

# AN EXPLORATORY STUDY TO DETERMINE HOW ADOLESCENT STUDENT NURSES VIEW PEDIATRIC NURSING EXPERIENCE AS STRESSFUL SITUATION

By

Kasil Oh

Advised by Dr. Janet Kennedy  
Boston University School of Nursing

## = TABLE OF CONTENTS =

Introduction	Scope and Limitations
The Clinical Problem	Methodology
Review of the Literature	Presentation and Analysis of Data
Relevance of the Problem to Maternal and Child Health Nursing	Summary and Conclusions
	Bibliography

## INTRODUCTION

Young women who are preparing for the nursing profession are usually in the late phase of adolescence. This stage is a decisive period in the individual's life. Writing about the stage, Stone says that the main problem of adolescence is that of identity; coming to know who one is, what one believes in and what one's values are.<sup>1)</sup> In other words, this young person, in an age between childhood and adulthood, needs to find and to accept himself. This new and often confusing self-awareness involves a new push for independence.

Naturally, the problems of the nursing students are similar to those of all students in late adolescence, but with the added problems arising due to the environment of the school of nursing and the clinical situation. Particularly, the pediatric experience brings more exposure to stress and strain than would a conventional ward experience. This is, in part, due to the nursing student's direct contact with children. She is expected to play various roles with children of different ages at the same time. Furthermore, children who come into the hospital may appear listless or show great anxiety because they suffer from maternal deprivation and are exposed to a new environment and strange personnel. At the same time, these children's emotional changes may result in negative reactions in their parents. Parental reactions to sick children may be described as involving feelings of anger, guilt, frustration and inadequacy.<sup>2)</sup> These reactions require the giving of acceptance and approval by the nursing personnel. However, the student nurse's capacity to give

1) L. Joseph Stone and Joseph Church, *Childhood and Adolescence*, (New York: Random House, 1968), p. 437.

2) Florence Blake, Howell Wright, and Eugenia Waechler, *Nursing Care of Children*, (Philadelphia: J. B. Lippincott Co, 1970), p. 22.

fully of herself is limited, since she has her own needs for acceptance and approval. Moreover, students are relatively unskilled in approaching children and parents, in gaining their cooperation, and in assisting the parents in caring for their children. As a result, they are subjected to criticism from both parents and children in the ward. These are certainly potentially stressful situations for the student nurse who, while not yet secure in meeting her own developmental needs, must be able to cope with the needs of the pediatric situation.

It would seem that one of the tasks for nursing teacher is to guide the student through this traditionally difficult period that is an inevitable stage of her growth and development. Fox suggests that assisting the student during a stressful experience implies that the instructor knows how the student perceives the situation.<sup>3)</sup>

Having worked with late adolescent nursing students, this author has decided to examine a particular group of students as they function within a pediatric situation. More specifically, this study is an attempt to objectively examine how nursing students in Korea feel toward students in the United States have already noted to be stressful situations in pediatric nursing.

It is hoped that this study will increase the nursing student's understanding of the problems faced by adolescents in a pediatric setting. The author also hopes that this study will be helpful to teachers in Korean nursing schools in planning curriculum.

## THE CLINICAL PROBLEM

### Statement of the Problem

This study is designed to identify the pediatric nursing clinical experiences which Korean student nurses perceive as stressful.

### Definitions

For this study the following terms are defined:

**Pediatric nursing clinical experience:** Experiences with hospitalized children and their families during the pediatric experience of nursing students.

**Korean student nurse:** Female between the age of nineteen and twenty-two who is enrolled in a baccalaureate program of nursing in Korea.

**Stressful:** Negative and/or uncomfortable feelings due to a substantial imbalance between the demands of the situation, and the capacity of the individual to respond to those demands.

## REVIEW OF THE LITERATURE

The existence of stressful situations in nursing is well documented in published nursing literature. The following review of the literature demonstrates how adolescent student nurses in the United States feel toward pediatric nursing in general and their reactions to specific situations.

---

3) David J. Fox, Lorraine K. Diamond, and Ruth C. Walsh, "Satisfying and Stressful Situations in Basic Programs in Nursing Education," *Stress-Satisfaction Project Research Report*, (New York: Institute of Research and Service in Nursing Education, Teachers College, Columbia University, 1960), Vol. 2, Part 2.

The reactions in specific situations are mostly related to the uniqueness of the pediatric nursing experience and the general characteristics of adolescence. Five categories—physical care of the child, communication and relationship with the child and his parents, the variety of roles in pediatric nursing, the dependency of the child and his parents on the nurse and the values and ideals associated with nursing care are drawn from the presented literature by the author in order to make a more meaningful and applicable examination of the problems of adolescent nursing students in the pediatric ward. However, it was difficult to objectively categorize the problems due to the limited amount of resources. Those which were available were mostly of a non-scientific nature.

An investigation of the literature did not discover any study concerning adolescent nurses' feelings toward pediatric nursing in Korea. Only a few studies revealed that the clinical experience was frustrating and produced serious problems which involved interpersonal relationships.<sup>4) 5)</sup>

Menzies pointed out that nurses work in stressful situations. They are in constant contact with physically ill or injured people and have come to terms with incurable disease and the reality of suffering and death. Their work involves intimate physical contact with patients which can arouse mixed feelings of pity, compassion, resentment, guilt and anxiety toward the patients.<sup>6)</sup>

Student nurses have to face these situations to prepare for professional work even though they are in a critical developmental period of adolescence. "Student nurses have all of the problems of an adolescent plus all of the problems of a student nurse."<sup>7)</sup>

Nursing students have the same needs that other young women in their age group have: the need for recognition and approval, the need to work through their dependence-independence conflict with their families, the need to test their ability to make mature judgements. In addition, they have needs which arise from the many stressful situations they face in the course of their professional education. They must somehow learn to accept, without becoming immobilized by their anxiety, the dying patient, the "attempted suicide" patient, the unmarried mother, the malnourished child.<sup>8)</sup>

Naturally, many students in nursing school encounter a problem of adjustment to the unusual situation of clinical experience in addition to the anticipated difficulties associated with the painful transitional period of late adolescence.

Pediatric nursing is a unique type of nursing because it has a broader range, more responsibilities, and requires greater adaptability than other specialities in the field of nursing.<sup>9) 10)</sup> The essentials of child care call for adaptations by nurses according to the differences in the understanding, sensitivity, size, functions and interests of the child. "Nursing children is often more challenging

- 4) Sun Jung Cha, "Study of the Curriculum Development of Nursing Education in Pusan", *The Journal of Nurses Academic Society*, (Seoul: Korean Nurses Academic Society), Vol. 2, No. 1, (December, 1971), pp. 201—216.
- 5) Shin Young Hong, "Research Study for the Improvement of Nursing Education in Korea," *Yonsei Nursing Journal*, 1970, pp. 1—38.
- 6) Isabel E.P. Menzies, "A Case-Study in the Functioning of Social Systems as a Defense Against Anxiety," *Human Relations*, XII, No.2 (1960), pp.97—98.
- 7) Dorothy Mereness, "Meeting the Student's Emotional Needs," *The American Journal of Nursing*, Vol. 52, No. 3, (March, 1952), p.336.
- 8) Rose K. Kilgalen, "A Time to Guide and A Time to Counsel," *Nursing Outlook*, Vol. 8, No. 6, (June, 1960), p.309.
- 9) Inez Armstrong and Jane J. Browder, *The Nursing Care of Children*, (Philadelphia: F.A. Davis Co., 1964), p.2.
- 10) David Fox and L.K. Diamond, *Satisfying and Stressful Situations in Basic Programs in Nursing Education*, (New York: Teachers College of Columbia University Publication, 1964), p.125.

and difficult than nursing adults."<sup>11)</sup>

In 1959, Fox and his colleagues attempted to identify those situations in the nursing experience that were found, by the students, to be stressful and those which were not and the reasons why. They elicited responses from 8,667 students, mostly diploma juniors and seniors, and found that "clinical practice in pediatrics was stressful primarily because of the amount of work or level of responsibility the student had."<sup>12)</sup>

Eight regional conferences on maternal and child nursing were held for curriculum improvement during 1960-1962 by the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing. During the discussions, the kind of stress peculiar to maternal and child nursing was needed to deal with it constructively. The conferences approached this in two ways: by looking back on their own experiences as students, and by trying to identify the stresses of today's students by means of objective observation. Through these approaches, they illuminated that pediatric nursing experience is a traumatic experience and difficult to the student, as an adolescent.<sup>13)</sup>

The aforementioned five categories of the specific problems and the kinds of stressful reactions of students toward the problems of maternal and child nursing are following: physical care of the child, communication and relationship with the child and his parents, the variety of roles in pediatric nursing, the dependency of the child and his parents on the nurse and the values and ideals associated with nursing care.

