Introduction

"It is better to prevent stress than to suffer from it!" (Montes-Berges and Augusto 2007, p.169).

The origins of research into stress stem back to the 1860s and the work of Claude Bernard. It is not a new concept. Stress is a natural phenomenon that everyone experiences at some point in life and coping is the natural counterpart of stress ((Lo 2002); Gammon and Morgan-Samuel 2005). Stress has been noted as a difficult and complex concept, often associated with the individual and their interaction with internal and external environments (Clarke 1984). While some stress leads to increased motivation and achievement, recent nursing research into the concept reflects growing concerns of prolonged stress amongst the nursing profession. It has been acknowledged that stress has potential significant impact upon the educational process including particularly *'academic performance'* and *'well-being'* (Burnard et al, 2007). Therefore this research sought to deepen understanding of mental health nursing students' experience of personal stress through narrative accounts. It is anticipated that greater knowledge and understanding of this concept will facilitate more proactive approaches to student support, such as personal tutors, and also aim to raise academic achievement and create generally healthier approaches to personal and professional environments. This paper will focus on answering the following question:

1. How does mental health nursing students' experience of personal stress impact upon them?

Literature review

A literature review was undertaken following a search of the databases CINAHL, MEDLINE, Science Direct and Proquest using a combination of key terms 'stress', 'mental health nursing students', 'personal tutor' and 'support'. A number of studies were identified but few met the criteria of being focused on *personal stressors experienced by mental health nursing students*.

Research has highlighted intense levels of anxiety associated with those undertaking nurse education, the majority however, primarily focus on general rather than mental health nurses (Kipping, 2000), with none focusing predominantly on student mental health nurses' experience of personal stress during training. Tully (2004) and Kipping (2000) advocate that studies into the stress experience are not transferable across disciplines and recommend separate research into stress within each discipline of nursing. Therefore this current study observes mental health nursing students independently, bearing in mind Ryan and Quayles' (1999) belief that professions with higher levels of interaction, such as mental health nursing are most stressful. Relevant research examining the experience of *stress* in general in nurse training states that it does exist for nursing students within many contexts, such as clinical and academic environments (Gorostidi, 2006; Jones and Johnston, 2000; Lo, 2002); death of patients; clinical and educational relationships (Timmins and Kaliszer, 2002), and financial stressors (Brown and Edelman, 2000).

Baldwin (1999) states that the risk of mental ill-health is higher for students, revealing that one third of student nurses endure mental health problems. The consequences of

stress are inestimable with significant costs to nurses, service users, the health service, and nurse education, particularly evident in the form of burnout (Gammon and Morgan-Samuel 2005; Jones 2007). Burnout is manifest as low energy, lack of control, helplessness, and negative attitudes to self, work and colleagues (Brown and Edelman 2000)

A need to be cognisant of the mental health and wellbeing of students can be evidenced in the literature over the past twenty years from the work of Menzies in 1988, Timmins and Kaliszer (2002) to Jones (2007) who argues that in spite of repeated calls for research into this population most published work is anecdoctal

The literature search uncovered minimal data relating to student mental health nurses experience of personal stress and only three studies are relevant: Kipping, (2000); Lo, (2002) and Tully, (2004). Tully (2004) utilised established questionnaires to obtain data relating to levels of distress, sources and effects of stress; affective well-being and ways of coping in years one and two from a convenience sample of 35 psychiatric nursing students within a college in Ireland, finding all students to be significantly distressed. As part of a three year longitudinal study with nursing students generally, Lo (2002) used descriptive analysis to identify methods of tension reduction adopted by them, some positive, some negative. Students in this study (Lo, 2002) indicated 'improved self-awareness, 'learning to walk away from things when stressed' and 'peer support' as factors relating to reduced personal stress (p.123/4). In a study by Kipping (2000) only 4% of psychiatric nursing students involved spoke of personal issues as the main source of stress this may be indicative of denying lack of coping. Warbah et al (2006) highlights

psychological distress and difficulties in adjustment as important issues facing nurse educationalists today, and a Spanish study by Montes-Berges and Augusto (2007) argue that nurses themselves need to be aware of their own stressors, causes and consequences of it. Yet the experience of personal stress in mental health nursing students is scarcely addressed in nursing research.

