Nursing Student Anxiety as a Context for Teaching/Learning

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Experiential learning in nursing programs includes role-play, simulation, and live clinical experiences. Anxiety levels can heighten during experiential learning as students attempt to gain psychomotor skills and transfer knowledge into critical thinking. Nursing students may experience anxiety that can interfere with learning and critical thinking. However, the presence of student anxiety can be used to initiate a purposeful caring transaction between nursing faculty and student. The caring transaction is a way for faculty to model both caring and presence, create experiential learning of caring by students, and lead students to initiate self-care interventions to manage anxiety through the nursing program and beyond. Multiple learning outcomes can be achieved as the students integrate faculty-modeled concepts of caring and presence into simulated or real clinical situations, reduce or manage their anxiety, and improve their clinical judgment and critical thinking skills.

Keywords: *nursing student anxiety; experiential learning; human caring theory; mindfulness; reflection; self-care; faculty presence*

Experiential learning is used in nursing programs because it improves psychomotor skills, provides situations for application of knowledge, and stimulates higher orders of thinking. Simulation and role-play experiences that are integrated throughout the nursing program are effective in giving students the opportunity to take didactic content and apply it in a safe environment (Alfes, 2011; Huerta-Wong & Schoech, 2010; Kesten, 2011; Shreeve, 2008; Sinclair & Ferguson, 2009). A systematic review of quantitative studies by Cant and Cooper (2010) identified simulation as a valid learning strategy producing increased student satisfaction as well as empowerment and improved self-efficacy in students.

Experiential learning often requires acquisition and use of complex psychomotor skills that, in turn, create student anxiety (Bell, 1991; McNiesh, 2011; Nelson & Blenkin, 2007). In clinical learning environments, task performance is negatively affected if student anxiety is not identified and addressed (Moscaritolo, 2009). Bremner, Aduddell, and Amason (2008) used the State-Trait Anxiety Inventory to measure first-year nursing students' anxiety and the use of simulation. First-time users of simulation appeared to experience heightened anxiety as compared with senior nursing students who had previous encounters with simulation. The purpose of measuring and identifying anxiety in nursing students is to identify potential barriers to learning and the application of critical thinking (Gore, Hunt, Parker, & Raines, 2010; McNiesh, 2011).

Another factor influencing nursing students' anxiety is the student perceptions of teaching behaviors. Cook (2005) found that students had lower anxiety levels when they perceived nursing faculty as having inviting teaching behaviors. Inviting teaching behaviors included faculty having respect for the students, having friendly and trusting attitudes, and verbalizing enjoyment with students during clinical assignments. Higher anxiety levels were reported when students felt nursing faculty were impolite, were difficult to speak to, and displayed an attitude of mistrust (Cook, 2005). Nursing students may experience anxiety when they are intimidated by faculty members. The intimidation stems from the students' realization that faculty members have vast

experience in nursing and nursing research (Cook, 2005; Englert, 2010; Ulloth, 2003).

Heightened nursing student anxiety affects learning outcomes and critical-thinking skills. Effectively increasing critical thinking may require new teaching strategies by nursing faculty (Benner, Sutphen, Leonard, & Day, 2010). Nursing faculty may be able to lessen the impact of anxiety on student learning by establishing a caring transaction based on Jean Watson's theory of transpersonal caring. This caring transaction assists faculty with identifying and reducing student anxiety as well as empowering students through faculty-taught self-care interventions to manage or eliminate anxiety (Watson, 1985). The purpose of this article is to examine the potential of faculty-initiated caring transactions, student experiential learning of caring and presence, and self-care interventions to reduce anxiety for the purpose of enhancing learning outcomes and critical-thinking skills.

Assessment and Evaluation of Student Anxiety

Heightened nursing student anxiety can impede learning, decrease student ability to apply knowledge, and interfere with critical thinking (Bell, 1991; Bremner et al., 2008; Moscaritolo, 2009). Anxiety also inhibits students' ability to engage in human-to-human caring. The nursing student needs to learn how to assess, select, and apply the appropriate intervention to reduce or alleviate anxiety (Moscaritolo, 2009).

Currently, the State-Trait Anxiety Inventory is used as the standard quantitative measure for student anxiety (Bremner et al., 2008; Gore et al., 2010; McNiesh, 2011). Students who score as having moderate to high anxiety may need to discuss possible causes and develop strategies to reduce anxiety. Other forms of assessment and evaluation can be used, such as reflective journals, guided reflection, and one-on-one clinical conferences (Asselin, 2011; Beggs, Shields, & Janiszewski Goodin, 2011; Harrison & Fopma-Loy, 2010). Using a variety of assessment instruments may yield further information on the specific triggers inducing anxiety for nursing students.

