

The Role of Stress and Self-Care in Nursing Students

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## STRESS AND SELF-CARE IN NURSING STUDENTS

### **Abstract**

Self-care is defined as choosing good behaviors to counter physical and emotional stress. The demanding nature of nursing leads to a self-care deficit, which inhibits how effectively nurses can provide patient care. Nursing education programs focus very heavily on academic achievement and skill attainment, while education on self-care is often not provided. Plans developed to evaluate and manage stress can provide insight into and help for the problems that nurses encounter. It is very important that students are helped to realize what their stressors are and appropriate ways in which to cope with them. By teaching students to recognize stress and develop effective coping mechanisms, we can help them potentially for the rest of their careers.

## STRESS AND SELF-CARE IN NURSING STUDENTS

### Introduction

Nursing students are extensively taught how to prevent, recognize, and treat illnesses in others, but seldom educated on how to appropriately care for themselves (Chow & Kalischuk, 2008). Nursing students experience stressors that differ from students in other disciplines due to the nature of the programs and the profession. Clinical experience was identified to be a cause of stress. Students reported that lack of adequate support in the clinical setting and shortage of timely feedback regarding clinical skillsets contributed to both stress and anxiety levels.

Relationships with faculty and staff and academic concerns were also identified as stressors to nursing students (Timmins & Kalischer, 2002). Students also reported that what was taught in the classroom and in theory differed from what is seen in the clinical setting, identifying this as a source of stress (Patterson, 2013). This cause for stress is one that is potentially exclusive to nursing. Contemporary nursing programs also come with increased levels of pressure due to their competitive nature (Timmins, Corroon, Byrne, & Mooney, 2011). At The College at Brockport, nursing students are forced to compete against other students to earn a place in the program. There are far more applicants than there are spots available. This places pressure on students to achieve a very high grade point average (GPA) or change their career path.

High levels of stress in nursing students is an issue that must be addressed. Beck and Srivastava (1991) found that students experiencing high levels of stress were more likely to develop a physical or mental illness. The stress levels experienced by nursing students have been found to be higher than female medical students, students in non-nursing healthcare students, or the general female population (Babar, et. al, 2002). Students with inadequate coping mechanisms for their high levels of stress often do not have adequate self-care behaviors and can develop unhealthy patterns such as disordered sleeping, alcohol use, or disordered eating.

## STRESS AND SELF-CARE IN NURSING STUDENTS

Although these issues can occur in all college students, some factors specific to nursing programs can cause nursing students to be at increased risk for these or for the problems to be exacerbated.

Issues with stress, self-care, and burnout are widely studied in nurses, but much more infrequently in nursing students. Beck and Srivastava (1991) also identified that behaviors developed in years of professional education can transcend into the years of professional practice. Learning about specific causes of stressors in nursing students, educating them on their existence, and teaching successful coping behaviors during school has the potential to improve the lives on nursing students in college and throughout their careers.

### **Issues in Nursing Students**

#### **Self-Care Deficit**

Factors impacting one's health, their ability to care for themselves, and the behaviors that they choose to care for themselves all impact an individual's well-being. Dorothy Orem's Self-Care Deficit Nursing Theory explains the interaction of these factors. Self-care is the care that an individual needs to meet their requirements necessary to maintain physical and emotional health. The ability of a person to recognize their needs and perform appropriate interventions to meet their self-care requirements is their self-care agency (Orem, 2001). If someone does not have an adequate self-care agency to recognize their need and properly meet their self-care requirements, they will experience a self-care deficit. The theory emphasizes the importance of individuals having the ability to manage their own care (Chow & Kalischuk, 2008). There are also different levels of self-care demand, a similar concept to Maslow's Hierarchy of Needs. These levels include universal, developmental, and health-deviation. Universal demands are those required to sustain life, such as food and water. Development requirements promote the maturity of the

## STRESS AND SELF-CARE IN NURSING STUDENTS

individual and their ability to overcome obstacles. Health-deviation self-care requisites may arise as a result of illness. They require an increased level of self-care or indicate the need for nursing care. If an individual does not appropriately partake in effective self-care behaviors, he or she could experience issues on any level that was affected, such as extreme stress affecting how they face hardship or causing the individual physical illness.