Stress and burnout have been recognised as major factors leading to negative and maladaptive coping such as increased use of alcohol (Tully 2004), and attempted suicide (Montes-Berges and Augusto 2007). Previous papers identified that in the absence of appropriate support, lowered self-esteem and negative emotion develop (Brown and Edelman 2000), which may result in depression or other form of illness; psychological or physical (Brown and Edelman 2000). With this in mind it is evident as to why Rhodes and Jinks (2005) state that it would be 'unethical' to continue to take students into nurse training without providing them with appropriate support.

Method

A phenomenological approach (Husserl 1962) was chosen as it was deemed 'fit for purpose', with thematic content analysis using Colaizzis' seven steps to data analysis (Colaizzi 1978). The rationale underpinning the work was the appropriateness of the method to the 'deeply personal experience' referred to by Kavanaugh and Ayres (1998) as being suited to the phenomenological method. This is reflected in Valle & Hallings' (1989, page ix) quote which is based on the value of individuals' *'inner life'*;

"…the very essence of being human is the capacity for subjectivity, for inner living, inner experiencing, and inner intending."

Thus, this approach in the form of in-depth interviews was selected in the hope that it would create potential for insight into a very personal, individual experience of stress as a mental health nursing student. In contrast, quantitative methods would restrict this rich expression of individual, *inner experience.* The interview schedule was developed using a list of open-ended questions and some prompts. It was the researchers' intention that data obtained in response to the research question will attempt to justify a model of personal tutorial support for mental health nursing students.

Ethical issues

Ethical approval to undertake this study was granted by a local health board ethics committee, and approval given by two directors of nursing and head of department at the School of Nursing. All students were informed verbally and in writing about the purpose of the study, the voluntary nature of participation, and assured of anonymity at all stages of the research process, including in the event of publication. This study raised dilemma regarding lecturers conducting and internalizing research with a sample of students they work with, as issues of role may undermine voluntary consent. Students' rights, consent, and autonomy were protected at all times in order to eliminate or minimize associated potential risks (Streubert and Carpenter 1999). This was done through ensuring a humanistic and sensitive research approach, allowing the student to move at their own pace, and checking at stages if necessary, that they were satisfied to continue the interview. Echoing the work of Sullivan (1998) I spent time with students prior to and following the interview believing this was '*morally right'* in order to ensure they were emotionally stable following discussion relating to personal and sensitive issues. One of

the primary risks associated with in-depth interviewing is the potential for emotional distress as a result of bringing strong emotions to the surface. Therefore, a trained counsellor was available should students need support.

Sample

In an attempt to contribute to an understanding of the stress experience and obtain necessary data for the study, second and third years were provided with an information leaflet relating to the study. At the time of the study, no structured personal tutorial system was in place, however, support was provided by tutors as required. Individuals willing to take part signed consent forms and were advised of confidentiality and of their voluntary status and ability to withdraw at any stage. Over the period of seven months six came forward to participate creating a purposive and convenience sample (Parahoo, 1997) of six mental health nursing diploma students from a possible fifty five. All students happened to be female, three were parents, the students were aged between twenty-five and thirty-five. All students had some level of support at home. The stressors had been present within the students' lives within the previous twelve months.

Data collection

The action of writing or verbalising any part of the inner world is not easy, however, it brings thoughts, memories and interpretations to a more concrete form, promoting further discussion and potential for growth. Data was collected through in-depth interviews with students. The rationale for this form of data collection was based on the belief that it is easier for students to speak about their experiences as opposed to writing about them

(Sullivan 1998), and reflects '*the world of everyday experience as expressed in everyday language'* (Valle and Halling 1989, p. 9, echoing a concern by Husserl 1970). The advantage of using interview technique was that the researcher could confirm comments through clarification, and paraphrasing. It also provided an opportunity to encourage the participant through minimal verbal prompts (Parahoo 1997). The amount of time spent with each individual participant varied depending on their need to verbalise their experiences; the shortest interview lasted forty minutes, whereas the longest lasted approximately two hours. All interviews were tape-recorded with permission from all students; these were transcribed.

