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The perceived constraints of life among undergraduate nursing students

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Abstract---Background: There are different situations in life causing stress. Accordingly nursing students experience many changes in their roles and professional communications. Objectives: The purpose of this study was to explore the experiences and perceptions of undergraduate nursing students in different stressful situations of life Method: This is a conventional content analysis approach. Semi-structured interviews conducted with 18 undergraduate nursing students in a purposeful sampling method from Azad and State universities in khoy and tabriz (Iran). Results: Data analysis led to the formation of three categories "hard conditions imposed", "stressful learning environment" and "perceived family concerns". Finally, "living constraints" was emerged as the main theme. Conclusion: The findings of this study can be a useful guide for the educational system, students and families to manage and prevent stressful situations by providing a deeper understanding of the disrupted situations in daily and academic life.

Keywords---Undergraduate nursing students, Stressful life situations, Content analysis.

Introduction

Life involves important events requiring passing from one stage to other creating new essentials and changes in the individuals' lives (1). Entering a university is an absolutely crucial period in the life of efficient and active young people in every

country, with many changes in social communications, expectations and roles (2). Along with life changes, nursing schools have also been redesigning their theoretical and clinical academic programs, structures and practices to provide comprehensive services (3-5). These changes as well as curriculum, factors related to educator, learning environment, family factors, and socioeconomic factors have made nursing students unable to adapt themselves to new condition of lives that being associated with stress, anxiety and mental pressure (6, 7). In addition, these students experience more stress than other students due to the nature of their nursing profession and their specific social status (8, 9). This group of students is obligated to deal with many issues, such as confronting conflicts, educational and family problems, lifestyle, issues with friends and decision-making, as well as meeting the expectations of the family, teachers, friends and other groups (Lerdsamran, 2016; Kazem nejad, 2015; Del Prato, 2011). Studies in this field show that high stresses of the university environment combined with life responsibilities and high expectations lead to exhaustion, dropout, and fatigue of nursing students (13). According to Roos (2016), nursing dropout rates have been between 35-44% at universities in the United States, the United Kingdom, Canada, and Australia since 1990 (14). Also, according to Safari et al. (2014) 15 to 20 percent of nursing students across the world give up from continuing education every year. The main reason for this is that students are unable to adapt themselves to new educational conditions (15). This situation affects the learning and efficiency of nursing students and prone them to depression, physical complaints, behavioral problems such as smoking, alcohol consumption, poor eating habits and poor educational performance (16). It should be noted that according to Pandey (2015), the intensity and severity of stressors and their impact on nursing students' performance can vary according to the context of each country (17).

While Saupe et al. (2008) in their study show, nursing students who have decided to offer care and help to other people should have a happy and stress-free lifestyle to better take care of people in need (18) But, as stated, most of these students are busy thinking about the fear of unknowns, the inadequacy of clinical knowledge, the fear of mistakes in bedside, paying costs, passing courses and meeting family expectations. The cause of these issues is to compromise their health (19&20). Therefore, they need a favorable environment for their development and improve the values of their future personal and professional life so that they can play their roles well (21); so, recognizing the stressful situations of nursing students can give a suitable platform for enhancing their biologic and professional adaptability. Unfortunately, there were not enough resources available to decide if nursing students understood the stressful situations of life. On the other hand, the focus of most existing studies was on identifying and recognizing stressors associated with the students' educational life and this is just one aspect of their student life. And it has not been mentioned how nursing students understand family issues during their educational career. For the authors of this paper, education is a part of their life, and one cannot separate the educational life and daily life in terms of their close relationship. Therefore, this study was conducted to find the perception and experience of undergraduate nursing students from stressful life situations.

Methodology

Design:

The conventional qualitative content analysis was used to explore the meaning of the data. The data were collected through unstructured in-depth interviews from March 2017 to April 2018.

Sampling:

Participants were selected through a purposive sampling among undergraduate nursing students from the universities of Tabriz and Khoy in Iran. To maximum diversity in sampling, single and married students, natives and non-natives, Dormitory and non-dormitory students were included. A total of 18 undergraduate nursing students (9 male and 9 female students) were interviewed.

