

Experience of Psychological Distress: A Qualitative Inquiry Into Female Nursing Students of India

Joseph J. Kadappuran¹, Rosalito De Guzman²

¹Ph.D. Research Scholar, The Graduate School, University of Santo Tomas, Manila, Philippines, ²Professor and Research Guide, Dept. of Clinical Psychology, The Graduate School, University of Santo Tomas, Manila, Philippines

Abstract

Psychological distress defines as a combination of negative emotional symptoms, such as depression, anxiety, and stress. This study explores qualitatively, analyzes thematically, and identifies the causes and consequences of psychological distress among Indian baccalaureate first-year female nursing students at Kerala University of Health Sciences, South India. The participants' experiences and perspectives are analyzed thematically by using Braun & Clarke's step-by-step method. In-depth semi-structured interviews (ten participants) and focus group discussions (eight participants) were held to acquire an in-depth understanding of the lived experiences. The findings of this qualitative study show that the nursing students endure thought problems (distorted cognitions, distressing thoughts), emotional problems (anxious feelings, emotional stress, depressed mood), behavioral problems (poor social behavior, meaninglessness in life, lack of dedication) physical problems (health-related, academic and clinical issues, financial, family and hostel problems). The researchers found that psychological distress among participants is associated with depression, anxiety, and stress.

Keywords: *Nursing students, Psychological distress, Qualitative Method.*

Introduction

Psychological distress has developed more among ordinary students in advanced education^{1,2,3,4}. The majority of scholars take a broader definition of psychological health and considers two elements for definition: psychological well-being (*positive mental health states like life satisfaction*) and psychological distress (*negative mental health states like anxiety and depression*)^{5,6}. According to Ridner (2004), after a comprehensive audit of the literature review, psychological distress is regularly rooted in connection with stress, distress, strain, and also it is rarely considered as a distinct notion⁷.

Many studies have revealed that young adults, especially college students, undergo large amounts of perceived stress and psychological disturbance during their studies^{8,9,10,11}. Nursing and medicine are professions with a great deal of stress, and the students in these fields experience their profession ahead of schedule through clinical practices during their schooling or training¹².

Nursing students who participate in a wide range of clinical responsibilities in clinical settings may have equal stressors as professional nurses' experience, setting aside their stressors connected with their educational endeavors and individual/social responsibilities¹³. Stress can be harmful to people and prompts physical and psychological distress¹⁴. This psychological distress may hamper students' academic performance and, consequently, block their quest for the nursing career individually¹⁵. Stress and psychological distress may also have adverse effects on nursing graduates in a professional career¹⁶.

Corresponding Author:

Joseph J. Kadappuran

The Graduate School, University of Santo Tomas,
Manila, Philippines

Email address: frjoby1981@gmail.com;

Cell no: 0063 9957560022

This qualitative study aims to explore and analyze the experiences of psychological distress among nursing students and describe and interpret its prevalence and determinants. The researchers utilized the Transactional model of stress and coping theory by Lazarus & Folkman (1984) as the studies' theoretical framework¹⁷.

Research Question and Sub-questions

The following question has guided the research:

What are the experiences of psychological distress and its consequences among nursing students?

The following sub-questions were added to explore the area of inquiry further:

1. What is the prevalence of psychological distress among nursing students?
2. What are the determinants of psychological distress for nursing students?
3. What are the causes and consequences of distress?
4. How does distress affect nursing students?

The present study aims to explore qualitatively, analyze thematically and identify the causes and consequences of psychological distress among Indian baccalaureate first-year female nursing students enrolled at Kerala University of Health Sciences, Kerala, South India (December 2019 to February 2020). It also examines the relationships between psychological distress and its influence on their behavior.