Data analysis

Audio tapes were transcribed verbatim then analysed using thematic content analysis according to Colaizzi (1978). This involved coding and organising the data into clusters of themes. All students' experiences are unique and individual to them therefore each of the students' original statements remained as they were. Without doing this there was a risk of losing the individuality and diversity of the experiences. Some themes were then combined, and a main heading given to them to create broader themes. Data transcripts, data interpretation and thematic content analysis were checked by another researcher and students confirmed content as being true representations of their comments and expressed views, this is in keeping with the process advocated by Colaizzi (1978).

Results

The six main themes from the in-depth interviews with students were: 'the event', 'the meaning of stress', 'the effects of stress', 'accepting and moving on', 'influences on life' and 'constraints and demands'.

Interviews with students

The event The main focus of the study was on personal stressors, therefore, events disclosed during the interviews were based on stress of a personal nature, as opposed to academic or clinical stress. These events as related to each participant are seen in Table 1 below:

Table 1 here

The meaning of stress In response to an invitation to explain what stress meant to students, metaphors and similes were used. In doing so, an abstract concept became tangible. The descriptions given represented something destructive, powerful and with time limitations, for example, "*…like a bomb ticking away…"* (R 2) or, *"…like a comet, it leaves a tail end after it"* (R 2). The use of similes by all students to describe the physiological effects of stress such as *"…like a big brick in my head…"* and *"…feels like I was a lump of stone…"* (R 5) demonstrate intensity of pain, lack of control, numbness of emotion, and disinterest. The use of such diction as *lump* and *stone* imply heaviness of mind and body. All of the students expressed the idea of experiencing an "*…inner battle…"* (R 6). Similarly, during one of the most intense periods, another participant

described herself as being *"…like a football; somebody could kick me and I wouldn't even care"* (R 6). This implies feelings of indifference, a sense of loss of control, a passiveness and submission, without energy or ability to fight against them.

The effects of stress - 'An Overwhelming feeling' Students had spoken of 'feeling odd', 'not myself', 'no inner feelings', 'feeling empty' and 'unreal'. One significant statement was, *"…it was a very unreal feeling…it was like it was happening to somebody else,"* (R1) yet being aware that *"…in my heart and soul there was something wrong"* . Associated with this sense of being out of touch with reality was a lack of control, and consequently a feeling of *helplessness*, a word used by a number of students. In the struggle towards overcoming this depersonalization, and in an attempt to protect oneself, three individuals verbalised "*…coming to terms with…"* (R 6), or *"I woke up!"* (R 4) or getting *"… in touch with reality…"* (R 3).

Physical and emotional effects Overwhelming thoughts created urgency for knowledge, action, vision, and control. They also led to heightened expectations of oneself, some irrational, being based on emotion rather than logic. One participants' inner dialogue sharply shouted, *"Deal with it!"* (R 5) Three students felt the *'need to do things'* or the *'need to organise'* (R 1, 2, 5), yet the emotional and physical exhaustion left them feeling helpless, "*I didn't seem to have the strength within me to do that"* (R 2). All had described poor interest and low motivation, three had described a lack of focus and concentration, such as being forgetful, "*my mind is a blank / poor memory…"* (R 2, 4, 6), and "*I felt blocked"* (R 5).

The effects of stress created an emotional storm, physiological discomfort and signs of exhaustion including: changes in weight, pains in chest, fear and panic, nausea and poor sleep. Some had explained stress in relation to their physical, emotional or social responses to stress, for example *'poor sleep'*. Internal turmoil also became evident externally through; checking behaviour, being extra cautious, crying, avoidance, withdrawal, over-protectiveness, over-compensation and consumption of increased levels of alcohol. Students had expected themselves to be able to *"cope with everything and anything that confronted"* them (R 3). Yet, in reality many found *'I couldn't get myself gathered up…"* (R 1), *"I would cry… was very down… very depressed"* (R 2). Students' awareness of this inappropriate and out of character behaviour created a shift in perspective, initiating movement towards change, *"I think it made me realise that I couldn't take the world on my shoulders…"* (R 3). Stress caused strained relationships; all students had recognised both difficulties and benefits of interaction with others at some point throughout the stressful event.

