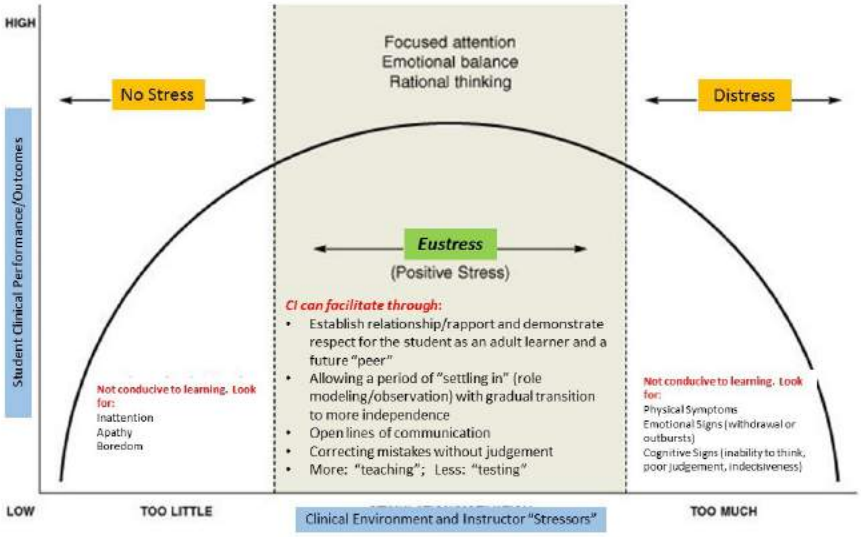
Eustress or Distress: Creating the right atmosphere for learning

Clinical experiences are inherently stressful. And while a certain amount of stress or "eustress" is necessary and beneficial for motivation, attention and learning, excess stress or "distress" negatively impacts student's mental/physical health, self-efficacy, learning, persistence and academic success. Understanding the nature and causes of students' stress is a prerequisite to creating *supportive learning environments* ideal for students during clinical experiences. This article will focus on the common stressors in the clinical environment and strategies for mitigating stress to enhance opportunities for student success.

Lazarus and Folkman were the first to define stress as a "particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing." A stressor, therefore, is something perceived by the student as either challenging (positive stressor) or threatening/harmful (negative stressor) and a stressful event is one in which the student lacks personal resources or a coping capacity to deal with the stressor. Furthermore, researchers have consistently identified an inverse relationship between distress and learning; that is, as distress increases, learning decreases.



Stress amongst clinical students can have a variety of sources (academic, clinical, personal). Commonly reported stressors cited by students related to the ***clinical environment*** include:

- new/unfamiliar clinical environment (just being in a "new place" is a stressor)
- poor orientation to the new environment (student has to figure out on own how to find places/items, processes, etc.)
- complex or unpredictable patient care situations (especially those in which the student feels their acts or omissions may cause harm to the patient)
- clinical environment in which there is discourse amongst the staff or departments (the atmosphere is tense)
- fast-paced environment/ heavy case-load
- facility and/or staff not overly welcoming (stringent student parking rules, student dress code different than staff, student not allowed to use particular equipment/spaces, no formal introduction to staff members, student not included in group activities, support staff resistant to working with student)

Commonly reported stressors cited by students related to the ***clinical instructor*** include:

- clinical instructor's expectations unclear (no early conversations or planning regarding the plan for student performance and progression)
- perceived adversarial relationship (student feels instructor is "out to get me", looking for student failures vs successes)
- limited availability of clinical instructor (minimal time with instructor to get feedback, ask questions)
- over-supervision (hovering/watching like a hawk) or under-supervision (thrown to the wolves)
- instructor incivility (perceptions of instructor as being aloof, intimidating, demeaning, arrogant, unfriendly, or unfair)

Commonly reported stressors cited by students related to the ***personal issues*** include:

- managing personal, academic and clinical priorities (balancing clinical rotation, studying, parenting, etc. especially when there is a "crisis" in one of those areas)
- lack of self-confidence/ fear of failure
- history of poor coping strategies or weakness in interpersonal skill
- health or medical issues
- financial stress

Strategies for creating a clinical learning atmosphere that facilitates "eustress" while minimizing any "distress" can include:

- Early and thorough ***orientation*** to the facility and the expectations for student performance and progression. Ideally this orientation would begin before the student even arrives for the first day. An email/letter/phone call prior to day 1 can reduce some of the "unknowns" and lower student stress
- Expect and "be ok" with ***students making mistakes.*** Try to see and present to the student that mistakes are a learning opportunity not something that can be completely avoided or that should be feared
- Provide the student with a "***mentor***" (other student, other staff members). A mentor gives suggestions and guidance without judgement and is typically seen as less threatening than a "teacher"/CI.
- When possible, de-emphasize your role as an "evaluator" and focus more on the role of "***teacher***"
- When giving constructive critique, "sandwich" the observation in between statements of ***positive reinforcement*** ("You're doing great with recognizing the safety issues in the patient's room.. I'd like to see you spend more time talking to the patient and putting them at ease before jumping into treatment, though. I think you recognized that this would be helpful and I'm sure it will become more natural with practice."
- Make sure feedback is related to a ***specific, observable behavior*** and won't be perceived as a critique of the student's personality or character ("I've noticed that when you communicate with the technicians you often tell them what to do instead of asking them for assistance. I'd like to see you work on phrasing those requests differently so that you develop good relationships with support staff" is much better feedback than "I've noticed you're rude to the technicians"

Clinical instructors face the challenging task of teaching and facilitating learning in environments that are inherently complex, highly demanding, and unpredictable. Stress in this world can't and shouldn't be completely avoided, but the clinical instructor can strive to understand the sources of stress, the impact of stress on learning/student performance, and then implement appropriate strategies for making the clinical environment conducive to success.

Article written by Kim Cox, based in part on information from "Transforming nursing education: a review of stressors and strategies that support students' professional socialization" - Advances in Medical Education and Practice 2011