Methodology

Research Model

Williams (2007) cites that the qualitative research approach is different from traditional data collection, analysis, and report writing in quantitative research¹⁸. The qualitative research approach mainly focuses on peoples' lived experiences, reactions, and behaviors¹⁹. The current study used a qualitative research design to investigate Indian nursing students' psychological distress's views and opinions. To obtain more in-depth information on lived experiences, the researchers also combined interview and focus group methods. The participants' experiences and perspectives are analyzed thematically using Braun & Clarke (2006;2013) step-by-

step method^{20,21}.

Participants

The researchers enlisted baccalaureate first-year nursing students who fall under the age bracket of 18 to 22 (M=19, SD=.816). A purposive sampling technique used to select the participants.

Procedure

The present study has consisted of the first phase (In-depth semi-structured interviews) and the second phase (focus group discussions). To get more reliable data, the researchers conducted an in-depth semi-structured interview. It may help the researchers to get a more subjective and more in-depth understanding of the issues. Focused group discussions are also significant to the participants to get the opportunities to share their experiences, insights, and observations. Besides, it allows the respondents to interact with each other and share their opinions. Therefore, it helped the researchers look at the issues from a different perspective and enhance the research²². The first and second phases were taped and transliterated verbatim with participants' approval for efficient qualitative data analysis.

Thematic analysis and guidance

Thematic analysis administered depended on Braun & Clarke (2006; 2013) step -by step method. In the first step, the researchers do cyclical readings of the data, which emerged from the participants' perspectives and lived experiences to understand more. The second step does the initial coding. The present research has more than fifty narratives from the participants. The third step focuses on organizing the sub-themes (grouped data) into themes. In this study, the researchers used the inductive method for data analysis. The fourth step is to focus on to cross-check the main themes based on the initial data. The fifth and sixth steps are tune-up to label the themes and correlate them to the existing literature.

Results and Discussion

Generated themes

Sub-themes and global themes are generated based on the interviewees' lived experiences and insights. In this process, the researchers analyzed and coded the collected data (interviews and focused group discussions)

systematically and scientifically. The current study is analyzed and coded (Table 1) with more than fifty subthemes, eleven organizing themes, and four global themes.

Table 1. Themes identified from Interview and Focus group discussion

Subthemes	Organizing Themes	Global Themes
Distorting thoughts, doubting the ability to cope, self-blaming, suicidal thoughts.	1.1 Distorted cognitions	1.Thought problems
Worrying about the future, overthinking on patients' sufferings and death, negative self-perception.	1.2 Distressing thoughts	
Anxiety, Feeling insecurity, worries, anger, overburden.	2.1 Anxious feelings	2. Emotional problems
Tension, hopelessness, low self-confidence, frustration.	2.2 Emotional stress	
Disappointment, hatred, sadness, discomfort, fatigue.	2.3 Depressed mood	
Unhealthy communications, conflicts with teachers and classmates, lack of cooperation, and interactions.	3.1 Poor social behavior	3.Behavioral problems
Careless life, poor time management, isolation, laziness, low self-confidence, over/under-eating.	3.2 Meaninglessness in life	
Lack of determination and purpose, over-demanding, dissatisfaction, nonattendance, low adjustment, poor hygiene, lack of interest	3.3 Lack of dedication	
Sickness and vomiting, crying, insomnia, nail-biting, low immunological response	4.1 Health-related issues	4.Physical problems
Examinations, deficiency of learning, prolonged standing in clinical postings, patients' reviews and supervisions, bed making and bed bath of the patients	4.2 Academic and clinical issues	
A financial crisis like non-payment of the tuition and hostel fees, homesickness, lack of free time, a low environment of living, family problems	4.3 Financial, family, and hostel problems	

1. Thought problems

First global theme -*Thought problems* derived from two *organizing themes*, namely distorted cognitions and distressing thoughts. Distressing cognitions derived from four subthemes: distorted thoughts, doubting the ability to cope, self-blaming, suicidal thoughts. Second organizing theme (distressing thoughts) obtained from three subthemes: worrying about the future, overthinking on patients' sufferings and death, negative self-perception.