The need for support All students recognised the need for support "*I needed her to be strong for me…"* (R 2)*, "I'd go to someone that would take control of everything, to put me to bed, to pat my head 'til I'd be alright. I wanted to relinquish any responsibility", "I wasn't fit to be left on my own", "You do need somebody …somebody outside of your own family"* (R 1). Alternatively, there were occasions when the participant spoke of needing to be alone, partly related to the need to preserve and to protect themselves, *"I really didn't want anybody to drain what I had in me"* (R 2).

Principle sources of support, were from close family and friends, followed by colleagues on the course and tutors. One participant found websites on health useful. A

comment shared by all was that they found solace in other people. Students recognised that offers of help came from individuals who had momentarily adopted the role of the victim when they realised how it could so easily have been them this had happened to, *"…they just felt that they wanted to do something"* (R 1).

All of the students had mentioned feeling guilt and self-blame, and a sense that others blamed them for the event. Some experienced an added trauma when they felt not listened to, *"Listen please"… "You are just not listening to me,"* (R 2) this only intensified their sense of helplessness. When required support did not exist, the participant expressed anger, frustration, and a sense of desperation and helplessness.

Coping Difficulty in admitting an inability to cope, both to others and to oneself was acknowledged by all students. One participant had disclosed personal thoughts about confronting a difficulty and consequently a part of a conversation which occurred with a friend, *"I was embarrassed because I didn't want to tell anybody…people assume that because I'm the psychiatric nurse that I don't have problems, that I'm here to listen to theirs…that made me not tell anybody, so …I was more…I felt very frustrated and angry"* (R 3). This students' friends' response was, *"…you know midwives have babies."* This simple comment carried so much weight in positively changing this individuals' view.

Some negative coping mechanisms identified by students were, disbelief, denial, avoidance, boxing things up inside, increased alcohol consumption, some comments were ~ "*I didn't deserve to enjoy myself…", "I became really anti-social"* (R 5). Many students coped positively by prioritising issues in their lives – placing the course metaphorically to one side while more basic issues like protecting oneself and family, and

meeting physical, emotional and social needs took precedence. For all participants it meant changing the way they viewed their lives, shifting their expectations and goals as a result of the stressful incident.

Accepting and 'Moving On' Prior to transition, the degrees of emotion within students were *'desperation', 'indifference', 'mental exhaustion', 'off the rails'* and *'depression'.* One individual had described her experience with the following words - *"…I was tearful, very mixed up, confused, frustrated, angry…"* (R 6), while another had described feeling "*…stress, terror, anger, fear, hopelessness & guilt…"* (R 2). All six students found they had come to a stage were they needed to move on, *"..if you don't sort of stop and take stock of what's going on, and sort of mentally pace yourself, you know …it has to stop… you must get on with it…you can be consumed by it",* and *"I can see if you let it…it can go into the depths of depression"* (R 2). The first step in making adjustments is realising the harm that has occurred and accepting what has happened, accompanied by a desire to return to normality. Initially due to the perceived or actual loss of control over the situation in which they found themselves, students felt, *"there's nothing I can do about it"* (R 5). Participants discovered over time that they could effect some positive change, this included a change in outlook, self-statements, and attitudes. Positive self-statements used to overcome trauma are, *"..focus on the positive.."* (R 6)*, "It's not that bad…"* (R 1), "*It could have been worse"* (R 1) *"…I think things got easier because the focus changed…This has gone on long enough!"* (R 1), "*You have got to get over it and move on!"* (R 2), and *"it was just time to move on"* (R 5).