Chow & Kalischuk (2008) identified that throughout their time in nursing education, students are likely to increase their self-care behaviors in some areas while they sacrifice others. Due to their education, nursing students were more likely to perform self-breast examinations than the general population. Unfortunately, they were also more likely to participate in binge drinking, erratic eating behaviors, or not obtain adequate sleep. (Chow & Kalischuk, 2008).

The use of complementary therapies or health consultation can be successful in combating stress, promoting health, and providing relaxation. Different complementary therapies, such as yoga, watching movies, or napping, can work better for certain individuals than they for others. Promoting students to use these or providing interventions of this sort could be beneficial to improve students' health.

### **Disordered Sleep**

Disordered sleeping commonly occurs in college students and can cause many harmful short term and long term effects. Hershner and Chervin (2014) reported that as many as 50% of college students experience daytime sleepiness. Both the developmental stage of most college students and situational factors can lead to disordered patterns of sleep. College-aged students are mostly ages 18-24. People this age often need more sleep than their older counterparts, although an exact range is unknown. Most college students are sleep deprived, as 70.6% reported getting less than eight hours of sleep each night (Hershner & Chervin, 2014). College

## STRESS AND SELF-CARE IN NURSING STUDENTS

dorms and college houses could create an environment where students have difficulty sleeping. This could be attributed to other students' loudness, students adjusting to increased free time, or social pressures and situations preventing students from going to sleep at an appropriate time.

Problems with learning, memory, and academic performance can arise in sleep-deprived students (Gauntly, 2010; Hershner & Chervin, 2014). Increased stress from academic demands could also disrupt sleep. If students have poor coping mechanisms, they can experience hyperarousal. In this state, the individual is more prone to adversely react to stressors which can then lead to insomnia (Carvalho Bos, et. al, 2013).

In a study that looked at 1,845 college students, Gauntly (2010) found that 59% of participants would classify themselves as "night owls." Shortened sleep times that college students experience can impact the number of rapid eye movement (REM) sleep cycles that they undergo. College students who rise early can miss one or two REM cycles that could have occurred if sleep duration was longer, negatively impacting learning and memory (Hershner & Chervin, 2014). This can be problematic if students have class or commitments early in the morning, as that would shorten the duration of sleep. Nearly all nursing classes at Brockport start at eight o'clock each morning. Clinical rotations can start as early as 6:30 am, forcing the student to wake up at five o'clock in the morning or before, putting them at a higher risk for disordered sleeping, daytime sleepiness, or issues with learning and memory.

Gauntly also found that sleep problems can lead to decreased academic performance. Students that reported at least one sleep disorder had lower GPAs than students who did not report a sleep disorder (Gauntly, 2010). This could lead to problems in all students, but more severely in nursing students. These problems have the potential to affect students for the rest of their lives. Nursing programs often have more stringent GPA requirements than other majors or

## STRESS AND SELF-CARE IN NURSING STUDENTS

the college itself. If nursing students experience sleep disorders, which they could be at a higher risk for, they could be at an increased risk for not being admitted to a nursing program, or later dismissed for an inability to meet program requirements. Either of these would cause the individual to choose a different life path. Individuals forced into a path that was not of his or her choosing may negatively impact future job or life satisfaction. Students could also be more likely to choose easier paths due to disordered sleep (Gauntly, 2010). In this study, fifty students were asked to take a test of math problems of a difficulty of their choosing after being sleep deprived for one night. When sleep deprived, the participants were more likely to select easier tests. Using this information, it could be concluded that sleep deprived students would be more likely to choose easier classes to take or easier life paths (Gauntly, 2010). Nursing students are required to take difficult classes that require a high degree of critical thinking. If these students are enrolled in a nursing program while sleep-deprived, they could potentially struggle with these classes since they do not have the option to choose easier ones and consequently experience increased stress. Whether forced or chosen, the issues that sleep disturbances can cause on an individual's career path could cause them stress or dissatisfaction on a short and/or long term scale.

Lifestyle choices often selected by this age range hinder sleep quality or duration, such as the use of energy drinks, technology, and alcohol (Hershner & Chervin, 2014). Alcohol is widely used across college campuses. After drinking alcohol, individuals may experience shortened sleep time as well as fragmented sleep. The majority of people that use energy drinks do so to compensate for daytime sleepiness. Although energy drinks can help combat this, they then make it more difficult for to fall asleep at night, potentially creating or exacerbating a cycle of disordered sleep. Energy drink use is also positively correlated with both alcohol and drug

## STRESS AND SELF-CARE IN NURSING STUDENTS

use. Adults aged 19-29 commonly use different mediums of technology, such as cell phones, computers, or video games, prior to sleeping, which were found to negatively impact sleep latency, sleep quality, and duration (Hershner & Chervin, 2014).