The verbatim of the nursing students' responses to thought problems are as follows:

S2: "... It is very miserable that I chose this course. It is my fate to undergo these challenges..."

S4: "...Sometimes I think of suicide because of overburden. I discussed with friends about my suicidal thoughts..."

S5: "...I cannot study well as I think. I am tensed about my future because it seems tough for me to go with this course..."

S7: "...memories of clinical postings always haunting me. I cannot see suffering patients..."

2. Emotional problems

This study's second global theme is emotional problems obtained from three organizing themes: anxious feelings, emotional stress, and depressed mood. Organizing theme; Anxious feelings raised from the subthemes: anxiety, feeling insecurity, worries, anger, overburden. Theme emotional stress; developed from subthemes: tension, hopelessness, low self-confidence, frustration. The subthemes of depressed mood are disappointment, hatred, sadness, discomfort, fatigue.

The verbatim of the nursing students' responses to emotional problems are as follows:

S1: "... I get angry with my classmates, teachers, even with my parents. There is a tendency to get irritated, angry for silly matters, especially with my roommate in the hostel..."

S2: "...I am anxious because I am not able to study my new topics. It is difficult for me to complete my

nursing studies..."

S5: "... I am depressed because I cannot catch or grasp what is discussing in class. My English also too poor..."

S8: "...I feel very sad because I miss my parents and siblings. I hatred this college and hostel because they aren't allowing us to use the phone. They do not provide with land phones. We cannot contact with our parents..."

3. Behavioral problems

The third global theme, behavioral problems, have three organizing themes. First organizing theme: poor social behavior derived from subthemes, namely: healthy communications, conflicts with teachers and classmates, lack of cooperation, and interactions. The second organizing theme is meaninglessness in life developed from the subthemes, careless life, poor time management, isolated experience, laziness, low self-confidence, and over-under-eating. Third, the organizing theme lacks dedication set from the subthemes, namely lack of determination and purpose, over-demanding, dissatisfaction, nonattendance, low adjustment, poor hygiene, and lack of interest.

The verbatim of the nursing students' responses to behavioral problems are as follows:

S3: "...I am not caring about the time. I have no time table. I do what I would like to do. Some students always late in the class, clinics. Not ready to submit their requirements in a proper time..."

S6: "...It is better to be alone. Here I have no friends. Nobody can understand my difficulty..."

S7: "...Our teachers sometimes talk to us as if we are their slaves. Our cultural diversity creates many problems, and even we do not understand what we speak. College information is not properly communicating by the authorities..."

S8: "...I cannot adjust to hostel food. College hostel environments are not good..."

4. Physical problems

This global theme contained three types of

subthemes, namely 1. Health-related, 2. academic and clinical related, 3. financial, family, and hostel problems. Analyzing this organizing theme leads to three subthemes: they are: 1. Health-related: Sickness and vomiting, crying, insomnia, nail-biting, inadequate immunological response. 2. Academic and clinical: Examinations, deficiency of learning, prolonged standing in clinical postings, patients' reviews, and supervisions, bed making and bed bath of the patients. 3. Financial, family, and hostel problems: Financial crisis like non-payment of the tuition and hostel fees, homesickness, lack of free time, a low environment of living, family problems.

The verbatim of the nursing students' responses to physical problems are as follows:

S1: *"...Sometimes I feel discomfort to my body because of this atmosphere in the hospital. I feel headaches and vomiting frequently. I got sick always..."*

S4: *"...I need to stand in patients ward for long times, especially during the time of doctors' rounds..."*

S6: *"...I am very much tensed about my financial situations. I am too much stressed with tuition fees because still not sanctioned bank loan..."*

S7: *"...My parents are not on good terms, so it disturbed me a lot. My father is an irresponsible man. My other is suffering from cancer..."*

This qualitative research population is baccalaureate first-year female nursing students at Kerala University of Health Sciences, Kerala, South India. The present qualitative study aims to explore, analyze, and identify the causes of psychological distress and its consequences among Indian nursing students. The researchers used a purposive sampling method for this study. In-depth interviews and focused group sessions are helped the researchers to look at the issues from a different perspective.

