

The State Of Nurse Education: A Critical, yet Missing, Component

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For several decades now it has been clear in the literature that nurses experience some of the highest levels of job-related stress compared to other health professions [1]. This is also supported by the high rates of burnout also found within the profession [2,3]. More recently, researchers have taken on an exploration of the stress-levels of nursing students to explore the onset of these high-levels of stress to discern where this population starts to differ.

Research over the past decade has overwhelmingly demonstrated that stress-levels and stress related maladies are higher in nursing students than in the general student body [4-9]. In the studies that have supported this finding, several reasons for this disproportional amount of stress compared to the general student body have been offered in the realms of academic, clinical, and personal life stressors [10].

With the continual evidence being provided by the literature supporting nursing students as an at-risk population, it is mind boggling that stress-management and self-care courses are not a required component of nursing education.

In the early stages of managing what is seemingly an epidemic in undergraduate nursing preparation, a review of the literature found few long-term interventions being administered to this population. Most interventions have been of a short-term experimental/pilot nature or optional counseling/nurse coaching provided as service by faculty [11]. Aside from a few programs developed and advertised as holistic, there was scarce documented evidence of a stress management/ self-care course that is required by nursing programs as part of curriculum. The best bet found by the authors was an elective three-credit course called Caring for Self, offered to RN-BSN students at Florida Atlantic University. It might be expected that nursing students should be innately able to provide themselves with the same level of care that they devote to their patients, but clearly that is not the case as documented in the countless research studies supporting high-levels of nursing student stress [12].

While research is available documenting experimental studies with decent efficacy for stress-management/self-care intervention for practicing nurses, we must stop and ask the question- could we

have prevented them from getting to the point where they have been exposed to years of job stress, health problems, and verging burnout had we just taught them more comprehensively in their education? An additional component of the problem is not only that stress management/self-care is not taught, but in fact they are not valued and are indeed contraindicated in the health care culture. Coupled with minimal movement toward curricular change, there is minimal, if any, movement toward cultural change. Nursing has long been characterized as altruistic with admonitions that “patients always come first”. Self-sacrifice is valued over self-care either overtly or covertly in the current culture of nursing. In addition, workload issues with expectations of “do more with less” negate efforts toward self-care.

As educators, we must acknowledge this shortcoming in the education we are providing to future nurses and address the discrepancy of teaching them to comprehensively provide care for others while not only failing to teach nurses to provide care for themselves but also not consistently demonstrating that value in how we conduct classes and communicate course expectations. Every study corroborating the evidence of high-levels of nursing student stress suggests better teaching of coping skills in the ‘future suggestions’ section of the article, yet why are nursing programs not connecting the research to their curriculums and implementing these as mandatory? In nursing education and the nursing profession, we must move to put a fence on the cliff instead of an ambulance in the valley.

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