Data collection:

The data were collected through unstructured in-depth interviews. Interviews were conducted by the first author in language. Interviews began with a general question "Please tell me about the stressful situations of your daily and academic life during your student life". And, and based on the responses of the participants, other questions were raised. The average interview time was 30-40 minutes. Interviews were audio taped; transcribed verbatim and typed using Microsoft office Word (ver., 2007).

Data analysis:

Data analysis was carried out simultaneously and continuously by collecting data. Data analysis was done according to Granhaym and Lundman method. The text of each interview was read several times for a comprehensive understanding of the content. Vocabulary, sentences, and paragraphs are compressed as semantic units according to the content and context and were adhered to as abstract codes. The codes were categorized according to similarities and differences to Categories and subcategories. Finally, by comparing the extracted subcategories with each other and with deep and thorough reflection, the main category was extracted as the content contained in the data (Table 1). Analysis was done manually. Sampling continued until data saturation.

Data validation:

The rigor and trustworthiness of this study was based on Guba and Lincoln criteria. Credibility was established by selecting nursing students with both genders; various universities, urban and rural, prolonged engagement with participants and checking data with research team. For reliability, two researchers outside of the research were asked to separately check the data. For transferability, the researchers used a detailed description of the field of study, the characteristics of the participants, the process of data analysis, and the provision of adequate quotes. Verifiability was supported by the systematic recording of all research steps.

Ethical considerations:

This article was approved by the Ethics Committee of Tarbiat Modares University at No. 9104/52. All participants received informed consent for entering the study and recording their voices. The participants were explained about the purpose of the study, the confidentiality of the information and the right to withdraw from the research at the time of the request.

Results:

From data analysis, three main classifications were extracted; "hard conditions imposed, stressful learning environment and perceived family concerns". These categories were conceptualized as "living constraints". (Table 2)

1- Imposed hard conditions

The students stated that tolerating certain imposed conditions and situations, doing some tasks beyond their ability level, and compulsory paying of high fees caused them stress and discomfort.

- Mandatory compliance

The nursing students expressed in their statements in various ways that they had to follow a series of issues; including: the educators' strictures about student attendance hours in the department, especially for non-native students who had to commute daily from home to school, adaptation to low facilities of cooking, admittance to the culture of the village and the inevitable admission of family responsibilities, all of which put students at great mental pressures.

A 34-year-old female student says, *"My educator said that you should be at 7 o'clock in the hospital while there was nothing to do in the clinic at 7. Our educators themselves started work around 8:30 or 9, but they forced us to be there at 7 o'clock. "I had two tough weeks, I did not like it, but I had no other choice, I had to go, you know, I had to". "The problem I had when I was coming back home from university was that I saw I had nothing for lunch, and then there was a psychological pressure on me, so I had to prepare myself lunch"* (a 23-year-old male student).

"I worked very hard to be admitted to the nursing course, but after being admitted, my father-in-law opposed my education; we live in a village. In the village people believe that girls should not continue studies and that they should marry soon. I agreed and got a year off" (a 24-year-old female student).

"Considering the living conditions after my father's death, I had to be the breadwinner of my family and to take all responsibilities. Now I am in a status that my family affairs matter to me more than my own ones" (a 24-year-old male student).

- Inappropriate expectations

The inappropriate expectations of some people bothered the students; sometimes the students were given assignments which were beyond their ability level, and they were not able to carry out the assigned duties in the best way. Or they were sometimes asked to do things that were irrelevant and non-clinical. Instead of learning clinical skills, they were engaged in the theoretical task; all of which had a severe psychological pressure on them. On the other hand, expectations of parents and family from the students, regardless of the problematic educational conditions and the suitability of their demands to students' level of education, annoyed and created great stress and discomfort for them.

A 23-year-old male student says: *"Once we were in the fifth semester, at Hospital heart section, the educator asked each student to be in charge of a patient. But I was in charge of three, and then I just had a new patient to be hospitalized. I was busy doing lots of tasks, I done well until 10 o'clock, then we took a break, but when I returned, I found that the things were left undone. It was the heart section, and I got stressed that if I could get it all done "*.

A 24-year-old female student states: *"At a hospital, the educators were asking us to do strange things that I thought were not useful at all. It's said one needs to do more practical work at a hospital, to do more clinic work and learn something. They told us to translate a paper; it was no use to translate. Instead of training me to be a good nurse, they wanted me to translate"*.