The Faculty–Student Caring Transaction

Jean Watson's theory of transpersonal caring is the theoretical framework for the faculty-student caring transaction. According to Watson (2012), the concept of caring is a central focus of nursing. Whether it is at the patient bedside or with students in simulation, Watson believes the goal of nursing is to promote human dignity and to respond to the human being as it manifests itself. Student anxiety is a type of being. The caring transaction between a faculty member and student is a dialogue that allows the faculty member to protect and affirm the dignity of the student, assist the student to find meaning in the anxiety, and enhance learning outcomes (Meleis, 2007; Wade & Kasper, 2006; Watson, 2012). A caring transaction is based on faculty–student interactions that are relational and reciprocal and built on trust, sharing, and respect (Wade & Kasper, 2006).

Nursing student anxiety becomes a teaching/learning opportunity for nursing faculty and students when anxiety interferes with learning outcomes and inhibits higher orders of thinking. On identifying students experiencing anxiety before, during, or after an experiential learning situation, nursing faculty may find it appropriate to initiate a caring transaction with specific students. Nursing faculty and students naturally enter into relationships because of the amount of time they spend together in the classroom, clinical assignments, and faculty advising (Cook, 2005). Although paying attention is one form of faculty–student interaction, it is considered a superficial form of presence and not a complete caring interaction. The caring transaction requires faculty interaction with students that encompasses authentic interest manifested as meaningful presence. When students sense meaningful presence by faculty, a bond of trust can form. The potential result for faculty is access to students' internal dialogue and its effect on critical-thinking skills (Zorn, 2010). The caring transaction is a vehicle for faculty to engage in meaningful presence and dialogue with students to promote critical thinking.

As the caring transaction progresses and trust is established, teachable moments arise. During teachable moments, the nursing faculty member and student can discuss the potential contributing factors causing anxiety. The faculty member can guide the student to self-care interventions in order to reduce anxiety during experiential learning. The final outcome of the caring transaction is to transform the nursing student. The student will be able to reduce or manage anxiety, achieve learning outcomes and think critically, and become a novice nurse engaging in human-to-human caring (Meleis, 2007; Wade & Kasper, 2006; Watson, 2012). It is

important to note that nursing faculty may naturally engage in caring relationships with nursing students but may not recognize the experiential learning potential within such relationships (Wade & Kasper, 2006; Watson, 2012).

Wade and Kasper (2006) found a significant amount of qualitative evidence to support the notion that modeling of caring by faculty promotes caring in nursing students. This evidence was used to develop an instrument called the Nursing Students' Perceptions of Instructor Caring. The instrument was created to measure students' caring abilities after the establishment of nursing faculty–student caring relationships and is based on Watson's theory of human caring (Wade & Kasper, 2006).

Within Watson's theory of human caring are the "Ten Caritas Processes." Three of the clinical caritas are significant to nursing education: development of relationship, the use of problem solving to facilitate decision making, and the promotion of interpersonal teaching/learning (Watson, 1985, 2007, 2012). These clinical caritas generally occur in the course of nursing faculty and student interactions and create the potential for further teachable moments within the caring transaction (Sitzman, 2007).

The teachable moments occur when the faculty member models caring and presence and reflects the true feelings of the anxious student. In turn, the student integrates the experience of caring into his or her being. Each student encounter with faculty-modeled caring and presence has the potential to strengthen the caring ability of the student. The nursing student gains experiences of caring and presence and, in the future, may be able to reflect caring and presence during simulation and clinical experiences (Bell, 1991; Gore et al., 2010).

Self-Care: Enhancing Learning Outcomes and Critical Thinking

Once the caring transaction between nursing faculty and student is established, the next step is to introduce the concept of self-care. Nursing students require direction on how to reduce or alleviate anxiety. Although students may engage in holistic, anxiety-reducing interventions outside of the classroom, it should neither be assumed that students are aware of the anxiety-reducing affect nor should it be assumed that students are able to assess their own anxiety levels (Moscaritolo, 2009).

The concept of self-care should be introduced to all students early in the nursing curriculum and sustained throughout the nursing program. The purpose of establishing a desire for self-care in nursing students is threefold. First, initiating anxiety-reducing interventions with a subsequent reduction in anxiety will increase students' learning potential and presence during simulated or live clinical situations (Moscaritolo, 2009). Second, nurse graduates benefit from the practice of self-care as it may reduce the effect of burnout or job dissatisfaction as they move further into their nursing career (Galbraith & Brown, 2011). Third, novice nurses who control work-related anxiety or stress are able to be fully present for their patients and the nurse–patient caring transaction is thus effective (Cuneo et al., 2011; McDaniel, Silver, Cormier, & Moran, 2011).

There are several holistic strategies for reducing nursing student anxiety, including therapeutic or healing touch, mindfulness, comeditation, autogenic training, reiki, and imagery (Cuneo et al., 2011; Kanji, White, & Ernst, 2006; Krejci, 1997; Malinski & Todaro-Franceschi, 2011; Stephens, 1992; Tang, Tegeler, Larrimore, Cowgill, & Kemper, 2010). Mindfulness is an appealing anxiety-reducing intervention as it is cross-cultural and is inherent in many spiritual belief systems. Reflection or guided reflection is another self-care intervention useful for students to reduce anxiety.