### **Alcohol Use**

An overwhelming amount of students on college campuses use and abuse alcohol; the Surgeon General has determined alcohol use to be the top public health concern on college campuses, despite extensive prevention efforts (Champion, Lewis, & Myers, 2015).

One reason students may turn to alcohol would be to escape their problems or relieve stress. Nursing students could be at an increased risk for alcohol abuse due to their higher stress levels. Other times, students use alcohol because it is seen as a part of their college experience (National Institute on Alcohol Abuse and Alcoholism, 2015).

Perceived social norms of college students are thought to perpetuate alcohol consumption. Students often overestimate the extent to which alcohol consumption is supported by their peers and how much their peers consume (Champion, Lewis, & Myers, 2015). This could create a cycle of alcohol abuse, as people continually drink more alcohol due to misconceptions in the amount their peers have drunk, indirectly causing their peers to consume more alcohol due to their perceptions of how much others have drunk, and so on. This pattern could increase the likelihood of adverse events related to excessive alcohol consumption.

Binge drinking is commonly classified as having more than four or five drinks at one time for men and women, respectively. Kelly-Weeder (2011) found that 63% of women and 86% of men on college campuses had participated in binge drinking in the past two weeks. Alcohol consumption can have a wide variety of adverse effects and undesirably affect physical and emotional well-being. Alcohol use can also be related to criminal offenses such as vandalism,

## STRESS AND SELF-CARE IN NURSING STUDENTS

property damage, and sexual assault (Champion, Lewis, & Myers, 2015). Criminal charges could complicate a nursing student's ability to participate in clinical rotations or later apply for nursing licensure. Students who scored higher on a substance abuse scale experienced markedly higher levels of depression compared to their lower scoring counterparts. For women, binge drinking was found to be associated with unintended sexual behavior, forced sexual intercourse, and blackouts (Kelly-Weeder, 2011). The occurrence of any of these could lead to severe consequences causing physical, mental, social, legal, or financial stress. Excessive binge drinking even has the potential to lead to death. Men who reported ten or more episodes of binge drinking in the past two weeks had also highly considered suicide.

Alcohol use can also impede academic performance. According to the National Institute of Health, one out of four college students has reported missing class, performing poorly on tests or assignments, or earning lower grades due to their drinking patterns (National Institute on Alcohol Abuse and Alcoholism, 2015). Subsequently, these students would be at risk for failing classes, being asked to leave a program, or asked to leave the college. The likelihood of these consequences could be heightened in a nursing due to the increased academic demands and have life-long effects.

### **Disordered Eating**

Anorexia nervosa and bulimia nervosa are two very widely known eating disorders, though they are not the only ones. "Eating disorder not otherwise specified" is the most commonly diagnosed eating disorder (Kaye, 2012). This was the term used when the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) did not have an adequate diagnosis for eating disorders that did not meet the criteria for neither anorexia nervosa nor bulimia nervosa. Disordered eating is now-classified in the DSM-V as "a wide range of

## STRESS AND SELF-CARE IN NURSING STUDENTS

irregular eating behaviors that do not warrant a diagnosis of a specific eating disorder” (DSM-V, 2014). These irregular behaviors can include binge eating, self-induced vomiting, misusing laxatives and/or diuretics, or dieting behaviors including excessive calorie counting skipping meals, calorie restriction and restrained eating.

The high prevalence, long term effects, and mortality make these diseases a major cause for concern. According to the National Association of Anorexia Nervosa and Associated Disorders, up to 30 million people in the United States suffer from some form of an eating disorder. Overwhelmingly, 91% of women on college campuses have tried to control their weight through dieting at some point (Anorexia Nervosa and Associated Diseases, 2016). Long term disordered eating can cause changes to the body such as bradycardia, hypotension, electrolyte imbalances, loss of bone density, kidney failure, hair loss, esophageal inflammation, tooth decay, and muscle loss and weakness (National Eating Disorders Association, 2015). Additionally, eating disorders also have the highest mortality rate of all mental illnesses (ANAD, 2016) and six times higher than the average person (Kaye, 2012). Causes of death can be from starvation, cancer, substance abuse, or suicide (Kaye, 2012).