"My mom gets annoyed with me, and she expects me to give her more attention. She likes to see us more, but it's no use, she is always annoyed! But in the meantime, I myself feel thoroughly annoyed" (a 24-year-old female student).

"My father did not understand our condition at all. My father expected me and my sisters who have a bachelor's or master's degree to ride on a tractor and work in the field or take the cows out to graze – that's really hard" (a 24-year-old female student).

- Financial problems

The feeling of financial pressure to pay the cost of the Azad University and installments of a loan simultaneously during student life, as well as the cost of living, were those factors imposed on them due to the student life and had caused them to experience financially hard days.

A 23-year-old male student says: *"The problem that I and other students have is financial issues. Students are confronted with a lot of costs when entering the university. On the one hand, their families can't afford to support them financially. So their main concern is that they must work alongside with their education".* Another male student talks about his financial problem, *"I needed financial support for my living, so I worked for my brother to fulfill some of my needs"*.

"You know how big a financial problem is for a university students and mine was twice as big, since my commute cost was higher than my tuition. There were other living costs, too" (a 34-year-old female student).

"As a college student, I have a financial problem; I bought an apartment in installments. I had to keep up paying the installments. I'm heavily involved with it and my mind is busy" (a 24-year-old male student).

2. Stressful educational atmosphere

The failure of the educational system to discuss the needs of students, students' inability to undertake activities due to inadequate education or low experience, facing new situations for the first time, experiencing discrimination between medical and nursing students in educational environments, inappropriate interpersonal communication in educational and family settings, and being in situations where there is a conflict between family and educational roles, all have been a source of stress and distress for students..

-Inappropriate educational system

Since the educational system is inadequate to prepare students for dealing with life issues, nursing students had difficulty in selecting curricula, providing locker rooms and wardrobe in training settings.

"We were not taught problem solving methods, they just told and taught us how to imitate, not how to solve the problem step by step. This is what makes us feel stressed when we face up a problem" (a 23-year-old male student).

Another student expresses his dissatisfaction with the department of education: *"The problem we faced and stressed everyone out was the difficulty in choosing curricula. I went to select some credits; I found that more than seven credits could not be taken. I had to pick up the rest of the credits at a different college which was too far away. I didn't know what to do"* (a 21-year-old male student)

A 24-year-old male student also talked about the lack of facilities and equipment: *"We do not have a locker room in our hospital to get dressed in. We have to wear our uniforms in our car in an open area that makes us annoyed "*.

"One of my problems is that we have no wardrobe for the internship, we were keeping our clothes in our hands, and we were confused where to put them" (a 21-year-old male student).

- Relative efficiency of individual

Nursing students were tense due to their low-level efficiency in doing things. *"I got stressed. I was in tension if I could finish patients caring duties in time or not. I do not know how to manage. I asked my friends for help to give medication to and inject their serums"* (a 24-year-old male student). And the other student was saying about his low skills: *"I wanted to break the Digoxin ampoule but couldn't, I forced to break it, suddenly I cut my finger a little, but then I noticed that my finger*

was numb, I was terrified. I was wondering what would happen if I couldn't do things. And this will ruin my future career "(a 24-year-old male student).

Also, a 21-year-old female student says: *"The problem I had in the exam season was I forgot whatever I had studied for the exam at the exam session. I couldn't choose the right answer, and it made me feel stressed"*.

- Initial exposure to nursing field

Injection of the wrong medication for the first time in the clinic, the first experience of the failed CPR of a two-year-old child, experiencing the early days of work and the lack of familiarity with the professional communications and environment, and the first physical injury experience in nursing clinical practice all gave stress and tension in nursing students. Students' perceptions of their experiences in first encounters with nursing events were as follows:

"Early on, I had no experience with a professional career and I did not know anything about professional communications. It was the first time I entered the work environment, and it was very difficult for me" (a 23-year-old female student).

Another student said, *"I gave a patient a wrong medication, potassium chloride, it's really bad, if you inject it into the vein directly, it is too dangerous, it was the first time I was dealing with potassium chloride. This problem is too big and stressful"* (a 21-year-old male student).