This current qualitative investigation helped the researchers explore the experience of psychological distress among India's baccalaureate female nursing students. This result corroborates the previous international studies conducted among the nursing students^{23,24}. Most of the participants described their experiences, surfacing general issues and problems

they undergo. The researchers found that psychological distress experiences among participants are associated with depression, anxiety, and stress.

The participants' issues are categorized into four global themes: thought problems, emotional problems, behavioral problems, and physical problems. Distressing thoughts, doubting the ability to cope, self-blaming, suicidal thoughts, worrying about the future, overthinking on patients' sufferings, negative self-perception, etc. are categorized under thought problems. These emotional problems' significant consequences surfaced in participants are the following: anxiety, feeling insecurity, worries, anger, overburden, tension, hopelessness, low self-confidence, frustration, disappointment, hatred, sadness, discomfort, and fatigue.

Unhealthy communications, fight with teachers and classmates, lack of cooperation and interactions, careless life, poor time management, isolated life, laziness, low self-confidence, over/under eating, lack of determination and purpose, over-demanding, dissatisfaction, nonattendance, low adjustment, poor hygiene, lack of interest categorized under behavioral problems. Causes of physical problems are examinations, deficiency of learning, prolonged standing in clinical postings, patients' reviews and supervisions, bed making and bed bath of the patients, a financial crisis like non-payment of the tuition and hostel fees, homesickness, lack of free time, a low environment of living and family problems.

A study found that sixty-four percentages of nursing understudies sophisticated struggles with their staff, and over fifty percentage experienced problems in the clinical setting²⁵. As a result, several nursing students are experiencing negative emotional states/conditions, frustration, hurt, stress, anxiety, and anger²⁶ that may affect their academic and clinical performance; stress may also be related to an immunological response²⁷ and psychological well-being issues²⁸. Above mentioned studies corroborate the results of the current study.

This study is reliable on the specific causes and consequences of psychological distress among nursing students in India. It may guide the researchers to do further investigation on these areas. Lack of statistical support and stringent sampling style are some of the methodological restrictions of this study. An adequate sampling method can be used for future studies and

recommends a longitudinal study to investigate the prevalence and the determinants of psychological distress among nursing students.

Conflict of Interest: There is no conflict of interest involved in this work.

Source of Funding: The authors have not received any financial assistance in executing this research.

Ethical Consideration: The researchers attained the mandatory Ethical Clearance Certificate (GS-2019-PN145) from the Ethics Review Committee of the affiliated University (University of Santo Tomas, Manila, Philippines) of the researchers. All participants cooperated with this project without any conditions.