#### **Physical Care of Child**

The physical nursing care of children is different from, and often more complicated than, the physical nursing care of adults. The nursing students must deal with a variety of problems occurring during the growth and development of children. For the student, her pediatric experience may be the first time she has had such close contact with children, and the situation may prove stressful due to her fear of children in general, or her lack of knowledge of what is the normal behavior of children.<sup>14)</sup> This was verified in the Fox study where a number of junior diploma students reported that the pediatric situation was stressful because they did not know how to care for babies and small children.<sup>15)</sup>

Great fear was seen on the part of students in handling prematures.<sup>16)</sup> Also, a study to identify satisfaction and dissatisfaction in the maternity situation showed that the newborn care created dissatisfaction in nine out of the twelve collegiate students. They disliked caring for prematures because they were so small and sick.<sup>17)</sup> According to the comments of the aforementioned NLN regional conferences, "the very small and very ill infant's look of fragility alone is frightening."<sup>18)</sup> and stressful to the students.

11) Hyman Caplan and Hedley G. Dimock, "The Student Nurse in a Pediatric Setting," *Canadian Nurse*, Vol. 52, No. 12, (December, 1956), p. 959.

12) Fox, *op. cit.*, pp. 124-125.

13) Imogene D. Cahill, "The Teaching of Maternal and Child Nursing, Part Three: Faculty, Students, Society," *Nursing Outlook*, (March, 1962), p. 188.

14) Margaret Duncombe and Barbara Weller, *Pediatric Nursing*, (London: Bailliere, Tindall and Cassell Co., 1969), p. 1.

15) Fox, *op. cit.*, p. 126.

16) Jean Spencer Felton, "Resolving Stresses of Affiliating Student," *Nursing Outlook*, Vol. 6, No. 1, (January, 1958), p. 28.

17) Helen Reynold, "Satisfactions, Dissatisfactions in Basic Collegiate Students of Nursing in Relation to Their Maternity Nursing," (Unpublished Master's Thesis, Boston University, 1956), p. 40.

18) Cahill, *op. cit.*, p. 188.

To the students in pediatrics, the care of youngsters with congenital anomalies is depressing.<sup>19)</sup> Much aware of the child's emotional needs, the students wanted to hold and comfort the child. They found, however, that due to the child's size and physical condition, and their unsureness in a new environment, a barrier was presented to such activity. These were frustrating and unsatisfying experiences.<sup>20)</sup>

Performing painful treatments and administering medications to children were also described as stressful situations to the students.<sup>21)</sup> In a study thirteen students were interviewed and it was found that students encountered difficulty in giving injections to children, particularly toddlers and preschoolers.<sup>22)23)</sup> Characteristically, the preschool period includes more numerous and more pronounced fears, which are difficult for the child to handle.<sup>24)</sup> The student realized that the children were unable to understand the reason for the pain of the injections. Also, students did not want to be associated personally with painful procedures.<sup>25)</sup> Accordingly, carrying out painful procedures and dealing with angry, scared children requires a great deal of fortitude, energy and patience. Blake said, "this responsibility may be overwhelming to the adolescent, who has not yet acquired the adult maturity necessary to cope with such a situation."<sup>26)</sup> This situation may be complicated when the student realizes that the same instincts and desires to help the child, which may have originally motivated her to study nursing, become a source of anxiety when nursing care includes painful procedures.

Both the physical and emotional implication of trauma were expressed by the students as well as their own feelings about being related to and associated with the "hurt". Students expressed, "I don't like giving shots to kids. It hurts them and they are afraid, and they can not understand".<sup>27)</sup>

Ruth Baer mentioned, "yet at the end of the three month affiliation most of the students do not show the enthusiasm they had when they came—they are not as eager to take care of sick children."<sup>28)</sup> There was a strong sense of inadequacy in ability to care for very sick children.<sup>29)</sup>

### Communication and Relationships with The Child and His Parents

"All nursing situations require understanding of human behavior and the ability to act in a supportive and reassuring manner."<sup>30)</sup> Therefore, it is emphasized that effective communication and positive interpersonal relationships are essential in order to deal with various nursing situations. In a pediatric clinical setting, communications and interpersonal relationships are more complicated and

19) Felton, *op. cit.*, p. 28.

20) Thomas, *op. cit.*, p. 44.

21) Felton, *Ibid.*, p. 28.

22) Jeans Philip, Florence Blake and Howell Wright, *Essentials of Pediatric Nursing*, (Philadelphia: J. B. Lippincott Co., 1958), p. 208.

23) Jean A. Hennessey, "A Study to Identify the Problems Encountered by Students in Giving Injections to Children." (Unpublished Master's Thesis, Boston University, 1960), p. 19.

24) *Ibid.*

25) *Ibid.*

26) Florence Blake, *The Child, His Parents, and the Nurse*, (Philadelphia: J. B. Lippincott Co., 1954), p. 382.

27) Elizabeth J. McKim and Frances Barker Kelia, "Identification of the Reactions of Student Nurses to Hospitalized Children," (Unpublished Master's Thesis, Boston University, 1965) p. 12.

28) Ruth Frank Baer, "How Some Students Feel About Pediatric Nursing," *Nursing Outlook*, Vol. 3, No. 2, (Jan., 1955), p. 94.

29) Betty J. Thomas, "How Students Perceive Pediatric Nursing," *Nursing Outlook*, Vol. 8, No. 10, (October, 1970), p. 44.

30) B. Louise Murray, Nola K. McConnell and Janet M. Claypool, "Implications for Learning: Persistent Aspects of Maternal-Child Nursing Situations," *The Journal of Nursing Education*, Vol. 2, No. 1, (Feb-Mar., 1963), p. 5.

difficult for the student nurse than in any other clinical setting. There are many varied situations for communication between student, child and parent - for example, the interplay of conversation to reassure the frightened child, to give health teaching to parents, and to handle "difficult" parents.

There are several levels of communication in pediatric nursing; the variety of interests and feelings of children, the different age groups and the different developmental levels. Children tend to verbalize less and communicate more through their behavior and touch. It is a form of non-verbal communication that carries with it great emotional impact.<sup>31)</sup> Non-verbal communication tends to create some problems for the receiver, who must be perceptive enough to understand the message, interpret it and respond accordingly. In other words, communication with children requires a great deal of flexibility and adaptability to a wide variety of children. The maturity of the adolescent student nurse may not be such that she can respond sufficiently to so many individuals at so many different levels.

In regard to interpersonal relationships, the adolescent student usually has an intense interest and curiosity about what children are like and how to handle them.<sup>32)</sup> So she wants to do something for the child but the parents seem to be doing everything and she thinks that probably the parents know better than she what comforts the child.<sup>33)</sup> Many nursing educators learned by observing students with patients, listening to their class discussions, and reading their daily diaries and process records that students were having difficulties in relating effectively to the children and their families. The student's ideas were not always ideal for a given situation, therefore, the mother did not always accept them as well as the student would have liked.<sup>34)35)</sup> Parents present a challenge and a threat to many students. When the parents are present they are more important to the child, and the student's ego may suffer. The parents, too, seem to represent a higher authority than the student.<sup>36)</sup> This is threatening to the student's self-concept and increases anxiety. As a result, the student is likely to have a difficult time relating to the parents.

A study was done recently to determine what adolescent nursing students perceive as stressful in maternity nursing. A questionnaire of sixty items was given to twenty-two diploma students. The results indicated that talking to and emotionally supporting mothers whose babies were ill, deformed or had died was a stressful situation to the students in the maternity clinic.<sup>37)</sup>

The mother who loses her infant is sometimes difficult for basic students to work with. They feel sad and depressed. They find it difficult to talk with the mother and may try to avoid prolonged contact with her.<sup>38)</sup>

Patricia Rose identified student stress situations in a pediatric clinic by nursing student diaries. The students expressed their feelings when they worked with parents who had a dying child.

31) Mollie S. Smart and Russell C. Smart, *Children: Development and Relationships*, (New York: McMillan Co., 1967), p. 79.

32) Murray, *op. cit.*, p. 6.

33) Thomas, *op. cit.*, p. 45.

34) Christine Smith and Betty Dambacker, "Student Learn About Mothers from Mothers," *Nursing Outlook*, Vol. 9, No. 9, (March, 1961), p. 147.

35) Cahill, *op. cit.*, p. 188.

36) Caplan, *op. cit.*, p. 962.

37) Jeannine C. Caron and Elizabeth A. Hayden, "An Exploratory Study to Determine What Adolescent Nursing Students Perceive as Stressful in Their Maternity Nursing Experience," (Unpublished Clinical Paper, Boston University, 1973), p. 29.

38) Patricia Rose, "Using the Student Diary to Identify Stress-Satisfactions," *The American Journal of Nursing*, Vol. 62, No. 8, (August, 1962), p. 95.