"I saw a cardiac arrest for the first time, it was a two-year-old child, and it was very painful and stressful to me. There, I wanted to get out of the nursing completely. I felt terrible" (a 24-year-old male student).

Suffering discrimination

One of the stressful situations for nursing undergraduate students was exposure to discrimination between nursing students and medical students in the hospital environment, which made them feel uncomfortable and annoyed. Discrimination in the facilities provided for the nursing and medical students was one of the major factors of stress and even disappointment among nursing students in their field.

"Our problem at the hospital was that breakfast was given to all the medical students but not to the nursing students, that was really annoying. It's extremely annoying in the hospital" (a 21-year-old male student). Or another student was complaining about how they were discriminated by their educators; *"When we wanted to go to the rest room to have breakfast, the educator didn't give permission .the educator didn't let us have breakfast in the lounge, he said to us, "you aren't allowed to eat breakfast until the doctor finishes her breakfast". We were extremely annoyed "*(a 23-year-old male student).

- Inexpertly professional communication

The little experience of the students in communicating with doctors, colleagues, peers and clients caused them tension. Students talk about their own experiences: *"We were in the endoscopy section. The educator had told us to ask doctors and nurses any question we had. In the section I told the doctor that if you let me, I would ask some questions during or after medical procedure. When I was asking questions, a female nurse who was told me not to ask any, just go back and look. I was humiliated in front of the doctor. I got very upset"* (a 21-year-old male student).

"I cannot communicate well with my classmate although I'm four or five years older than them, and the way I think is a little different from theirs. They think that I intentionally don't like them to make progress, there are such childish thoughts in the class, and this makes me so annoyed" (a 23-year-old male student).

"When I came to the dormitory, I met a girl from my town that was older than me. At first, I tried to be very close to her, but after a while we didn't get along well and usually argued. She always ordered me to leave the room and find another place. Overall, I was very annoyed" (a 21-year-old female student).

"One day I was in the injection section and a kid's parents asked me to give him an injection. When the child was given an ampoule, he began crying. Her dad asked me why she cried. We argued for a while. I tried to convince him that it was normal for a kid to cry when given a shot. He didn't accept it at all and was asking me where the head of the hospital was" (a 24-year-old male student)

3. Perceived family concerns

The students believed that unpleasant events in the family, concerns about family problems, and negative attitudes and views of the family toward nursing have created an irritating atmosphere for them.

- Family health threat

Unpleasant events in the family caused distress and hard situations among the students. *"My father's death was a great shock to me. Suppose that you go to university in the morning and when get back home, you hear about your father's death. My father's death was very hard for me"* (a 24-year-old male student).

"Unfortunately, my mother died. It was really hard for me. My mother's death affected my whole life. What we' were going to do without her was destroying me". (A 23-year-old male student).

"The problem that occurred to me during my studies was that my wife gave vaginal birth to a baby. After delivery, she was infected. I got too stressed, and then I suffered from a lot of insomnia. It was her first delivery and I was afraid that she might have postpartum depression" (a 24-year-old male student).

"It was the fourth semester that a very big problem happened to me that I never thought about at all. My fiancé and I were breaking up. Life didn't make sense to me. We were done. It was full of stress and anxiety". (a 23-year-old female student).

- Negative attitude of the family towards nursing

The negative attitudes of society towards nursing, family dissatisfaction with the nursing course and nursing shifts caused mental anxiety in nursing students. A 23-year-old female student states: *"My husband thinks that his family won't agree if I work the night shifts. He says: "If they know you are not home for three days, especially during nights, my father gets furious, and bitterly quarrels with me saying that why I have let you go out during nights?!"* She continues, *"My sisters-in-law are all educated. They are always saying to me that what the hell nurses do. They think that nurses are those who change the patient's' diapers, and that makes me annoyed"* (a 21-year-old female student).

"My problem is an educational problem; especially with nursing course. Since high school, my family and relatives have been insisting me that I should study medicine or dentistry. And they have never had a positive view on nursing. That's why I cannot adapt myself to nursing and this has completely disturbed my mind" (a 24-year-old male student).