References

1. Delara M, Woodgate RL. Psychological distress and its correlates among university students: a cross-sectional study. *Journal of pediatric and adolescent gynecology*. 2015 Aug 1;28(4):240-4.
2. Kontoangelos K, Tsiouri S, Koundi K, Pappa X, Sakkas P, Papageorgiou CC. Greek college students and psychopathology: new insights. *International journal of environmental research and public health*. 2015 May;12(5):4709-25.
3. Lei XY, Xiao LM, Liu YN, Li YM. Prevalence of depression among Chinese University students: a meta-analysis. *PloS one*. 2016 Apr 12;11(4):e0153454.
4. Mackenzie S, Wiegel JR, Mundt M, Brown D, Saewyc E, Heiligenstein E, Harahan B, Fleming M. Depression and suicide ideation among students accessing campus health care. *American journal of orthopsychiatry*. 2011 Jan;81(1):101.
5. Massé R, Poulin C, Dassa C, Lambert J, Bélair S, Battaglini A. The structure of mental health: Higher-order confirmatory factor analyses of psychological distress and well-being measures. *Social indicators research*. 1998 Nov 1;45(1-3):475-504.
6. Wilkinson RB, Walford WA. The measurement of adolescent psychological health: One or two dimensions? *Journal of Youth and Adolescence*. 1998 Aug 1;27(4):443-55.
7. Ridner SH. Psychological distress: concept analysis. *Journal of advanced nursing*. 2004 Mar;45(5):536-45.
8. Lim J, Bogossian F, Ahern K. Stress and coping in Australian nurses: a systematic review. *International nursing review*. 2010 Mar;57(1):22-31.
9. Mei SL, Yu JX, He BW, Li JY. Psychological investigation of university students in a university in Jilin Province. *Medicine and Society*. 2011;24(05):84-6.
10. Keyes CL, Eisenberg D, Perry GS, Dube SR, Kroenke K, Dhingra SS. The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health*. 2012 Feb 1;60(2):126-33.
11. McGowan JE, Murray K. Exploring resilience in nursing and midwifery students: a literature review. *Journal of advanced nursing*. 2016 Oct;72(10):2272-83.
12. Por J, Barriball L, Fitzpatrick J, Roberts J. Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students. *Nurse education today*. 2011 Nov 1;31(8):855-60.
13. Prymachuk S, Richards DA. Mental health nursing students differ from other nursing students: Some observations from a study on stress and coping. *International Journal of Mental Health Nursing*. 2007 Dec;16(6):390-402.
14. Chang EM, Hancock KM, Johnson A, Daly J, Jackson D. Role stress in nurses: review of related factors and strategies for moving forward. *Nursing & health sciences*. 2005 Mar;7(1):57-65.
15. Al-Kandari F, Vidal VL. Correlation of the health-promoting lifestyle, enrollment level, and academic performance of College of Nursing students in Kuwait. *Nursing & health sciences*. 2007 Jun;9(2):112-9.
16. Deary IJ, Watson R, Hogston R. A longitudinal cohort study of burnout and attrition in nursing students. *Journal of advanced nursing*. 2003 Jul;43(1):71-81.
17. Lazarus RS, Folkman. *Stress, coping and adaptation*. New York: Springer; 1984.
18. Williams C. Research methods. *Journal of Business & Economics Research (JBER)*. 2007 Mar 1;5(3):65-72.

19. Guest G, Namey EE, Mitchell ML. Qualitative research: Defining and designing. *Collecting Qualitative Data*. 2013;1-40.
20. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative research in psychology*. 2006 Jan 1;3(2):77-101.
21. Braun V, Clarke V. *Successful qualitative research: A practical guide for beginners*. London: Sage; 2013 Mar 22.
22. Crowe S, Brown K, Tregay J, Wray J, Knowles R, Ridout DA, Bull C, Utley M. Combining qualitative and quantitative operational research methods to inform quality improvement in pathways that span multiple settings. *BMJ quality & safety*. 2017 Aug 1;26(8):641-52.
23. Kumar, R.& Nancy. Stress and coping among nursing students. *Nursing and Midwifery Research Journal*. 2011;7(4):141-151.
24. OnerAhtiok H, Ustun B. The Stress Sources of Nursing Students. *Educational Sciences: Theory and Practice*. 2013;13(2):760-6.
25. Kantek F, Gezer N. Conflict in schools: Student nurses' conflict management styles. *Nurse education today*. 2009 Jan 1;29(1):100-7.
26. Hartman RL, Crume AL. Educating nursing students in team conflict communication. *Journal of Nursing Education and Practice*. 2014 Nov 1;4(11):107.
27. Guidi L, Tricceri A, Vangeli M, Frasca D, Errani AR, Di Giovanni A, Antico L, Menini E, Sciamanna V, Magnavita N, Doria G. Neuropeptide Y plasma levels and immunological changes during academic stress. *Neuropsychobiology*. 1999;40(4):188-95.
28. Turner K, McCarthy VL. Stress and anxiety among nursing students: A review of intervention strategies in literature between 2009 and 2015. *Nurse Education in Practice*. 2017 Jan 1; 22:21-9.