I didn't know how to face her after her baby had died. I had taken her on tour last week and knew how much she was looking forward to having this baby..... I really was uncomfortable taking care of this mother whose baby died, I found all sorts of reasons to leave the room.<sup>39)</sup>

### The Variety of Roles in the Pediatric Nursing Clinic

The range of nursing roles to be assumed in pediatric nursing cover a wide choice of possibilities. In the pediatric clinic, the nurse with the infant, begins as a mothering figure, and with the adolescent, ends as an adult figure. The student is expected to be a loving mother by the toddler, and perhaps to be a big sister by the ten-year-old child. At the same time she is expected by the medical staff to be a skillful nurse. There is no consistent pattern and she never knows what will be expected of her in each different situation.<sup>40)</sup>

The student nurse must re-interpret and share the kind of mothering role she will play. She must now assume a mother-complement role since the nurse has the important function of supporting the mother-child relationship, not erasing it.<sup>41)</sup> The student nurse may find the mother-complement role difficult because she often has her first contact with children when her own maternal instincts are just awakening or are at a great intensity. It also implies a certain amount of role deprivation for the student who wants the child as the only focus of her attention. Seidl's article, "Pediatric Nursing Personnel and Parents Participation," noted that it is especially difficult for those without children at all to give up the mother substitute role.<sup>42)</sup>

Coping with situations in a pediatric clinic requires disciplinary action and this also is a difficult task for the student. As a psychiatric consultant, Langsam had seminars with student nurses who were in the pediatric clinic, to help students understand some of their reactions to the children and the reactions of the children to them. The students experienced frustration and anger with children who "don't behave,"<sup>43)</sup> and felt hostility against the really difficult child, followed by pangs of guilt in regard to their feelings.<sup>44)</sup>

Student nurses are expected to support parents. In other words, the issue becomes one of role "aging," where the student is placed in position of expert to the mother,<sup>45)</sup> that is, superordinated to an adult.<sup>46)47)</sup> The students have to adapt those variety of roles within the one work period, and this demands maturity in making quick adaptations and in feeling secure that she is doing the right thing. If she cannot manage this, the experiences intensify the feelings of professional inadequacy and role security is really important to an adolescent who is in a poorly defined phase of life.

Sometimes, there is unconscious rivalry between the student and the young mother of the child

---

39) *Ibid.*

40) Baer, *op. cit.*, p. 96.

41) Sr. Dolore McGhee, "The Mother-Complement Role of the Nurse in Family-Centered Child Care," *Hospital Process*, (April, 1968), pp. 94-99.

42) Frederick Seidl, "Pediatric Nursing Personnel and Parent Participation," *Nursing Research*, Vol. 18, No. 1. (Jan.-Feb., 1969), pp. 40-44.

43) Charles L. Langsam, "Pediatric Seminars for Students," *Nursing Outlook*, Vol. 10, No. 7, (July, 1962), p. 470.

44) Rose, *op. cit.*, p. 95

45) Frank S. Jewett, "Multidisciplinary Group Teaching in a Maternity-Pediatric Program-Part One: Family Behavior in Crisis," *Teaching Psychological Aspects of Patient Care*, Ed. B. Schoenberg, (New York: Columbia University Press, 1968), p. 327.

46) Smith, *op. cit.*, p. 147.

47) Hans O. Mauksch, "Becoming a Nurse: A Selective View," *Social Interactions and Patient Care*, Ed. James Skipper, (Philadelphia: J.B. Lippincott Co., 1965), p. 330.

being hospitalized.<sup>48)</sup> This is especially true in experiences with unwed mothers, which are often uneasy ones for the students. They are often near the same age as the mothers and bring with them preconceived attitudes toward out-of-wedlock pregnancies.<sup>49)</sup>

Another source of concern to students centering around the conflict of roles is related to their hospital situation. They see themselves reassuring patients, supporting and encouraging them, and keeping up the patients' contacts with the outside world.<sup>50)</sup> Many students want to think of themselves and do think of themselves primarily as nurses, consequently, they expect the hospital staff to see them as such. Stressful incidents and conflicts in the student's role image occur when the student is told she is in the hospital to learn, as a student, and at the same time, that she is expected to work, as a nurse.<sup>51)</sup>

Another aspect of role confusion is that: the student is at the bottom of the hospital's hierarchy... In the case of children, the student feels she should be in the authoritative position—often the reverse of her relationship with a mature adult patient.<sup>52)</sup>

Dr. Caplan concluded about this delicate situation that, "the student nurse is somewhat isolated in the community as well as the hospital".<sup>53)</sup>

### The Dependency of the Child and His Parents

The variety and intensity of dependency behaviors are many in the pediatric setting, where the student must define which one is in operation and then work with it.

The socialization of the child is achieved through his dependency.<sup>54)</sup> However, dependency, and specifically attachment behavior is intensified during times of fear and stress such as when a child is sick or confined especially among strange people and surroundings.<sup>55)</sup> John Bowlby defines the emotional kind of dependency as "attachment", that is exclusive of the physical helplessness of the child.<sup>56)57)</sup> Because of the resulting consequences due to the lack of a constantly caring person, a child has need of attachment—a mother-figure.<sup>58)</sup>

Clinging, following, crying, smiling and calling are often expressed by the infant and small child in order to elicit those maternal behaviors from the mother figure that secure survival.<sup>59)</sup> The adolescent student nurse is placed in the precarious position of coping with the dependence-independence conflict in others when she is simultaneously faced with it at her own level of development. So the student nurse may view these dependency behaviors as stressful. Baer aptly states, "the student who makes a good pediatric nurse is the one who can work with the child's need for

48) Langsam, *op. cit.*, p. 470.

49) Rose, *op. cit.*, p. 95.

50) Marjorie Simpson, "Satisfaction and Dissatisfaction of Student Life," *International Nursing Review*, Vol. 15, No. 14, 1968, pp. 331—332.

51) Fox, *op. cit.*, p. 203.

52) Caplan, *op. cit.*, p. 962.

53) *Ibid.*

54) Gordon Trasler, "Socialization," *The Formative Years*, Ed. David Edge, (New York: British Broadcasting Co., 1970), p. 1—18.

55) Mary S. Ainsworth and Silvia Bell, "Attachment, Exploration and Separation: Illustrated by Behavior of One-Year-Olds in a Strange Situation," *Child Development*, (March, 1970), p. 64.

56) Eleanor Maccoby and John Masters, "Attachment and Dependency," *Carmichael's Manual of Child Psychology*, Ed. Paul Mussen, (New York: John Wiley and Sons, Inc., 1970), pp. 73—157.

57) John Bowlby, *Maternal Care and Mental Health*, (New York: Schocken Books, 1967), pp. 11—63.

58) *Ibid.*

59) Ainsworth, *op. cit.*, pp. 50—51.



dependency."<sup>60)</sup>

It is pointed out that stress comes not only from the dependency of the child who is threatened but also from his parents' dependency—because of the shift from a possessive caring for the patient to a sharing of the patient care with the mother,<sup>61)</sup> there is the dependency of the parents on the nurse to consider. The young person on the pediatric service therefore, is often resentful of the parents.<sup>62)</sup> According to Menzies' claim, "relatives may also be demanding and critical, the more so because they resent the feeling that hospitalization implies inadequacies in themselves."<sup>63)</sup> It is understood that the capacity to give fully of herself is limited for the student nurse<sup>64)</sup> since she is meeting her own needs for acceptance and approval. In a more subtle way, both the child and his parents make psychological demands on nurses which increases their experience of stress.

### Values and Ideals Associated with Nursing Care

"The adolescent is really searching for an ideal and decent world for his ideal and decent self to respond to."<sup>65)</sup> He lashes out at adults, protests against the sick society to which they acquiesce and blame them for this lack of idealism.

Pediatric nursing has become one in which the focus of care is the family in all its aspects; ethical, cultural, societal, and religious. In pediatric nursing these various aspects may conflict with the beliefs of the student who is dealing with the family. The adolescent nursing student has certain ideals of motherhood and fatherhood. She is in a period of transition concerning womanhood. Therefore, within the patient context the student may encounter many meaningful experiences.<sup>66)</sup>

Student nurses have their own ideas regarding motherhood, and children. Since adolescents have an image of herself as a young woman and as a potential mother; they have definite fantasies about what their mother role may be like.<sup>67)</sup>

It would follow that conflicts would arise between their ideas and the reality of the various situations which they would face in a setting with sick children and parents. If their ideals are not met in these situation tension will develop in the helping relationship.<sup>68)69)</sup>

Students expressed feelings of frustration and rejection toward parents who did not meet their criteria of lovingness, self-control, cleanliness, and health practices.<sup>70)</sup> Unabashed rejection was a typical reaction toward parents who brought dirty children to the clinic. A dirty child was viewed as reflective of the parents and their values.<sup>71)</sup>

For all adolescent students, it is an uneasy time of transition in a rapidly changing social order with many moral paradoxes and contradictions. Quint stated,

---

60) Ruth, *op. cit.*, p. 96.

61) Margaret A. Duncombe, "Challenge of Change in the Pediatric Nursing Field," *Nursing Mirror*, Vol. 114, (June 22, 1962), pp. 225—226, 228.

62) Cahill, *op. cit.*, p. 188.

63) Menzies, *op. cit.*, p. 99.