Both nurses and nursing students are at a higher risk for developing these types of disorders. King, Vidourek and Schwiebert (2008) explain that nurses’ increased risk is partially due to their increasing importance in the healthcare field. They are in a stressful role, hold many responsibilities, and work in a high-stress environment (King, Vidourek & Schwiebert, 2008). In practice, nurses are ultimately accountable for what happens to the patient, whether or not they are responsible for every aspect of their care. This role is often emphasized in the healthcare setting, as unfinished tasks often fall to the nurse to complete. The combination of preexisting stressors and the increasing reliance on nurses could feasibly contribute to an

## STRESS AND SELF-CARE IN NURSING STUDENTS

increase perceived job stress. The authors highlighted that perceived job stress is a key factor in one's risk for having or developing an eating disorder. Self-esteem and body image are also contributing factors, as disordered eating was found to be a coping mechanism for these issues (King, Vidourek & Schwiebert, 2008). These authors suggested that early efforts in prevention and intervention could lead to better outcomes. This study also highlighted the importance of self-care to combat disordered eating in nurses, suggesting that a self-care deficit exists among nurses (King, Vidourek & Schwiebert, 2008).

Nursing students are a special population at risk for disordered eating and associated disorders due to the stressors that are regularly experienced by nursing students. Approximately 90% of individuals suffering from an eating disorder are female and between the ages of 12 and 25, a population that many nursing students would fall into (North Carolina State University, 2013). Furthermore, after studying methods of stress reduction, subjects' friends' eating patterns, pressure felt to lose weight, self-esteem, and previous need for psychiatric help, female nursing students were found to have significantly higher levels of anorexia than female medical students (Babar, et al., 2002).

Students that suffered from disordered eating often engaged in compensatory behaviors, such as laxative use, self-induced vomiting, or excessive exercise intended to change body shape or weight (Schaumberg, Anderson, Reilly & Anderson, 2014). In this study 50% of participants were found to use exercise as a compensatory mechanism. The study also found that frequent exercise was positively associated with disordered eating in college students, and exercise can lead to negative consequences for women who endorse eating problems. In these individuals, it was also found that exercise can lead to other problematic behaviors and alcohol use (Schaumberg, et. al, 2014). Exercise is often promoted to relieve stress; in a population

## STRESS AND SELF-CARE IN NURSING STUDENTS

already at risk for disordered eating, endorsing exercise could be a problematic practice given these findings.

### **Combined Effects**

These negative behaviors can occur independently or lead to the development of other issues. Alcohol use can lead to disordered sleeping and/or disordered eating, and disordered eating can be related to disordered sleeping. Although small doses did not significantly impact sleep, the continued use of alcohol contributed to sleep disruption, sleep fragmentation, later bedtimes, and insufficient sleep (Valerio, Kim & Sexton-Radek, 2016). Additionally, the term “drunkorexia” has been coined to describe eating behaviors used to compensate for calories consumed through alcohol. These compensatory behaviors include skipping meals to save calories, excessive exercising, or drinking to cause the purging of other food and alcohol (Barry & Piazza-Gardner, 2012).

Disordered eating can cause sleep disturbances whether the disordered eating is on a small or large scale. Weight loss, malnutrition, and starvation have all been found to affect sleep quality. Unusual patterns of eating, such as hyperphagia, can also cause sleep issues. Hyperphagia is defined as excessive wakefulness after the last meal of the day and before falling asleep. This hyperarousal can continue into the night, causing difficulties staying asleep (Carvalho Bos, et. al, 2013). Researchers also found sleep length, quality, and amount of rapid eye movement (REM) sleep to be decreased in underweight anorexics (Carvalho Bos, et. al, 2013). In turn, a cumulative sleep loss is associated with both increased appetite and hunger (Carvalho Bos, et. al, 2013). This could cause exacerbated issues in people with hyperphagia if it caused increased nighttime eating or cause increased internal conflict or disease perpetuation in those suffering from anorexia nervosa.

## STRESS AND SELF-CARE IN NURSING STUDENTS

### Methods

#### **“Nursing School: First Learn to Take Care of Yourself” Video Creation**

To educate incoming nursing students about the stresses they may face and resources available to them, a video was created. Brainstorming for the video began in the spring of 2015. The necessity of the video was identified by Jennifer Chesebro, MSN, RN, FNP-BC, a Clinical Associate Professor in the Department of Nursing. She reached out to Virginia Orzel, an Associate Professor in the Department of Communications. Professor Orzel selected three students, Patrisha Brown, Gabriel Fontana, and Kailin Paclisanu, to film, edit, and direct the video through independent study. When meeting with Professor Chesebro about potential Honors Thesis topics, she mentioned the creation of this video and the need for a student to be a liaison between the nursing and a leader in the production aspects of the video. I assumed this role as a creative aspect of my Senior Thesis.

