program. Other possible explanations are that in Nigerian culture, issues of death are not discussed openly and patients are not prepared for dying.

The three most common stressors identified in this study (i.e., academic problems, financial problems, and lack of sporting or recreation activities) are also common stressors found in other studies of nursing students (Timmins & Kalisz, 2002). The large number of students who found it stressful that they were unable to have health-promoting, recreational, and sporting activities may be due to the fact that almost half the respondents were still working, leaving little time for other activities. This lack of recreation and sporting activities must be considered, and additional services should be provided by institutions to enhance the health of nursing students.

Some stressors mentioned in this study (e.g., problems with utilities) are problems peculiar to developing countries like Nigeria. Even then, the students seemed to adapt to the adverse circumstances because, as their level of study in the university increased, fewer students identified overcrowding as stressful.

The only stressor associated with increased evidence of psychological distress was a report of inconsiderate or insensitive teachers. Reporting relationship problems with teachers as a stressor is a common finding in studies of nursing students and other health care professionals (Lebenthal, Kaiserman, & Lernau, 1996; Timmins & Kalisz, 2002). It has been reported by Birx and Baldwin (2002) that one of the greatest sources of stress in nursing school is reported by students who have to work with staff who are not welcoming or helpful, and that one of the keys to conducive learning is to promote good staff-student relationships. This is one area of stress that can be tackled aggressively in preventive work, especially with the evidence in this study of its association with psychological morbidity.

A close look at the desired areas for counseling revealed factors similar to those identified in Timmins and Kalisz's (2002) study. The greatest number of students requested academic counseling, followed by financial counseling. Relationship issues also emerged in the request for courtship and family counseling in this study. An interesting discrepancy was that 18% of the students mentioned "insensitive, inconsiderate lecturers" as stressors, but only 1% requested counseling for this important relationship area. The respondents who mentioned this stressor may have felt that nothing could be done to improve the situation, or this stressor may be linked more to academic difficulties than actual relationship difficulties.

Almost two thirds of the respondents believed counseling would provide an opportunity to vent their feelings, and others felt it would help with decision making and provide some feedback to faculty. These reasons are similar to the views of Rodolfa, Chavoor, and Velasquez (1995), who inferred that counseling facilitates exploration of personal issues, offers opportunity to learn new coping skills, and enhances understanding of self and the training environment.

The students described the type of counseling desired and wanted to be involved from the planning stage through implementation. Forty percent of the respondents wanted their lecturers to counsel them, whereas 46% were opposed to that idea. Students who wanted lecturers to provide counseling believed their lecturers would be more understanding because faculty had gone through similar experiences. Others felt this would improve the relationship between lecturers and students, especially because they would have more insight into students' problems. The issue of problems with relationships came up again, with a suggestion about how it can be solved. Students who did not want their lecturers to counsel them felt this would negatively affect interpersonal relationships. This is a genuine fear that should be addressed.

Support seeking is associated with better academic performance (Ofori & Charlton, 2002), and a quick response to student stress circumvents the potential of student burnout (Yonge, Myrick, & Haase, 2002). Lecturers and other members of faculty should be trained in staff-student interactions, given information about the effects of negative behavior on the mental health of their students, and counseled to change current attitudes and practices. Even if the counseling service includes trained counselors who are not faculty, it is important that they work closely with the lecturers, especially because there is a high demand for academic counseling.

Conclusion

Stressors perceived by nursing students in Nigeria, with the exception of problems with utilities, are no different from those reported elsewhere. Important areas to tackle in preventive work have been identified. Most students want a counseling ser-

vice, and administrators can include characteristics desired by the respondents in this study in instituting such a service.

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