64) Blake, et al., *Nursing Care Children*, *Ibid.*, p. 21.

65) L. Joseph Stone and Joseph Church, *Childhood and Adolescence*, (New York: Random House, 1968), p. 492.

66) Jeanne Quint, "The Hidden Hazards in Patient Assignment," *Nursing Outlook*, Vol. 13, (November, 1965), p. 50.

67) Blake, et al., *The Child, His Parents, and the Nurse*, *Ibid.*, p. 22.

68) *Ibid.*

69) *Ibid.*, pp. 83—84.

70) Thomas, *op. cit.*, p. 45.

71) *Ibid.*, p. 45.

.....The process of becoming a nurse produces for many young women emotional conflict and identity stresses, because being a nurse often requires one to behave in a way which is in contradiction to one's concept of being a woman.<sup>72)</sup>

Adaptation of their beliefs and values to the various nursing situations is a crucial task for them.

The students experienced a conflict regarding the different intervening measures to save the lives of infants with anomalies. It was acknowledged that there were different beliefs and biases among the students. Some students tended to see children as individuals who have the right to live many more years.<sup>73)</sup> Students expressed a sense of sadness that some of the children were deprived of life before they had had a chance to live it. They were frightened, helpless, angry, and ambivalent.<sup>74)75)</sup> Trying to save a baby's life was equated with parents' love. However, some students wondered,

.....if parents had to expend themselves in many ways to save a baby's life and was saving the baby justified? Maintaining others in the family has first priority. Some students held that no one could tell what the outcome of care would be without trying.<sup>76)</sup>

Students are at an age of development that makes them vulnerable to family tragedies, like illness or death, because they will soon establish families of their own.<sup>77)</sup> Fox found that death in pediatrics was stressful to students, even though most students reporting such incidents had seen patients die before. "The death of a child, however, had a particular impact."<sup>78)</sup> When the child is dying, they may feel that the rewards of nursing are absent. They feel powerless and tend to avoid the situation which makes them feel helpless or worthless. The student nurse may suffer from this feeling of impotence and if she is continually experiencing the death of children, her self-concept will be threatened.<sup>79)80)</sup> "Nursing educators have long been aware of the traumatic effects of a child's death on young men and women in nursing schools."<sup>81)</sup>

Another difficulty is the confusion expressed by the students as to just what their expected nursing functions would be - which often conflicted with their ideal image of nursing. Discrepancies between the ideal and the actual were extremely traumatic.

They felt a wide gap between themselves and others in respect to the ordinary situations of life.....They felt they were a "nurse", but the individual "ego" had been lost. Individual incentive and initiative had been buried in a mass of "accepted procedure" and they were indecisive and passive. As one of them said explosively, "we've been brain washed" and another, "I don't know who I really am anymore."<sup>82)</sup>

The adolescent's tactlessness and endless criticisms produce inevitable anxieties in the environment in which they work. "The student who responds eagerly to the theoretical discussion of child care

72) Quint, *op. cit.*, p. 50.

73) Langsam, *op. cit.*, pp. 469-470.

74) Gladys Bonnine, "Students' Reactions to Children's Deaths," *The American Journal of Nursing*, Vol. 67, No. 7, (July, 1967), pp. 1439-40.

75) Felton, *op. cit.*, p. 28.

76) Thomas, *op. cit.*, p. 28.

77) Bonnine, *op. cit.*, p. 1439.

78) Fox, *op. cit.*, p. 125.

79) William M. Easson, *The Dying Child: The Management of the Child or Adolescent who is Dying*, (Springfield, Illinois: Charles C. Thomas Publisher, 1970), p. 83.

80) Pamela A. Holschaw, "Nursing in High Emotional Risk Areas," *Nursing Forum*, Vol. IV, No. 4, (1965), p. 40.

81) Bonnine, *Ibid.*, p. 1439.

82) Pearl P. Rosenberg and Myrtice Fuller, "Dynamic Analysis of the Student Nurse," *Group Psychotherapy*, Vol. 10, (March, 1957), p. 29.

and practice often is critical to the hospital routines.....and of the doctors..."<sup>83)</sup> The students do not tolerate mistakes in themselves, and especially not in those whom they are supposed to model themselves after in the nursing profession.<sup>84)</sup> The students have feelings of guilt toward parents when they encounter a conflict between a prescribed procedure and the methods of a registered nurse.<sup>85)</sup> As a result, it will be an anxiety provoking situation posing many hidden threats to the student. Thus, close contact with a family can create stress in terms of a student's adjustment to values and ideals that may be foreign to her. Added to this, discrepancies of the student's expectations and the staff member's performance cause stress producing situations.

In summary, the review of the literature discusses the activities of the pediatric nursing experience which are perceived as stressful to the student nurse. However, most of the literature is drawn from seminars, diaries of clinical experience and anecdotal records.

### RELEVANCE OF THE PROBLEM TO MATERNAL AND CHILD HEALTH NURSING

The relevance of the problem to maternal and child health nursing is in the practical nursing field. Since the nursing field must largely deal with adolescents, in all settings and from all backgrounds, the nurse's role is especially emphasized.

The author of this paper assumes that before the nurse can deal with adolescents, she must have an awareness of what kind of problems adolescent student nurses have and how they feel in the clinical situation where they care for a child and his family. Adolescent student nurses have their own needs of trying to achieve social and emotional maturity. At the same time, working with the health problems of children and their families, the students are required to assume the professional responsibilities of a nurse. It is an essential factor that students have positive feelings and gain satisfaction from their working experience with ill and dependent children in order to be a functional member of the health team. This helps the students to gain confidence in their abilities and their self-image as an efficient person. This study and its findings therefore, are valuable to the nurse since it looks at students' problems in terms of stress in pediatric situations. It can provide a basic resource for understanding the student within her social and psychological environment helping her to grow to an adequately functioning person in the future.

Another asset of this study is the relevance to the nursing education which, with a basis for understanding the feelings and needs of the student, would permit teaching staffs to foresee potential problem areas for the students. It is necessary for the teaching staff to understand the students, what they feel are stressful situations and how to help them deal with those situations.

Dr. Mechanic defines stress as "the discomforting responses of persons in particular situations."<sup>86)</sup> The discomforting responses depend upon many factors: the ability and capacity of a person, skills and limitations produced by group practices and traditions, the means provided to individuals by the social environment and the norms that define where and how individuals may utilize these means.<sup>87)</sup>

83) Baer, *op. cit.*, pp. 96—97.

84) Dorothy Smith, *Perspective on Clinical Teaching*, (New York:Springer Publishing Co., 1968), p. 135.

85) Thomas, *op. cit.*, p. 45.

86) David Mechanic, *Students Under Stress*, (Glencoe: Illinois, Free Press, 1962), p. 7.

87) *Ibid.*, pp. 3—11.

A stress might have been alleviated before it induced a crisis and was likely to disrupt the customary activities of individuals exposed to the stress.<sup>88)</sup>

For many nursing majors, the clinical experience itself is a source of stress.<sup>89)</sup> This atmosphere inhibits their learning. The effective intervening and support necessary for learning must therefore, come from the teachers. Thus, this study as an exploration of stressful situations in pediatric experiences is valuable to teachers in planning a curriculum for an effective learning experience. Therefore, the study contributes to the whole nursing education, specifically maternal and child health care nursing, in which the adolescent is involved.

## SCOPE AND LIMITATIONS

This study is designed to determine how adolescent student nurses in Korea perceive pediatric nursing clinical experiences regarding stressful situations. The content of the study is based on the outline of stressful situations which is discussed in the literature and classifications believed by the author to have relevance to the adolescent student nurse in pediatric nursing.

The sample will include forty-two senior baccalaureate student nurses in a university of Seoul, Korea. The subjects are all female between the ages of twenty and twenty-two.

The sample of baccalaureate students limits generalizing to a larger population. Differences in timing of clinical experience, the personal background in relation to the illness of a child, and family life are intervening variables affecting student response. Also, an approach of analyzing group characteristics may conceal individual student differences.

## METHODOLOGY

The sample for this study was a group of senior student nurses who were in the college of nursing during 1973. The group consisted of forty-two single, female students ranging in age from twenty to twenty-two years. The mean age was twenty and seven months. Fourteen students among the forty-two had had experience with children at home during the last five years.

All of the students had the same pediatric nursing theory course during their junior year and similar experiences at the university hospital during the second semester of their junior year and throughout their senior year. Fourteen students of the sample had pediatric clinical experience during their junior year and twenty-eight, during their senior year.

The pediatric nursing experience includes a group of eight to twelve students having had experience in the maternity clinic prior to the pediatric clinic. The pediatric clinic rotation lasts eight weeks; the students spend twenty-four hours a week in the clinic. The clinical instruction is given by instructors from the school and the head nurse of the clinic. One hour of ward class per week with the instructors is included in the experience.

### Selection of Sample

The college of nursing is an autonomous college of a university, located in Seoul, Korea, a

88) Barbara S. Dohrenwend and Bruce P. Dohrenwend, "Class and Race as Status-Related Sources of Stress," *Social Stress*, Ed. Levine, Sol and Scotch, Norman, (Chicago: Aldine Publishing Co., 1970), p.115.

