

Conference Paper

Relationship between Student's Anxiety Level and the Grade Achievement of Medical Surgical Nursing Clinical Practice

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Abstract

Clinical practice learning is the main factor that supports teaching and learning process in nursing education to produce quality graduates who are competent in their fields. One of the inhibiting factors for achieving student's competence is anxiety before and during clinical practice. The aim of this study was to find out the characteristics of respondents, student anxiety levels, grade of clinical practice and the relationship between students' anxiety level and the grade achievement of Medical Surgical Nursing clinical practice. Cross sectional research design was utilized to conduct this study on 101 total sample of diploma nursing students from school of health science Panti Rapih. Technique using the HARS questionnaires, and analyze used Spearman's. The study was conducted in Dec 2018-Feb 2019. Result showed that more than half (86.1%) of respondents were female, and aged 19 years old. Student anxiety levels were 19.8% not anxiety, 24.8% mild anxiety, 32.7% moderate anxiety, 20.8% severe anxiety and 2% very severe anxiety. The grade rate for clinical nursing practice is 96.03%. Analysis of data Spearman's rho showed negative significant relationship between the level of anxiety and the grade achievement of the clinical practice clarity with $p = 0,345$ (0.50). Conclusion that there is no relationship between the level of anxiety and the grade achievement on medical surgical clinical practice. Suggestions before the clinical practice were held sharing from sister level about practical experience and clinical practice overview, and given overview of clinical setting using video.

Keywords: anxiety, clinical practice, HARS

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1. Introduction

The learning process in the Nursing Diploma III study program is divided into theoretical, laboratory and clinical learning. Theoretical learning is carried out in college which aim to increase knowledge about nursing. Laboratory learning places more emphasis on students' ability to perform skills based on their knowledge. Finally, in clinical learning, students are expected to be able to apply the knowledge and skills they have learned to the direct service setting, interact directly with patients and develop critical thinking

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skills [1]. The learning process in clinical practice is a core process in the education of health workers, therefore the existence of graduate standards competency is absolute and strategic in nature [2]. Clinical learning is the main factor that supports teaching and learning in nursing diploma education to produce quality graduates who are competent in their fields, this is in accordance with the opinion [3] that clinical learning is one way to improve the professional competence of nursing students. Moscaritolo [4] mentioned that one of the factors inhibiting the achievement of student competencies was anxiety.

Many instruments are used to measure the level of anxiety, one of which is HARS (Halmington Anxiety Rating Scale). This instrument measures the level of anxiety with a thirteen approach to symptoms and one anxiety behavior using the 0-4 Likert scale. The level of anxiety can be divided into 5, namely: no anxiety, mild anxiety, moderate anxiety, severe anxiety, very severe anxiety/panic.

This anxiety occurs when students interact directly with patients for the first time. This first interaction experience is experienced by the third semester students of Nursing Diploma III STIKes Panti Rapih in surgical medical nursing practice I. This clinical learning has objective to achieve the competence of surgical medical nursing in respiratory, integument, digestive, endocrine and urinary systems. Based on the results of research conducted by Syahreni and Waluyanti [5] stated that students experience feelings of frustration, fatigue, helplessness in dealing with the service situation directly during clinical learning. Most students do not already have an idea of reality to be faced when learning clinics. Lack of explanation about the reality in the practice making students unprepared to deal with patients, perform maintenance procedures and the difference between theory and practice. This lack of understanding causes students to become anxious and withdraw. So it is very important for the supervisor to know student anxiety before clinical learning as a basis for determining the clinical preparation steps, improve the quality of guidance in the clinic, improve mentoring and communication between supervisors and students. High anxiety will affect the success of students in clinical learning [4]. The same opinion was stated by Gamble [6] which says that the impact of anxiety on learning is a decrease in attention and concentration, disruption of social interaction or communication disorders. Akbar, et al [7] find another fact that there is a very significant relationship between the level of anxiety with student academic achievement. In contrast to Widowati [2] find the fact that there is no significant relationship between the level of anxiety with student learning achievement. Ramezani [8] research findings that there is no significant relationship between anxiety scores with academic scores of students. The differences in the results of this study need

to be addressed wisely, and scientifically proven in different situations and conditions. So that it can be used appropriately in educational institutions.

2. Methods

This study was a quantitative study with a cross sectional approach to determine the relationship of the level of anxiety of students to the rate of students who passed the exam of clinical learning in medical surgical nursing. The population of this study was all students in the third semester who underwent clinical learning in medical surgical nursing in 2018, with a total participants was 101 students, where we used a total sampling technique. Research Instruments uses HARS (*Halmington Anxiety Rating Scale*). Place and time of research site at STIKes Panti Rapih, December 1, 2018 to February 1, 2019. Data collection procedure in this researched, data was collected 2 days before the implementation of clinical practice in surgical medical nursing. Data analysis using Spearman's.

3. Results

This study aimed to determine the relationship of anxiety levels with the score exam results of clinical practice in surgical medical nursing course. Data was collected from second year students, 1 week before clinical practice learning. This clinical practice was their first experience, which aimed to apply the knowledge they have gained in college to the real service setting of patients and families. There were 106 second year diploma students, all of them were given HARS instruments, but 5 students were excluded due to incomplete entries. Samples was chosen by total sampling technique.

Medical surgical nursing practice was performed by students for 4 weeks in internal medicine ward, surgery ward, outpatient clinics and hemodialysis ward.

The results are as follows:

The demographic characteristics of respondents showed more than half of respondents (54.5%) were 19 years old and most of them (86.1%) were female.

Based on Table 1, there are 2% of respondents who experience very severe anxiety and 20.8% of severe anxiety. The highest percentage of values was 87, with the lowest value 0 and the highest 92.