- Role Pressure

The nursing students sometimes take various roles and responsibilities simultaneously such as a parent, spouse, child, student and employee, which cause fatigue and pressure endurance for them. *"Once I was working the night shift, my family called and said that there was a problem. They needed my help as a family member. I had to go home, but I did not know what to do. I got bewildered. Neither could I evade my responsibility at the hospital, nor could I go home while they really needed me"* (a 23-year-old male student).

"After I had just given birth to a boy, I was admitted to the university. After my childbirth, my husband's family said that now you are a mother and you should stay home and take care of your child. They didn't let me get training. So I stayed home". (a 24-year-old female student)

A 34-year-old female student says: *"As a nursing student I had a kid. I had to care about both his school assignments and my own ones. Besides, I had to work in the hospital. I was always worried that I might not be able to do them all. I had a very intensive program and I got very annoyed".* She also says: *"I even couldn't make lunch for my husband and son".* *"I'm a military man. When I was admitted to the university, I couldn't get a scholarship from the supporting organization (the Army), I was uncertain what to do. I was caught up in troubles; on the one hand, I would have to go to work, and but on the other hand, I would have to attend the classroom"* (a 24-year-old student).

Discussion

The onset of everything can have its stress. This stress can be exacerbated when it coincides with the transition through young to adulthood (22). Therefore, nursing students who are usually aged between 18-25 will experience both, i.e. stresses of the being nurse and the young adulthood transition.

In the present study, imposed hard conditions were one of the most essential stressors in students; they had perceived this imposed feeling in their family and educational environment. Such hard conditions have also been proven in the other studies; in his study Ewsi (2013) points out that the students had to travel a long way to get to the clinic and always had the fear of being late (23), and these findings were also confirmed in other studies (24). In the study, there was disruptions in proper nutrition of students, which could show the pervasiveness of such problems for students. Therefore, accessing adequate facilities is essential to reduce such stress and at the same time, the stressfulness of these issues varies from university to university, based on the facilities available to students (25).

According to the findings of the study, the inappropriate expectations of educators and even family members from nursing students have been the basis for perceiving the tension in them; if the duties assigned to the students are beyond their ability and the students are not able to do this amount of work or tasks, their stress can undermine their learning in the clinic. Similar results were also found in the Labrague (2013) study that show students experience stress because of too many assignments (24). Nevertheless, students need to learn how to adapt themselves to the formal and informal norms of education (12) so that they can acquire sufficient clinical competence.

However, sometimes the expectations of educators should also be based on the needs, status, and abilities of the students, on the one hand to bring less stress to them and on the other hand, not to trample on the patients' right (26). Therefore, if the students' needs such as the attendance and the status of residence of native or non-native students as well as their participation in clinical apprenticeship planning are taken into account, their sense of independence, their educational conditions and active participation in their field of study and education will improve.

Another condition imposed on students during the learning period is financial problems. As it can be seen in this study, some students from different ethnic backgrounds had to earn money for their livelihoods and their families. Also, studying at a private university, requires to pay a high tuition fee, had doubled the financial problems of these students. Since students are compelled to pay full tuition, the financial problem looks prominent, but in general, nursing students often perceive more financial stresses due to the lack of independent income generation.

The results of this study show that a stressful learning environment is another stressor for nursing students. In clinical settings, nursing students face a lot of

problems affecting their mental health. Many other studies are in line with the findings of the study (27, 28, 29 and 30), indicating the normality of such stress.

Students' stress will be much higher when entering a new environment for the first time. Many studies support these findings. This stress can also be felt in the next semesters when the student enters a new ward (28 and 30). In addition to the stress of examining a patient, students often fear to inject the wrong medication or the mistake in employing a wrong procedure for the patient. This kind of stress has been confirmed in many research studies (27, 31). The existence of such a stress is necessary because the nurse deals with human life and his slightest error may cause severe and irreparable damage to people, and students must have such fears so that they carefully check the drugs being used. On the other hand, such a stress can be attributed to the lower level of experience and skill in clinical affairs.

Another stressor that the students were complaining about was the stress perceived due to the discrimination between medical and nursing students. This kind of stressor was not found in other studies; however, there were some studies which had explored a discrimination between male and female students (32), but this kind of discrimination was peculiar to our study due to medical professional dominance in Iranian society. The role of doctors in the society has always been exaggeratingly idealistic and heroic, but on the hand, the role of nurses has always been considered to be less popular and valuable in the society. Not only does this attitude affect the general public's viewpoint but it also affects the nurses' self-image. Therefore, presenting a positive image of nurses and improving their professional status was a significant challenge welcomed by the nursing students in this study.