89) Fox, *op. cit.*, p.198.

private university which offers a four-year program leading to a Bachelor of Science degree in nursing. Students have pediatric clinical experience in the university hospital.

The university hospital has 520 beds. The pediatric clinic has forty-four beds and two nursery rooms of eight cribs each for sick premature babies. There are six children in a room and they are separated according to age. Two isolation rooms are located at the end of the floor. The students are assigned to a room to care for the six children for one week, and they are rotated to a different room every week in order to have experience with all age groups. The whole pediatric ward with the exception of the nurseries is open to families at all times.

### **Method of Obtaining Data**

Since there is no available standardized method of determining students' perceptions of stressful pediatric clinical experiences, this author formulated a questionnaire. The questionnaire, describing pediatric clinical situations consists of forty-nine items which are divided in five categories. The five categories are:

1. physical care of the child.
2. communication and relationships with the child and the parents.
3. the variety of roles in pediatric nursing.
4. dependency of the child and his parents.
5. values and ideals associated with nursing care.

These items and categories are based on the literature review as noted earlier.

The students were asked to answer on a relative scale of four: not-stressful, stressful, very stressful, and not experienced. The fourth column was provided for those students who had never encountered the question situation.

A fact sheet was included with the questionnaire which provided a general background reference as to when the student had pediatric experience and whether they had lived with children in the past five years. An open ended question was provided enabling the students to voice their own feelings regarding their pediatric clinical experience.

The questionnaire which was translated and typed in Korean was sent to a faculty member at the college of nursing in Korea. One of the clinical instructors administered the questionnaire to the students in the sample at one time.

### **Pretesting of the Questionnaire**

The pretest was given to five Korean nurses in America to see whether it was feasible and whether changes were necessary. A discussion followed the pretest where the student was asked to explain what the question meant to her, what difficulties she experienced in replying to the questions, and if she had further ideas that were not brought out by the questionnaire. The appropriate changes were made on the basis of the nurses' responses and suggestions.

## **PRESENTATION AND ANALYSIS OF DATA**

The data collected from the forty-two students was analyzed by computer. The initial step in the data analysis was to make a percentage analysis of the raw frequencies of stress responses to each

item which would determine the students' general response to each of the forty-nine items. Since this study was designed to identify how the group of students felt toward pediatric experiences in terms of stress, this analysis of the data was focused on the group characteristics discussed in this paper.

There was a total of 2,058 responses possible on the questionnaire. 34.6% (712 responses) of the total responses were not-stressful, 51.6% (1,061 responses) were stressful, 11.7% (242 responses) were very stressful. In other words, 63.3% of the total responses fell into the stressful column. Only 2.1% (43 responses) of the total responses were in the not experienced column. Not experienced responses were so small that these responses were not considered for the detailed analyses. For detail analyses stressful and very stressful responses were grouped together and referred to as stress response.

### Item Analysis

Among forty-nine items, item 18, "communicating with a preschooler during play," and item 20, "communicating with a school child during play," received the highest percent (88.1%) of not-stressful responses. Surprisingly enough, 100% of students perceived item 44, 46 and 47 as stressful. Those items are all related to the values and ideals associated with nursing care such as "encountering a situation in which the hospital routine or policy does not meet the students' standard in child care", "seeing nurses' nursing care did not meet her standards," and "seeing nurse work more with material or equipment than with children.

### Item Analysis of Each of the Category

Table 1, 2, 3, 4 and 5 show the percentage of each item within each category. Generally the students showed highly stressful responses on the items of the category concerning physical care of child. Among fourteen items, twelve items received above fifty per cent of stress response.

Eight items out of fourteen items concerning communication and relationships with the child and his parents were above fifty per cent of stress response. This result shows that communicating with

**Table 1**                      **Stress Response to Each Item of Physical Care of Child**

	Unit: %	
Items	Not-Stress	Stress
1- 1 Handling a sick premature-	9.5	90.5
1- 2 Giving an injection to a premature	9.8	90.2
1- 3 Giving a bath to an infant	42.9	57.1
1- 4 Giving an injection to an infant	21.4	78.6
1- 5 Feeding a baby (milk)	83.3	16.7
1- 6 Placing a urine collector on infant	62.5	37.5
1- 7 Giving medicine to a child	45.2	54.8
1- 8 Giving an injection to a toddler	43.9	56.1
1- 9 Working with a child in isolation room	11.9	88.1
1-10 Applying physical restraints to a child's body	38.1	61.9
1-11 Caring for a chronically ill child	34.1	65.9
1-12 Caring for a congenital anomaly child	26.2	73.8
1-13 Caring for a fatally ill child	2.5	97.5
1-14 Doing a painful procedure on a child	2.4	97.6
Mean	31.0	69.0

children during physical care tends to be more stressful to the students than communicating during play regardless of age group.

The category of the variety of roles in pediatric nursing had low percentage of stress response than any other categories. Only three items had over fifty per cent of stress response.

In the category four, the dependency of the child and his parents, there were four items. All items received over fifty per cent of stress response.

Category five, concerning values and ideals associated with nursing care, consisted of eight items. As table 5 shows, all items received remarkably high percentages of stress response. Interestingly enough, there were three items which were agreed upon as stressful situations by all the students (100 per cent of stress response). Almost all of the students also expressed stressful reaction to the situation of "working with parents whose cultural background conflicts with the hospital care of child." All items received over fifty per cent of stress response.

**Table 2. Stress Response to Each Item of Communication and Relationships with Child and Parents**

Items	Unit: %	
	Not-Stress	Stress
2- 1 Communicating with a toddler during physical care	69.0	31.0
2- 2 Communicating with a toddler during play	87.8	12.2
2- 3 Communicating with a preschooler during physical care	83.3	16.7
2- 4 Communicating with a preschooler during play	88.1	11.9
2- 5 Communicating with a school child during physical care	78.6	21.4
2- 6 Communicating with a school child during play	88.1	11.9
2- 7 Coping with a misbehaving child	11.9	88.1
2- 8 Talking with a child with a fatal illness	5.3	94.7
2- 9 Communicating with parents of fatally ill child	5.0	95.0
2-10 Establishing a relationship with a child with long term illness	37.5	62.5
2-11 Establishing a relationship with parents whose child is in long-term illness or poor prognosis	28.9	71.1
2-12 Communicating with a handicapped child	40.5	59.5
2-13 Communicating with a child who has congenital anomalies	33.3	66.7
2-14 Establishing a relationship with parents who have a child with congenital anomalies	21.4	78.6
Mean	49.0	51.0

**Table 3. Stress Response to Each Item of the Variety of Roles in Pediatric Nursing**

Items	Unit: %	
	Not-Stress	Stress
3-1 Teaching a mother to care for her child at home after discharge	71.4	28.6
3-2 Giving a mother advice on child development and growth	76.2	23.8
3-3 Working with a mother who was near the same age as you	78.6	21.4
3-4 Assuming a "mothering" role in the nursery room	64.3	35.7
3-5 Assuming a "friend" role when giving physical care or play with an older child	78.8	26.2
3-6 Caring for a child in the presence of his mother	38.1	61.9
3-7 Caring for a child without his parents	41.5	58.5
3-8 Working with mother who has fatally ill child	2.6	97.4
Mean	56.3	43.7

**Table 4. Stress Response to Each Item of the Dependency of the Child and His Parents**

Unit: %		
Items	Not-Stress	Stress
4-1 Working with a child who is demanding about his physical condition	22.0	78.0
4-2 Working with parents who are demanding about their child's care	11.9	88.1
4-3 Caring for a child who clings to you most of all the time	35.0	65.0
4-4 Working with parents who depend on you for emotional support	47.6	52.4
Mean	29.1	70.9

**Table 5 Stress Response to Each Item of Values and Ideals Associated With Nursing Care**

Unit: %		
Items	Not-Stress	Stress
5-1 Encountering a discrepancy between nurse's care-giving behavior and accepted principles of nursing care	7.1	92.9
5-2 Facing death of child who was given your care	7.7	92.3
5-3 Working with doctor whose attitude to a child did not meet your standards of pediatric care	7.1	92.9
5-4 Encountering a situation in which the hospital routine or policy does not meet your standards in child care	0.0	100.0
5-5 Working with a doctor whose care did not meet your standards of pediatric care	5.3	94.7
5-6 Seeing nurses' nursing care did not meet to your standard	0.0	100.0
5-7 Seeing nurses work more with material or equipment not with children	0.0	100.0
5-8 Working with parents whose cultural background conflicts with the hospital care of child	2.7	97.3
5-9 Working with parents who differ from your ideal of parenthood	7.3	92.7
Mean	4.1	94.9

### Category Analysis

Table 6 presents the percentages of each category. Category three, the variety of roles in pediatric nursing received the highest response (56.3 per cent) of not-stressful responses so that it was viewed as the least stressful category. Category five, values and ideals associated with nursing care had the highest percentage of stress response (95.9 per cent). As a result, this was noted as the most stressful category among the five. Dependency of the child and his parents, category four, and physical care of child, category one, were the next highest stressful category. These two categories had a similar percentage of stress response.