TABLE 1: The level of student anxiety efore clinical learning (n= 101).

Anxiety level	Frequency	Percentage
Not Anxiety	20	19.8
Mild	25	24.8
Moderate	33	32.7
Severe anxiety	21	20.8
very severe anxiety	2	2.0
Total	101	100

Source: primary data, 2018

TABLE 2: Average Obtaining Values of clinical practice in surgical medical nursing.

Mean	82,11
Standard Deviation	12,94

Based on Table 2, the average value 82.11 with a standard deviation $\pm 12,941$. Effect of Anxiety Level on the exam score of clinical practice, Because of the data was not normally distributed, then the test used was Spearman correlation test.

TABLE 3: Spearman correlation test results.

			Anxiety level	Graduation level
Spearman's rho	Anxiety level	Correlation Coefficient	1.000	-.106
		Sig. (2-tailed)	.	.346
	Graduation level	Correlation Coefficient	-.106	1.000
		Sig. (2-tailed)	.346	.

Source: primary data, 2018

Based on Table 3, there was no significant relationship between the level of anxiety with the rate of passed the exam of clinical learning medical surgical nursing practice with $p= 0.346 (> 0.05)$.

4. Discussion

The results of this study indicated that more than half of the second year in third semester students who underwent clinical practice in surgical medical nursing were females (87; 86.1%). Female students are almost three times more likely to experience anxiety than male. Females are sensitive to emotions so they are prone to anxiety compared to male. In addition, one of the reasons for new second year in third semester students because it was their first time practicing in real clinical setting. Lack of knowledge and lack of experience undergoing clinical practice was also one of the causes of

anxiety. The data collection of anxiety level was performed at the time of the explanation before the clinical orientation, forms of anxiety from mild to severe associated with the new environment because they will practice in hospitals owned by the Panti Rapih Foundation that is Panti Rapih Hospital, Panti Nugroho Hospital, Panti Rini Hospital, Elisabeth Ganjuran Hospital, Panti Rahayu Kelor Hospital, Harjo Lukito Hospital, Ludiro Husodo Hospital. Each student experiences a rotation practice at least in two to three hospitals, causing anxiety for students. More than half of respondents aged 19 years (54.5%), 19 years old is mature enough to adapt and make decisions as desired.

The results of study using HARS showed that 24.8% of students experienced mild anxiety before they practice, meaning that they are still in a good stage because at the stage of mild anxiety students will be motivated, it is likely that this is experienced by students who get rotated practice in their hospitals get to know. However, 32.7% of students experience moderate anxiety, which according to Stuart [9] at the stage of moderate anxiety they experience a narrowed perception but can still listen to directions.

Similarly, 20.8% of the students suffered severe anxiety and 2% experienced severe anxiety. At that stage students only focus on details, are less able to think of others, according to Stuart [9] factors that influence people to severe anxiety due to psychological factors, this anxiety caused by perceptions of their own abilities. The impact of these anxiety levels significantly decreased the field of perception. Other research conducted by Iswanti, et al [10] said that there is a relationship between the clinical practice environment with anxiety. The image of students about clinical situations that have never been seen or experienced is a supporting factor for anxiety. This is supported by Asni [11] which says that the factors that support the emergence of anxiety one of which is knowledge. Sufficient knowledge, especially about the location and shadow images about clinical practice, can trigger anxiety for students. In this case the onset of anxiety in students occurring early before entering hospital is a lack of understanding of the location and practice situation description.

The results of statistical tests using Spearman's rho indicated that there was no significant relationship between the level of anxiety with the rate of passed the exam of clinical learning in surgical nursing practice with $p = 0.346 (> 0.05)$. This shows that even at the beginning before entering the practice field (hospital) students have felt anxiety ranging from mild, moderate, severe and very severe, but the all of them had passed and no one was remedy.

There are two students who get a score of 0, because they do not carry out the practice process until it is finished. The results of the study by Choi, et al [12] said that the factors that influence student nurses' anxiety before entering the clinic are

pleasure in the subject, their satisfaction when practicing in class, guidance on how to deal with anxiety. Different research conducted in Iran by Joolaei et al [13] say that humanistic behavior such as appreciative communication, acceptance of students in clinics, increasing student confidence, accepting professions truly being the support of student practice. Under these conditions students are not focused on fear that causes anxiety in practice that affects the acquisition of grades. Other factors that support the acquisition of good grades even though previously preceded by stress, because there are varied assessment items in surgical medical nursing clinical practice such as case presentations, taking care of obedience, and attitudes that also determine student graduation. In contrast to research conducted by Untari [14] that the lower the anxiety level of success in the exam OSCA 1 the lower the student Muhammadiyah AKPER. On the contrary, the lower anxiety level the success of OSCA 1 is better as a result. Another study conducted by Papastavrou et al [3] that one of the things that supports the success of students when practicing clinics is a special mentor who guides them seriously, so they know the environment well. This makes it possible for the students of STIKes Panti Rapih although initially experiencing mild to severe stress, in the end result they get good grades, with the highest score at 85. It is possible that those that support success in the clinic include assessing the achievement of skills with high weights.

5. Conclusion

Grade achievement on clinical practice has no relevance with the level of student anxiety before practice. Many factors affect the score achievement, among others, because the assessment factors are quite varied such as the ability of the practice to get a higher percentage than the exam or attitude assessment. Research also supports that a supportive and patient guide figure is also one of the things that reduces stress levels during practice. This research suggested that institution more pay attention for students who first time doing their clinical, it better before the clinical practice were held sharing from sister level about practical experience and clinical practice overview, and given overview of clinical setting using video.

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