Influences on Life Three out of the six students had contemplated leaving the course. Their experiences had led them to prioritise within their lives, and had lessened the importance of the course, the impending exams, and many other goals, which previously were simply a part of the daily challenges of their lives. Influences on life were such that the two and three years that they had dedicated to the course meant little in relation to their recent trauma. All of the students had expressed an appreciation of life, of people and of things, it had *"...put things into perspective..."* (R 4) And students had described how, if this had have happened earlier, they doubted whether they would still be here, the fact that they had come this far on the course, made them persevere. One participant had spoken strongly about gaining strength from the experience; *"I decided that I wasn't going to let anything beat me"* (R 3), "y*ou have to get on with life. I really think I could face anything now. I see things more sad instead of a humungous tragedy"* (R 4), *"I don't get too involved any more, you know",* and *"I had to step away"* (R 5).

Four out of six of the students had held onto visual or mental images of their life prior to the event, *"I could just picture... the way it was..."* (R 1), *"Well, I just wanted it to all be over... and everything to be the way it was. I wanted to turn back the clock and pretend it never happened"* (R 2), *and to "...try to get that confidence back"* (R 3).

Constraints and Demands As a result of the experience some students had felt, *"things can never be replaced*" (R 1). This way of thinking is in itself a constraint and a perceptual outlook requiring alteration if their circumstances were to improve. The many feelings of embarrassment, shame, self-blame, guilt, uncertainty, low self confidence, and self-doubt brought inhibitions, and barriers to progress. This left individuals feeling

vulnerable, with difficulty in making decisions, little control over what happens, a sense of helplessness and powerlessness. As a result everything presented as a challenge, *"everything is a trial"* (R 1, 4, 6). Responsibility became a burden, there was a desire to disown or displace what responsibility existed. As a result of these emotions and a loss of sense of security students were unable to fulfil basic or higher level needs.

A great deal of time was spent reflecting on what had happened, three students had identified reflection as being a major aspect of their recovery "*I have come to the realization", "I have come through worse things since…and I think definitely it's a direct effect from (this stress)"* (R 1). At times throughout the interview all students had begun to reflect on their experiences. Two had reflected on and confirmed their own emotions during times of trauma (related to the stressful incident) – this appeared to have been affirmation for them that they did all they could during the most demanding times. It also helped restore the students' pride and sense of identity, by adding meaning to the experience, therefore viewing their life differently, having learned about themselves and others as a result of this experience.

A number of students had clearly disclosed their feelings of strangeness, *"I thought I was absolutely the weirdest person ever…there's something wrong with me"* (R 4). Through stages of reflection such as this one, the students gradually worked through towards a deeper understanding of their own experiences. There were times when they required support from others in reaching this stage. This may simply have involved being listened to by someone they felt safe talking to. One participant had stated that, *"That's all it needed was someone to sit and listen…if I hadn't have had someone to speak to, that would have been repressed...and may have become worse"* (R 2).

The need to regain order and to gather some control over the effects the stress had created, led to restoration. It was *"…a challenge…it is your ability or inability to cope with things…I'd say having to adapt"* (R 2).

Discussion

This study attempts to elicit a fuller and more descriptive understanding of the complex phenomenon that comprises stress within mental health nursing students. The narratives offered in this study provide an insight into a very personal inner world, a subjective view of the lived experience of personal stress within this population. The accounts presented provide some evidence of how the *essence* of stress affects their world, highlighting in particular issues such as risks of reduced functioning and some potential barriers to academic achievement and personal growth and development, such as low mood, de-personalisation, withdrawal, and physical effects such as lack of sleep.

With the narrative analyses from this current study in mind, it is acceptable to state that students who experience stress are likely to be functioning at a level below their normal capability "*I didn't seem to have the strength within me to do that."* "*my mind is a blank…",* and "*I felt blocked".* Encouraging students to view support systems positively, as accessible and within a safe environment will facilitate continued practice of support, after registration.

In describing the stress experience, the word *'impact'* used by one student demonstrates the strong force and power behind it. The simile of the *'comet'* used by another student suggests the idea of an '*eccentric orbit',* and a lifetime to the stress, as well as its' effects as being unpredictable, and almost uncontrollable.