**Table 6. Stress Response to Each Category**

Category	Unit: %	
	Not-Stress	Stress
1. The physical care of child	31.0	69.0
2. Communication and relationships with child and parents	49.0	51.0
3. The variety of roles in pediatric nursing	56.3	43.7
4. The dependency of the child and his parents	29.1	70.9
5. The values and ideals associated with nursing care	4.1	95.9
Mean	35.3	64.7

#### A Comparison of the Total Scores of Child Care and Parents Care

The total stress responses of child care items and parents care items was analyzed again to find out whether the students had more stressful experience with children than with parents. The total responses for the group of child care included thirty-one items and the parents care group included nine items. Only the items of category five were excluded for this analysis. The mean percentage of the child care group was 61.2 per cent and that of the parents group was 56.2 per cent. This implies that students had almost the same experience with parents as with children in terms of stress. Along with this finding, the majority of students who made free comment, were concerned by too many care takers in the hospital. The students expressed that it was too much for them to take care of sick children and their caretakers at the same time. Students mentioned that they needed more depth of adult education and adult psychology in relation to hospital situations to deal with parents.

#### Relationship Between the Time of Clinical Experience and Stress Response

Through the literature review, this author had question about whether stressful experiences would be related to the amount of past clinical experience or not. The time of students' pediatric rotation was explored to find out the relationship between students' stress response and past clinical experiences. There were five different rotations in time consistency; from junior year to senior year. According to five different times of experience, the total stress responses were coded and subjected to a correlation test. The computed correlation value of each category is shown on Table 7.

**Table 7. Correlations Between Time and Clinical Experience and Stress Response**

Variables	Value
1. The physical care of child	0.295
2. Communication and relationships with child and parents	-0.059
3. The variety of roles in pediatric nursing	0.074
4. The dependency of the child and his parents	0.030
5. The values and ideals associated with nursing care	0.130
Total	0.148

As the table shows, there were no statistically significant relationships between the time of the experience and the response of stress. In comparing within the categories, negative correlations were also found. The physical care of the child was relatively higher in stress than the other categories, though.

#### **Relationships Between the Students' Experience with Children and Stress Response**

In order to determine the effect of students' prior experience with children on stress response, a question was asked whether the student had lived with children at home within the past five years. Fourteen students in the sample had lived with children at home within the last five years. The data from the two groups in terms of stress response was computed for a correlation test. The correlation between the two variables are presented in Table 8.

**Table. 8** **Correlations Between Students' Experience With Children and Stress Response**

Variables	Value
1. The physical care of child	0.340
2. Communication and relationships with child and parents	0.163
3. The variety of roles in pediatric nursing	0.211
4. The dependency of the child and his parents	0.317
5. The values and ideals associated with nursing care	0.207
Total	0.366

No significant correlations were found between students' experience with children and stress responses. Physical care of child and the variety of nursing roles were relatively higher in stress than others.

### **SUMMARY AND CONCLUSIONS**

This was an exploratory study to determine the pediatric nursing experiences which Korean student nurses perceive as stressful. A review of literature revealed many pediatric nursing care situations which were identified as stressful experiences by American students. There were five stressful areas: the physical care of child, communication and relationships with child and parents, the variety of roles in pediatric nursing, the dependency of the child and his parents, and the values and ideals associated with nursing care.

A questionnaire, based on the literature review, was used to collect data. The sample in this study were forty-two baccalaureate student nurses from a private university in Korea.

On the basis of findings from the analysis of the data, it is apparent that the pediatric clinical experience was stressful to the most of Korean adolescent student nurses. There are several points that need to be highlighted.

Firstly, physical care of the child tended to be stressful to the students. The main areas of physical care that the students noted mostly, as stressful situations were in giving painful nursing procedures and caring for children with critically physical conditions; chronically ill children, children with

congenital anomalies and fatally ill children. This may imply that the fundamentals of nursing care were not sufficient to prepare them for the care of children. On the other hand, a small and fragile looking child may interfere with the students' giving the child the kind of care they felt the child needed as noted earlier in the literature review.

Secondly, communication with the children was difficult to evaluate. Stressful situations in communication may depend on the subjects and the situations students faced. It can be said that the subject of communication is a "not-stressful" one, only when positive situations are presented. Thus, students revealed more stressful responses on the identified critical situations: fatally ill child, chronically ill child and child with congenital anomalies, than on general situations involving children, within this communication category.

Thirdly, the role assumptions did seem to be the least stressful category. The result shows that students tend to be comfortable as a professional authority figure while teaching parents and assuming various roles with children. Consequently, students revealed more stressful responses on caring for a child in the presence of his mother, supposedly the expert in her child care. This contrasts with Jewett's report. His finding was that being put in the position of an "expert" in the nursing profession by the parent and/or mother was difficult for the students.<sup>90)</sup>

Fourthly, dependency was viewed as very stressful to the students particularly, the demanding of the child and the parents about physical care. When parents are present on a pediatric ward and take part in their child's care all the time, the parents' anxiety or dependency may increase. This kind of dependency was not easy for the adolescent student nurses because they have their own needs of adolescence; want people to understand them, and be generous in giving to them. The rooming-in pediatric situation might, therefore, increase stressful experiences for the students in regard to dependency.

Fifthly, the students found that the conflicts of their values and ideals as associated with nursing care were extremely stressful. They were more critical of the poor practices of nurses than of physicians or hospital authorities. Since the majority of adolescent nursing students are seeking a role model in the profession, a conflict between the functions of the nurse and the ideals of nursing would evoke a high stress response. This aspect in relation to the values and ideals of students is interfered within the context of Korean society, also. Young students may have difficulty working out relationships with authority figures. Thus students may have increased stress along with inner conflict and ambivalence when they must compromise their ideals and values in relation to the professional authority or authority of parents.

Sixthly, it is apparent that the highly stressful situations for the most part, were related to death and dying. The students had formal classes on death and dying in their sophomore and junior year, but they did not include the various learning experience designed to assist students to become aware of and understand children's and/or parents' feelings and beliefs about death and dying. This lack of learning experience should result in a highly stressful situation.

Sevently, comparing stress response on working with parents and caring for child, there was evidence that students had similar stressful experiences in both situations.

Lastly, students' stress in pediatric clinical experience was not lessened by their previous clinical or familial experience with children. The size of the sample may prevent this generalization, however, the pediatric experience is isolated enough from other clinical situations that it requires special attention

---

90) Jewett, *op. cit.*, p. 327.

in order to lessen or prevent students stress.

With the overall findings, this author can conclude that adolescent nurses in Korea experienced similar stressful situations in pediatric clinical nursing as did nursing students in America. The differences in cultural background were negligible for this study. As Davis and Oleson concluded, it is agreeable that collegiate nursing students are much the same everywhere.<sup>91)</sup>

With the result of this study, this author would like to suggest further directions for research in the area of stressful clinical experiences in pediatrics of nursing students.

1. A study with a larger sample of students drawn from a wider selection and geographic location with baccalaureate programs varying in size, organization and philosophy.
2. A study to determine whether the student has expectation of stress prior to entering the pediatric situation.
3. It might also be useful to determine the relative personal factors which can influence stressful reactions in clinical learning activities.
4. A longitudinal study is needed to verify these findings.
5. An observational study to determine whether such stress is reflected in subsequent learning behavior.

## Bibliography

- Ainsworth, Mary and Bell Silvia, "Attachment, Exploration and Separation: Illustrated by Behavior of One-year Olds in a Strange Situation." *Child Development*, (March, 1970), pp. 49—67.
- Baer, Ruth F., "How Some Students Feel about Pediatric Nursing." *Nursing Outlook*, Vol. 3, No.2 (January, 1955), pp. 94—97.
- Berkowitz, Norman and Malone, Mary, "Inter-Professional Conflict." *Nursing Forum*, Vol. 7, (1968), pp. 50—71.
- Blake, Florence and Wright, Howell, *Essentials of Pediatric Nursing*, Philadelphia: J.B. Lippincott Co., 1963.
- Blos, Peter, *On Adolescence*. London: Free Press, Collier Macmillan Limited, 1962.
- Bright, Florence, "The Pediatric Nurse and Parental Anxiety." *Nursing Forum*. Vol. 4, No. 2, (1965), pp. 30—47.
- Bowlby, John. *Maternal Care and Mental Health*. New York: Schocken Books, 1967.
- Cahill, Imogene D., "The Teaching of Maternal and Child Nursing: Part Three: Faculty, Students, Society." *Nursing Outlook*. (March, 1962), pp. 186—188.
- \_\_\_\_\_, "The Teaching of Maternal-Child Nursing: Part One: What is Maternal-Child Health Nursing." *Nursing Outlook*. (January, 1962), pp. 38—41.
- Caplan, Hyman and Dimock, Hedley G., "The Student Nurse in a Pediatric Setting." *Canadian Nurse*. Vol. 52, No.12, (December, 1956), pp.959—962.
- Conroy, M. M., "The Role of the Teacher-Counselor." *Canadian Nurse*. Vol. 59, No. 4, (May, 1963), pp.435-437.