Mindfulness is an intervention used to decrease anxiety and consists of scanning the body, breathing, meditation, walking, and self-reflection. Mindfulness meditation was used by nursing students in Korea and found to be effective in decreasing anxiety (Kang, Choi, & Ryu, 2009). Another form of mindfulness is deep breathing meditation. Deep breathing meditation involves having a quiet environment, focused deep diaphragmatic breathing, being in a relaxed position, and an open attitude. The purpose of deep breathing meditation is to calm the physiological response of the body when anxiety begins. Students who perceive they are experiencing anxiety or about to enter an anxiety-inducing learning experience can self-initiate deep breathing meditation (Paul, Elam, & Verhulst, 2007). The benefit of mindfulness is the ability to remain present or to return to being present in the situation that is causing anxiety (Moscaritolo, 2009). For example, nursing students may try mindfulness to control negative thoughts before or during testing situations allowing them to be fully present and focused within the moment, question by question. Deep breathing

meditation may be helpful to students prior to beginning simulation learning for the purpose of creating a mental and physical calm. The managing of or elimination of anxiety also reduces self-doubt optimizing students' full mental and physical presence during simulation (Paul et al., 2007).

Autogenic training, a type of mindfulness, has the potential to reduce anxiety in nursing students. Autogenic training is a psychophysiological relaxation technique and requires passive concentration to induce a calming effect on the mind and body. The technique begins with whole body muscular relaxation. Once relaxation is achieved, concentration moves to a feeling of whole body warmth and a passive focus on a calm heart rate, and slow, rhythmic breath. The technique ends with a sense of warmth in the abdomen and coolness of the head (Kanji et al., 2006). As with mindfulness, the purpose is to control anxiety and the physiological responses that decrease critical-thinking abilities. Autogenic training may be useful as an ongoing daily practice for students who have high anxiety with test taking or in clinical situations.

Another self-care intervention for students is reflection. Reflection provides nursing faculty with an opportunity to assess and evaluate clinical judgment (Lasater & Nielsen, 2009). Reflection provides nursing students with the ability to examine an experience, find meaning in the experience, and become aware of their holistic self. Reflection is mindfulness of self and a state of being present. The outcome of reflection is for students to move to a state of effectiveness, satisfaction, and empowerment (Johns, 2010). The use of reflection as a teaching strategy not only assists students to linking nursing knowledge to the clinical experience but also has the potential to create an emotional intelligence and competence. Faculty members act as facilitators or guides to help students use the reflections to reach a level of transformative thinking. Through reflection, students recognize that their ability to think critically can be beneficially or adversely affected by anxiety. Reflection provides the students with awareness and an opportunity to transfer their current perceptions and emotions about a clinical situation or task (Asselin, 2011; Harrison & Fopma-Loy, 2010).

Guided reflection is effective in reducing nursing student anxiety while developing a trust relationship between nursing faculty and students (Beggs et al., 2011; Epp, 2008).Three important components of guided reflection include the use of active listening, clarifying, and understanding by nursing faculty (Beggs et al., 2011). During guided reflection, faculty can model caring and meaningful presence, create open dialogue, and build trust. Students may gain insights through reflection as to the causes of their anxiety. Teachable moments occur within the caring transaction as nursing faculty use guided reflection with students to promote confidence, improve student use of critical thinking, and affirm being over doing. Faculty guidance can take the form of helping students identify intellectual and emotional strengths as observed in clinical assignments and simulation experiences. Nursing faculty may suggest areas of improvement to build student confidence while in patient care situations.

Faculty-modeled caring and presence coupled with faculty-taught self-care interventions such as mindfulness and reflection have the potential to positively influence learning outcomes and enhance critical thinking. Teaching/learning occurs within the caring transaction when both faculty and student are equally committed to the goals of the transaction. The goals of the caring transaction for the student should include reducing anxiety, gaining a sense of true self, developing caring ability, and establishing a desire for self-care. Self-care interventions such as mindfulness and reflection further assist the student in reducing anxiety, increasing presence during experiential learning, and maximizing critical-thinking skills.

Conclusion

Nursing students will experience anxiety throughout the nursing program to varying degrees. Experiential learning increases nursing student anxiety, resulting in a decrease in student ability to think critically. Identifying and reducing nursing student anxiety for the purpose of increasing learning outcomes and critical thinking should be incorporated into the nursing curriculum. Creating and establishing a faculty-initiated caring transaction coupled with faculty-taught self-care interventions have the potential to reduce student anxiety while enhancing learning outcomes and critical thinking. The caring transaction is a vehicle for nursing faculty to assist students to find meaning in the anxiety and guide students to engage in self-care using the practice of mindfulness and reflection. The interventions of mindfulness and reflection may help students identify

and manage contributing factors to their anxiety. Nursing faculty act as guides by promoting student dignity, affirming student being over doing, and modeling caring and presence. Successfully achieving the outcome of decreasing anxiety to enhance critical thinking will be dependent on the students' participation in the caring transaction and the integration of mindfulness and guided reflection to decrease anxiety.

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