This study highlighted the need for a structured communication system between students and lecturers such as 'personal tutors' in order to provide the opportunity to *'explore more delicate issues'*; it was acknowledged by one nurse tutor that *'at present students aren't asked how they are feeling.'* Students fear disclosing their stressors due the risk of being labeled with a mental health problem and fear being discontinued from the course, yet stated that they need someone *'outside of their own family'.* Gaze (2000) adds that those experiencing stress prolong seeking support and when they eventually do '*are often in a very bad way"*.

Similarities can be drawn between effects of the stress experience in this study and the phenomena associated with burnout (Muscroft and Hicks 1998) - a real possibility in the event of students not knowing who to turn to when in need of support, evident in the comment by one participant in this study;

> '*If I hadn't have had someone to speak to, that would have been repressed...and may have become worse.'*

Unfortunately, in an effort to retain an image of competence and ability, students' acceptance of their stress situation is hindered by perceived stigma related to *'not to being able to cope'.* Reluctance to draw attention to themselves by seeking support, was acknowledged by students in this study as a potential barrier to their own need for care and support (Lindop 1991). This is evident in a students' comment below;

> *"I was embarrassed because I didn't want to tell anybody…people assume that because I'm the psychiatric nurse that I don't have problems, that I'm here to listen to theirs…that made me not tell anybody, so …I was more…I felt very frustrated and angry."*

It is possible this stems from the traditional view that nurses should be *'compliant and detached from emotions'* (Jones, 2007). This supports Nolan and Cushways' (1995) belief that there remains a general lack of supportive infrastructure within nursing. Although not every student will experience such major life events during their training, this study does suggest that opportunity to explore personal stressors during training has potential to be raise levels of self-awareness, *"I hadn't thought of that until talking about it now"*. In this way, the interviews could be compared to a personal tutorial session, demonstrating therapeutic nature and transformative potential of tutorials. However, prior to positive transition it is essential that students' accept their situation.

The lecturer has potential through the tutorial system to assist the student towards positive transition, to move beyond the stress experience. Tschudin (1995, p71) identified this as normal healthy human behaviour stating *'people can and do move on and change'*. Current trends in mental health care are moving towards life-long learning (Brown and Atkins 1988), self-management (Jones and Johnston 2000), recovery and personal responsibility (Jones and Johnston 2000; Mental Health Commission 2006). These concepts could also be reflected in the nurse education programme in order to be responsive to individual student need and reflect the unique personal experience each individual encounters.

Almost all relevant research studies and discussion papers have called for the growing need for appropriate, adequate and sensitive support systems for student nurses (Carver et al 2007; Rice et al 2007). Students involved in this study felt this was an area inadequately represented on the curriculum. Therefore, it is important that students feel comfortable and safe in approaching someone in order to;

- reduce feelings of distress,
- externalize the problem,
- experience a helping relationship,
- develop positive coping mechanisms and reduce negative means of coping.

Limitations This study has explored the lived experience of personal stress and contributes to the knowledge of this concept in mental health nursing students. Main limitations were that the study produced findings from a small purposive sample, and although it is representative of each individual's inner world, the findings carry value in their own right but are not generalisable. This study contributes to the knowledge about the interaction between personal stress and mental health nursing students it is a small study in one college in Ireland and a greater understanding of the experience calls for research with a larger and wider population. Samples from a larger geographical area may have been interesting for a broader view over a number of different mental health nursing schools.

Conclusion

This study has highlighted that mental health nursing students do experience stress during training and may require support; occasionally the stress can have significant negative effects on health and well-being, and on personal and professional development. Nurse education programmes have the potential to reduce or minimise the effects of stress through the creation of a 'secure base', to produce an opportunity for an educational experience which offers support through appropriate attachments (such as personal

tutors) and use of guiding frameworks which are caring, educative, and facilitative towards personal and professional growth. Moulding a more emotionally competent mental health practitioner, who develops an effective way to cope and problem solve, and who uses his or her experience in a therapeutic manner.

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Table 1 – Table of events leading to stress as stated by the students of this study.

Participant	Event
1	House destroyed through accidental fire
2	Serious illness of son
3	Anxiety related illness
4	Unexpected pregnancy
5	Alcoholism in family
6	Death of father