91) Fred Davis and V.L. Oleson, "Baccalaureate Students' Images of Nursing: A Follow-up Study", *Nursing Research*, (Spring 1966), Vol. 13, pp.151—158.

- Davis, Fred and V.L. Oleson, "Baccalaureate Students' Images of Nursing: A Follow-up Study." *Nursing Research*, (Spring 1966), Vol. 13, pp.151--158.
- Duncombe, Margaret, "Challenge of Change in the Pediatric Nursing Field." *Nursing Mirror*. (June 22, 1962), pp.225--226, 228.
- Duncombe, Margaret and Weller, B., *Pediatric Nursing*. London: Bailliere, Tindall and Cassell, 1969.
- Edge, David, ed. *The Formative Years*. New York: British Broadcasting Co., 1970.
- Erikson, Erik H., *Childhood and Society*. New York: W.W. Norton Co., Inc., 1963.
- \_\_\_\_\_, *Identity: Youth and Crisis*. New York: W.W. Norton Co., Inc., 1968.
- Erickson, Florence H., "Helping the Sick Child Maintain Behavioral Control." *Nursing Clinics of North America*. (December, 1967), pp.695--703.
- Fagin, Claire, "Pediatric Rooming-In: Its Meaning for the Nurse." *Nursing Clinics of North America*. (March, 1966), pp.83--93.
- Felton, Jean S., "Resolving Stresses of Affiliating Students." *Nursing Outlook*. Vol. 6, No. 1, (January, 1958), pp. 25--28.
- Fleming, C., *Adolescence: Its Social Psychology*. New York: International Universities Press, Inc., 1969.
- Fox, David and Diamond L.K., *Satisfying and Stressful Situations in Basic Programs in Nursing Education*. New York: Bureau of Publications of Columbia University Teachers' College, 1964.
- Gaynor, Mildred, "What is an Adolescent?" *Nursing Outlook*. Vol. 8, No. 9, (September, 1960), p. 481.
- Hennessey, Jean A., "A Study to Identify the problems Encountered by Students in Giving Injections to Children." Unpublished Master's Thesis, Boston University, School of Nursing, 1960.
- Holschow, Pamela, "Nursing in High Emotional Risk Area." *Nursing Forum*. Vol. 4, No. 4, (1965), pp. 40-45.
- Iafolla, Mary A., "Guidance in Nursing Education." *The Journal of Nursing Education*. Vol. 8, No. 1, (January, 1969), pp. 15-17, 20-21.
- Kerlinger, F.N., *Foundations of Behavioral Research*. New York: Holt, Rinehart and Winston, Inc., 1970.
- Kilgalen, Rose K., "A Time to Guide and A Time to Counsel." *Nursing Outlook*. Vol. 8, No. 6, (June, 1960), pp. 308-309.
- Langsam, Charles L., "Pediatric Seminars for Students." *Nursing Outlook*. Vol. 10, No. 7, (July, 1962).
- Levine, Sol and Scotch Norman A., *Social Stress*. Chicago: Aldine Publishing Co., 1970.
- Litwack, Lawrence; Sakata, Robert; and Wykle, May, *Counseling Evaluation and Student Development in Nursing Education*. Philadelphia: W.B. Sanders Co., 1972.
- Lore, Ann, "Adolescents: People, Not Problems." *The American Journal of Nursing*. Vol. 73, No. 7, (July, 1973) pp. 1232-1234.
- McGhee, Sr. Dolores, "The Mother-Complement Role of the Nurse in Family-Centered Child Care." *Hospital Process*. (April, 1969), pp. 94-97.
- McKim, Elizabeth J. and Barker, Frances M., "Identification of the Reactions of Student Nurses to Hospitalized Children." Unpublished Master's Thesis, Boston University, School of Nursing, 1965.
- Marlow, Dorothy. *Textbook of Pediatric Nursing*. Philadelphia: W.B. Saunders Co., 1973.
- Maturen, Mary, "Nursing Students' Relationships with Children." Unpublished Master's Thesis, Boston University, School of Nursing, 1964.
- Mechanic, David, *Students Under Stress*. New York: The Free Press of Glencoe, 1962.
- Mereness, Dorothy, "Meeting the Student's Emotional Needs." *The American Journal of Nursing*. Vol. 52, No. 3, (March, 1952), pp. 336-338.
- Mitchell, Howard E.; Mutch, J.M. Ada; and Wood, Howard P., "Nursing Students Look at Their Problems Across Three Years of Training." *Nursing Research*. Vol. 11, No. 1, (Winter, 1962), pp. 21-15.
- Murray B. Louise; McConnell, Nola K.; and Craypool, Janet M., "Implications of Learning: Persistent

- Aspects of Maternal-Child Nursing Situations." *The Journal of Nursing Education*. Vol. 2, No. 1, (February-March, 1963), pp. 5-9, 22-24.
- Mussen, Paul, Ed. *Carmichael's Manual of Child Psychology*. New York: John Wiley and Sons, Inc., 1970.
- Ogston, Donald G. and Ogston, Karen M., "Counseling Students in a Hospital School of Nursing." *Canadian Nurse*. Vol. 66, No. 4, (April, 1970), pp. 52-53.
- Quint, Jeanne, "The Hidden Hazards in Patient Assignments." *Nursing Outlook*. Vol. 13, (November 1965), pp. 50-54.
- Reynold, Helen, "Satisfactions, Dissatisfactions in Basic Collegiate Students of Nursing in Relation to Their Maternity Nursing." Unpublished Master's Thesis, Boston University, School of Nursing, 1956.
- Rheingold, Joseph, *The Fear of Being A Woman*. New York: Grune and Stratton, 1964.
- Rose, Patricia, "Using the Student Diary to Identify Stress-Satisfactions." *The American Journal of Nursing*. Vol. 62, No. 8, (August, 1962), pp. 94-96.
- Rosenberg, Pearl P. and Fuller, Myrtice. "Dynamic Analysis of the Student Nurse." *Group Psychotherapy*, Vol. 10, (March, 1957), pp. 22-36.
- Rudrick, Eleanor, "Nursing and the New Pediatrics." *Nursing Clinics of North America*. (March, 1966), pp. 75-81.
- Schoenber, Bernard, Ed. *Teaching Psychosocial Aspects of Patient Care*. New York: Columbia University Press, 1968.
- Scofield, Cheryl, "Parents in the Hospital." *Nursing Clinics of North America*. Vol. 4, No. 1, (March, 1969), pp. 59-57.
- Seidl, Frederick, "Pediatric Nursing Personnel and Parent Participation." *Nursing Research*, Vol. 18, No. 4, (January-February, 1969), pp. 40-44.
- Shaw, Ethelrine, "A Comparative Analysis of Attitudes of Student Nurses Toward Pediatric Nursing." Unpublished Master's Thesis, Boston University, School of Nursing, 1957.
- Simpson, Marjorie, "Satisfaction and Dissatisfaction of Student Life." *International Nursing Review*. Vol. 15, No. 4, 1968), pp. 329-338.
- Smart, Mollie S. and Smart Russell, *Children: Development and Relationships*. New York: McMillan Co., 1967.
- Smith, Christine and Dambacker, Betty, "Students Learn about Mothers from Mothers." *Nursing Outlook*. Vol. 9, No. 3, (March, 1961), pp. 147-149.
- Smith, Dorothy, "Let's Help our Students Learn and Grow." *Nusing Outlook*. Vol. 5, No. 1, (January, 1957), pp. 16-19.
- Stone, L. Joseph and Church, Joseph, *Childhood and Adolescence*. New York: Random House, 1969.
- Thomas, Betty J. "How Students Perceive Pediatric Nursing." *Nursing Outlook*. Vol. 18, No. 10, (October, 1970), pp. 44-46.
- Webb, Carolyn, "Communicating in Pediatrics." *The American Journal of Nursing*. Vol. 60, No. 2, (February, 1960), pp. 194-195.
- Yeaworth, Rosalee, "Students Attitudes Toward Maternal Role." *Nursing Outlook*. Vol. 15, No. 7, (July, 1967), pp. 37-40.

## 소아과 간호학 실습시에 느끼는 성년기 간호학생들의 긴장감에 대한 실험적 연구

보스톤대학 대학원 간호학과

오 가 실

<지도 : Dr. Janet Kennedy>

간호를 장래의 전문직으로 택하려고 공부하는 간호학생들은 완전한 성인으로서의 발달 과정중 후기 성년기에 속한다. 이시기는 자아를 발견하고 인간이 무엇을 믿으며 인간의 가치가 무엇인가를 추구하는 중요한 시기이다. 다시 말해서 어른과 어린이의 과도기에 서서 자신의 이상적 가치와 기성사회의 기존 가치를 잘 융화시켜 독립된 인간으로서 성숙하려는 노력의 시기이다. 그러므로 성년기의 갈등은 인생의 어느 시기보다도 그 정도가 심하게 나타난다.