Meetings regarding the creation of the video began in March 2015. It was determined that the video would be created with a compilation of interviews with people on campus who would attest to the stressors throughout the nursing program and education students on available resources to help them. The interviewees were selected by the group. Extensive coordination was required to match the schedules of the individual being interviewed, myself, the video students, and Professors Chesebro and Orzel. This aspect proved to be quite challenging throughout the process. Elizabeth Caruso, MS, ANP-BC was interviewed, as she is Director of Health and Counseling Services at the Hazen Health Center. In her interview, Ms. Caruso spoke about services offered at Hazen for students to get the help they need. Luke Meyer, LMSW, CASAC is a drug and alcohol counselor at Hazen. In his interview, Mr. Meyer spoke of common problems that he sees in students who come to meet with him and ways to deal with

## STRESS AND SELF-CARE IN NURSING STUDENTS

these. The Chairperson of the Department of Nursing, Kathleen Peterson, PhD, RN, PNP, was interviewed also. She spoke about stressors students experience related to nursing, her observations in her twenty-nine years of experience, and her advice for incoming students. Lastly, a panel made up of senior nursing students was interviewed. These students told of their time in the nursing program, what stressors they experienced, and what resources they have found helpful to cope with the stressors or nursing school.

Creation of the video was an extremely time consuming process. Initially, the anticipated completion date was in May of 2015. As the process moved along, all involved members realized that this was a much bigger project than initially anticipated. All of the interviews were conducted in the spring of 2015 throughout March and April. Additional filming took place in the fall of 2015, along with the creation of the script and the voiceover. Final editing took place in the spring of 2016, and the finished product was ready at the end of March.

My role in the video's creation was extensive and involved a variety of tasks. My involvement exceeded thirty hours, with over twenty hours of commitments working with others in meetings and production and approximately ten hours of preparation work, planning, and coordinating each piece.

I was responsible for structuring and conducting all of the interviews. Each interview involved a lot of preparation time and then physically took between one and two hours to complete. Before each interview, I wrote a series of questions specific to that individual's role. Questions were aimed to solicit answers that would be appropriate to use in the film to address the concerns about high levels of stress in nursing students. I consulted Professor Chesebro with each set of questions looking for feedback and to double check that my approach was consistent, fair, and would allow the interviewees a chance to offer their unique expertise. Then during each

## STRESS AND SELF-CARE IN NURSING STUDENTS

interview, I sat behind the camera and asked the prewritten questions. I added follow-up questions as needed to provide clarification in the interviewee's answers and to further explore ideas they had brought up. In order for us to more easily access important content in the future, I also took notes on statements that were significant or insightful during each interview.

I was also responsible for coordinating the extra filming which took place in the fall of 2015. During transitions in the video, there is footage of nursing students practicing in the skills lab. I worked with the Lab Coordinator and the video students to find a time that worked for all parties. I then looked to my fellow students for assistance. At my request, several students volunteered their time to perform nursing skills on camera to be used in the video. I organized what skills would be performed on camera, organized the lab appropriately, and worked with the video students to direct the session to achieve the shots we wanted.

I also wrote and created the voiceover for the video. I wrote the script for the voiceover based on what segments of interviews it was leading into and how it contributed to the message overall. I wrote the script for the voiceover and asked Professor Chesebro for suggestions and assistance before recording it. The video students and I coordinated a time that worked for all of us, as well as when studio space was available. Recording the material was more difficult than I anticipated. Many takes were necessary in order to achieve a good take that was able to be used in the video.

This is the first time I was ever in a role like this one or involved in a project of this nature, so this was a new challenge for me. I learned a lot about the ins and outs of creating something like this, and I have gained a whole new appreciation for film creation. A challenge that arose throughout the project was leadership. At some points, the video students would look to Professor Chesebro for questions that should have been directed to me, so it was then difficult

## STRESS AND SELF-CARE IN NURSING STUDENTS

for me to assume a leadership role in that respect. At other times, I did have to assert some leadership to adhere to the plan we had created that the video students did not always fully understand or to maintain realistic goals for a day of filming based on the schedules that participants had given me. We worked collaboratively to achieve this. As this process tested my teamwork and leadership abilities, I learned new skills in these areas that I will carry with me into my career.