Sometimes, students stated that the inability to communicate with other members of the treatment team was the cause of stress for them. Other studies also find the inadequate communicative experiences of students as the reason for such a strain that affecting their personal and social life (23, 27, and 30); the inappropriate communication of physicians, head nurses, and educators with students, as a therapeutic team, can have a significant impact on their personal and social life. Hence, creating a supportive and team-setting environment for students is important.

Concerning perceived family concerns, it can be said that families are in a transition period and students cannot remain unaffected by changes in the process of the life in transit. Education is an inseparable part of life process, being influenced by family issues.

Therefore, to scrutinize the living constraints of students, it does not seem logical to address only the educational aspect of their life; However, most existing studies have focused more on the student's academic life and have neglected to address the other two inseparable aspects of their life i.e. their daily and academic life. According to the findings of this study, every individual will experience some stresses at any time in his life. Some of these stresses are predictable and students can manage such stressful issues before studying nursing; the issues such as the role contradiction between being a parent or spouse and being a

student at the same time can naturally be stressful, but studies did not address such problems. And in most cases, problems such as the loss of parents which are not pervasive and may occur to a small number of students are not considered as a fundamental stress for them. On the other hand, trying to reduce stress in the future and resolve the role contradiction has always created a nervous tension for students. They are tense about how to choose or change their workplace or job status in the future to lower this challenge. If they had not been a nursing student, they would not have experience such a stress.

Also, the nature of the nursing profession and the society's view about nursing will have a serious impact on family relationships. If we want to compare this issue in other countries, the attitude of society about nursing in Bahrain is also low. They consider nursing as a low-paid, unprofessional and unpleasant job with a low social status (33). In the analysis of studies conducted in Korea, the views about nursing, nursing satisfaction and clinical practice had a direct correlation with the students' perspective on nursing and their satisfaction, their professional values and their self-esteem (34). This view may affect the students' future careers in that whether the person stay in the field or leave it (35).

The findings also suggest that working in rotary shifts, especially night shifts, is not acceptable to the individual's family, and even leads to problems such as family discord and divorce. The cultural structure of society is such a way we still can find people who do not like their spouse or child to work overnight in the hospital.

Conclusion:

The results of this study helped identify and clarify the tense and stressful situations in the daily and professional life of undergraduate nursing students. These findings can be a useful guide for educational officials and families to fully understand nursing students and support them in facing the challenges ahead, coherent planning to meet their needs and easing their successful transition to higher stages.

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Table1. Data analysis

Semantic units	Codes	Subcategory	categories
My educator said that you should be at 7 o'clock in the hospital while there was nothing to do in the clinic at 7. Our educators themselves started work around 8:30 or 9, but they forced us to be there at 7 o'clock. "I had two tough weeks, I did not like it, but I had no other choice, I had to go, you know, I had to.	Forced by the educator to attend at the clinic on time	Mandatory compliance	Imposed hard conditions
Once we were in the fifth semester, at Hospital heart ward, the educator asked each student to be in charge of a patient. But I was in charge of three, and then I just had a new patient to be hospitalized. I was busy doing lots of tasks, I worked well until 10 o'clock, then we took a break, but when I returned, I found that the things were left undone. It was the heart section, and I got	Delegation of clinical responsibilities out of student's ability	Inappropriate expectations	

stressed. I was afraid that if I could get it all done.			
You know how big a financial problem is for a university student and mine was twice as big, since my commute cost was higher than my tuition. There were other living costs, too.	Having a financial problem to earn a livelihood as a student	Financial problems	

Table 2. Main category and subcategories

Subcategory	categories	Theme
Mandatory compliance Inappropriate expectations Financial problems	Imposed hard conditions	
Inappropriate educational system Relative efficiency of individual Initial exposure to the nursing field suffering discrimination Inexpertly professional communication	Stressful educational atmosphere	The living constraints of life
Family health threat negative attitude of the family towards nursing Role pressure	Perceived family concerns	

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