간호학생들은 이상의 일반적인 성년기 발달의 요구 외에도 간호대학이라는 특수한 배움의 여건 때문에 좀 더 심각한 문제에 대두된다. 특히 소아과 간호학 실습 환경은 여러가지 복잡한 병실 사정으로 많은 긴장감을 주는 학습경험이다. 어린이의 간호에는 그들의 발달과정에 따른 다양한 역할이 요구된다. 또한 병원이라는 낯선 환경과 어머니를 떨어져야 하는 두려움으로 인한 어린이와 그 어린이의 분안과 두려움으로 인한 우울과 죄의식에 있는 어머니의 간호는 여러면에서 성년기 학생들에게 긴장감을 이르게 하는 요인이 된다.

본 연구의 문헌조사는 주로 미국 문헌에 나타난 간호대학생들의 성년기 성숙을 위한 발달의 요구와, 소아병실의 복잡한 여건으로 발생하는 긴장감을 다루고 있다. 문헌을 기초로 하여 저자는 긴장감을 주는 간호활동을 크게 다섯부분으로 묶었다. 1. 어린이 환자적 신체적 간호, 2. 어린이 환자나 부모와의 원만한 대화와 상호관계를 위한 간호활동 3. 소아병실에서 요구되는 다양한 간호원의 역할 4. 어린이나 부모의 간호에 대한 의뢰심 5. 간호의 가치나 이상적 간호.

연구방법으로는 49개의 폐쇄식 질문 항목을 가진 질문지를 사용하였다. 질문 항목들은 문헌연구에서 소아과 간호학 실습시 학생들이 긴장감을 느낀다고 밝혀진

내용들이다. 학생들은 자신의 경험을 “긴장감이 없었다.” “긴장감이 있었다.” “심한 긴장감이 있었다.” “실습중 경험이 없었다.”의 사항중 택일을 하게 되어있다.

연구대상으로는 모 대학교 간호대학 학생으로 산부인과 간호학 실습을 마친 후 소아과 간호학 실습 8주를 완료한 4학년 학생 42명이 있다.

자료분석의 결과는 대부분의 학생들에게 소아과 간호학 실습은 긴장감을 주는 경험이 있다고 나타났다. 다음은 연구결과 주목할만한 몇가지 사항들이다.

1. 어린이 환자의 신체적 간호는 성년기 학생들에게 긴장감을 주는 실습 경험이었다. 특별히 심하게 긴장감을 주었던 간호활동은 어린이환자의 상태가 중한 경우로 장기간 앓는 아이, 선천성 기형이 있는 아이, 회복이 불가능하여 죽게될 아이나 사망하는 경우의 어린이 간호였다. 이 결과는 간호학의 기본과정 즉, 기초간호학이나 내외과 간호학 실습만으로 소아과 간호학 실습을 위한 충분한 준비가 되지 못한다는 것을 뜻할 수도 있다. 한편, 문헌연구에서 밝힌바와 같이 어리고 연약해 보이는 어린이들의 신체조건이 학생들의 간호활동을 어렵게하는 경우도 될 수 있겠다.

2. 간호학생들의 어린이 환자와의 대화 원만한 인간관계에서의 긴장감은 이 연구결과로 평가나 재언이 힘들다. 조사결과에서 학생들은 주로 어린이의 상태가 좋지 않은 경우에 심한 긴장감을 가졌고 일반적인 간호의 경우에는 별로 긴장감이 없었다. 이것은 질병의 상태나 화제, 이야기 할때의 상황에 따라 긴장감의 여부가 달라질 수 있다는 결론이 되겠다.

3. 소아병실에서의 다양한 역할을 수행하는 것은 비교적 긴장감이 많이 생기는 간호활동으로 나타났다. 그러나 재미있는 사실은 학생들이 간호원으로서의 전문가적인 입장에서, 환자나 보호자를 가르칠때는 별로 문제가 없었으나 어린이 기르는 방법이나 어린이 이해면에서 좀 더 잘 안다고 생각되는 어머니가 지켜 볼때의

어린이 간호에는 긴장감을 가진다는 사실이다. 이것은 Jewett의 연구에서 밝힌바와는 상반되는 결과다. 그의 연구에서 학생들은 부모나 어머니들에 의해 전문가로서 인정받고 기대되는 경우가 제일 어려운 경험이 있다고 밝혔다.

4. 어린이 환자나 그들 부모의 간호에 대한 의뢰성은 학생들에게 심한 긴장감을 주는 경험이 있다. 특히 신체적 간호에 대해 의뢰하는 경우에는 더 심한 긴장감을 준다고 표현했다.

일반적으로 부모가 병실에 상주하는 경우에는 그들의 의뢰성이 심하며 이것은 학생들에게 감당하기 힘든 긴장과 어려움을 주게 된다. 왜냐하면 성년기의 학생들은 그들 자신이 먼저 타인에게서 이해받기를 원하며 또 관용을 베풀어 주기를 원하는데 그것을 남에게 주어야 하는 입장은 학생들을 긴장되게 하는 실습활동인 것이다.

5. 학생들은 그들이 배운 간호의 이상이나 가치가 실습에서의 여러 경우와 맞지 않는 것을 보았을 때 극심한 긴장감을 갖는다고 밝혔다. 의사나 병원 행정의 사실이 자신의 이상과 맞지 않는다는 것 보다는 간호원의 간호업무의 차이에서 더 비판적인 반응을 보였다. 대부분의 성년기 학생들은 그들의 이상적인 간호원상을 그들의 선배나 실무 간호원 중에서 찾으려는 시기에 그들의 간호활동이 이론과 다른 점이나 학생 자신의 소아과 간호의 가치와 다른 것을 보았을 때는 심한 반감과 긴장감을 갖게 된다. 이 문제는 어린사람이 윗 어른과 함께 동료의식을 갖고 일하기 어려운 한국적 사회구조 때문에 더 심하게 긴장감을 주는 경험인지도 모른다. 선배 간호원의 전문인으로서의 권위와 어린이 환자 보호자의 어른으로서의 권위 사이에서 자신의 이상과 가치의 추구는 용이하지 않으며 내적 갈등은 어쩔 수 없는 일 일 것이다.

6. 대부분 높은 백분율의 긴장 반응은 죽음이나 환자의 사망에 관련된 간호활동 항목에서 나타났다. 이 연구의 대상 학생들은 2, 3학년에서 죽음에 대한 강의를 들었지만 이 연구 결과에 의하면 충분한 학습 경험

이 주어졌것, 같지 않다. 어떠한 경우의 죽음이라도 어린이 환자나 그 보호자들의 심리를 잘 이해하고 반응을 잘 관찰해서 적절한 간호를 해 줄 수 있는 다양한 방법의 학습 경험이 필요하다고 보겠다.

7. 학생들의 긴장도가 어린이 간호에 더 심한가, 보호자 간호에 더 심한가를 알기 위한 비교 결과는 비교적 비슷한 정도로 나타났다.

8. 학생들의 소아과 간호학 실습시의 긴장도는 과거의 병실 실습기간의 장, 단이나 가정에서의 어린이 간호의 경험과는 별 연관성이 없었다. 연구의 대상자가 적기 때문에 단정을 하기는 힘이 들지만 소아과 간호학 실습이 다른 병실의 실습과는 분리되어서 완전히 다르게 다루어 적야만 하며 간호교육자들의 주의 깊은 관심과 노력이 필요한 실습교육이라 하겠다.

이상의 전반적인 고찰에 의하면 한국 성년기 간호학생들의 소아과 간호학 실습은 미국의 경우와 마찬가지로 긴장감을 주는 경험이다. 문화배경의 다른 점은 무시하고라도 Davis와 Oleson이 결론한 바와 같이 “간호대학생은 어디를 막론하고 다 같은 성격과 문제를 가지고 있다.”

앞으로 보다 효과적인 학생들의 소아과 간호학 실습을 위한 연구를 위해 다음의 몇가지를 본 연구의 결과를 가지고 제안한다.

1. 보다 여러지역에서 다양한 교육 방법을 가진 학교의 학생을 대상으로 한 연구의 필요성.
2. 학생들이 실습전 선입견이나 이미 들어서 생긴 긴장감의 개입 여부를 밝힐 수 있는 연구.
3. 학생 개인의 과거 경험이 긴장감 유발에 미치는 영향을 위한 연구
4. 이 연구의 결과를 입증할 수 있는 중단적 연구.
5. 이 연구에서 나타난 긴장감이 학습 행위에 미치는 영향을 알기 위한 관찰적 연구.

이연구를 위해 많은 도움을 주셨던 보스턴대학의 Dr. Kennedy 와 연세대학의 여러선생님께 심심한 감사드립니다