### **Self-Care Education for Nursing Students: Encouraging Healthy Coping**

Another intervention is occurring on Brockport's campus to address the high levels of stress in nursing students. Paula Barbel, PhD, PNP, RN, Amanda Coyle, PhD, RN, FNP-BC, and Jennifer Chesebro, MSN, RN, FNP-BC are conducting a study called Self-Care Education for Nursing Students: Encouraging Healthy Coping (SCENS). This study involves junior level nursing students participating in three counseling sessions on eating and sleep, alcohol use, and healthy coping strategies.

Planning for this study began in the spring of 2015. Through-email communication in the summer of 2015, a project proposal was written and submitted to the international review board (IRB) for approval. Content of the interventions was decided upon during a summer meeting with Professor Chesebro, Elizabeth Caruso, Lucas Meyer and me. Students completed a survey regarding their demographic information, eating behavior, sleep patterns, alcohol use, and coping strategies at the beginning of the fall 2015 semester. A graduate assistant in the health center, Trisha Fromm, administered the pretest and posttest. In smaller groups, students then participated in the counseling sessions throughout the semester which were conducted by Lucas Meyer and Trisha Fromm. After all the sessions were completed, the students retook the same

## STRESS AND SELF-CARE IN NURSING STUDENTS

survey that they did before the sessions. The researchers will then analyze the pre- and posttests to determine if these interventions had a positive impact on these students' behaviors.

I served as one of two research assistants in the SCENS study. I was involved in the intervention planning over the summer and data entry after the intervention and data collection took place. Data entry is occurring throughout the spring semester of 2016. To do this, Dr. Coyle helped to train me to use the program Statistical Package for the Social Sciences (SPSS). I have since used the program to enter data. My role in this process took approximately twenty hours.

My involvement in this study taught me a great deal about nursing research. It was interesting to see how a research study works from the inside. There was extensive planning and preparation involved from getting the study approved, to finding time for the interventions to take place, and now entering data so that it can be analyzed. It also challenged me in ways that I was not anticipating. I expected data entry to be mindless and simple. In reality, entry is very time consuming and tedious. Attention to detail is very important. If I have an error in this entry, that could affect the results, data analysis, and conclusions that can be drawn from the data. While entering data, I can see patterns with each survey. I have been using my knowledge about nursing research, and I am informally analyzing the data as I am entering it. This process has also helped me to realize some possible limitations of the study. Both of these processes will be discussed with the researchers as they do their formal data analysis.

When reading pieces of nursing research in the future, I will be able to do so with a new perspective and appreciation. Being a part of one, I can now more fully understand the process that a researchers much go through to complete a study. I will also be able to think more

## STRESS AND SELF-CARE IN NURSING STUDENTS

critically about their methods and data analysis described in the study, since I had experience being a part of these aspects as well.

### **Conclusions and Recommendations**

Undoubtedly, stress, self-care, and unhealthy behaviors in nursing students are issues that need to be addressed. There are immense consequences that can occur from inadequate self-care that lead to any of the discussed behaviors. These consequences can then be amplified by their co-occurrence and long-term effects. Increasing education about the dangers of these coping mechanisms could help students to recognize unsafe behaviors in themselves and their peers and know when to discontinue these behaviors or seek assistance. Giving students healthy coping mechanisms could also prevent these issues from occurring. Exposing them to resources where they could go to for help could potentially make them feel more comfortable and, in turn, more likely to seek treatment when necessary.

The efficacy of the interventions that took place at Brockport will need to be evaluated and analyzed. Based on these results, the interventions should be repeated or tailored to further assist further students and disseminated to educate other universities. To improve interventions for nursing students, research should be done to more specifically identify their stressors and how to combat them. Targeting stressors caused by clinical experience could also help students. Finding why stress levels were higher in nursing students than medical students in Babar's (2002) study could reveal a source of stress that needs to be addressed. Although some studies focused on the interaction of disordered sleeping, alcohol use, and disordered eating, few were directly looking at the population of nursing students. Investigating how all of these behaviors influenced each other specifically in nursing students could provide useful information.

## STRESS AND SELF-CARE IN NURSING STUDENTS

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