

Effect of Internship Program on Nurse Interns' Stress and Structural Empowerment at University Hospital

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Abstract

Background: Internship program supports nurse's intern to pursue careers in nursing. Through this program, nurses intern are introduced to the field of nursing. Although nurse internship programs are designed to support graduate nurses as they assume the professional role, the evaluation of these programs has been inconsistent. This study **aim** was to assess the effect of internship program on nurse intern's stress and empowerment at Qena University Hospitals. **Research Design:** A Quasi experimental designing study **Sample:** was carried out on all nurse interns (78). **Setting:** The present study was conducted at Qena University Hospitals during their internship year starting September 2015 to 31 August 2016. **Tools:** Data were collected using a self-administered questionnaire including a stress and an empowerment scales. This was done at the start and end of their internship year. **Limitations:** The study was started with 78 nurse interns, but 22 left to other places and could not be followed. **Results:** Almost all interns (94.9%) had stress at the start of the program, and this declined to 67.9% at its end ($p < 0.001$). No statistically significant changes could be revealed in their empowerment or perception of power. Statistically significant correlations were revealed between interns' scores of empowerment, perception of power, and stress. In multivariate analysis, the internship program was a statistically significant negative independent predictor of interns' total score of stress, while age and empowerment score were positive predictors. As for empowerment score, the internship program was a negative predictor, whereas their scores of structural and immediate manager power were positive predictors. Interns' total score of power perception was positively predicted by internship program, as well as by their total empowerment score. In **conclusion**, nurse interns' high stress at the start of their internship program is significantly lowered by its end, along with increased perception of power among them but not empowerment. It is **recommended** to address this weakness in such programs so that nurse interns gain more access to opportunities, information, and support.

Key words: Nurse interns, Stress, Empowerment, Internship program.

Introduction

Nursing internship programs are intended to address newly graduated nurses' technical, interpersonal, managerial or

conceptual abilities in order to be able to understand and comply with new policies, procedures, work processes, duties or responsibilities. Such training must also prepare them for assuming responsibilities, obtaining heightened interest in the job, and

finally, increase job satisfaction (**Lin et al., 2014**). Clinical teaching nursing internship requires extensive preparation. Nursing students should be well prepared in a simulated environment (nursing laboratory) before entering the real clinical setting through such preparation; he /she can gain skills and apply theory into practice. After preparing students in the nursing lab the School of nursing should provide and select a suitable real clinical learning setting, so that theory and practice would complement each other in the place where students learn their technical skills. (**Hallin K, Danielson E. 2010**).

Preparation includes; orientation to the clinical setting (patient, environment), using communication skills, patient education, nursing management, and leadership. (**Goodman H, Reidy P, and Cartier J. 2012**) Moreover, the educational preparation of nurses must provide the necessary skills and foundation for graduates to practice at a basic level of competency and safety. This is of major importance given the increasing shortage in nursing workforce worldwide since research identified that the common reason for new graduate nurses to consider leaving their job within the first year of employment is because they do not feel they fit in the work environment (**Cheng et al., 2014**). Nonetheless, these programs should be aimed not only to retain nurses, but also to assist them in their transition to acute care (**Institute of Medicine [IOM], 2011**).

Since nurses interns programs are a relatively recent phenomenon, the establishment of best practice around the structure and delivery of transition to practice programs is still evolving. To this end, a need exists to conduct research studies to help in the improvement of internship programs so that they achieve their ultimate goals to promote competency building in novice nurses for better care delivery (**Brat and Felzer, 2012**). The concept of building confidence during such training is crucial for clinical competence and success during the

initial year of clinical practice for the new graduate nurses (**Velasquez, 2012**).

Although nursing internship program are an evolving strategy to foster transition to practice for new nurses (**Bratt et al, 2014**), the sudden transition from a student status to a practicing status can lead to stress due to the feeling of not being adequately prepared (**Edwards et al, 2015**). Empowerment plays a central role in Nursing (**Stewart, McNulty, Griffin, & Fitzpatrick, 2010**). Thus, defining Empowerment might seem an arduous task, as it is a complex issue influenced by many factors. Although there are numerous definitions of Empowerment in the literature on management, the central idea is related to the acquisition of power (as a result of the work conditions offered by the organization) by the individuals so as to effectively accomplish their work (**Laschinger, Gilbert, Smith, & Leslie, 2010**).

There are two theories of Empowerment regarding organizational environment: structural and psychological empowerment. According to **Laschinger et al., (2010)**. structural empowerment refers to the presence or absence of empowering conditions in the workplace. Psychological empowerment is related to a sense of motivation towards the organizational environment, based on the dimensions of meaning, competence, self-determination, and impact.

Job stress is the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress matters to our health and our work. When we feel stressed, our bodies respond by raising the concentration of stress hormones in our blood. When our bodies continually respond to constant demands or threats, coping mechanisms stay in overdrive, International Journal of Academic Research in Business and Social Sciences which can be damaging to health over time (**UML, 2014**).

Nurses work in high-stress environments, since their main responsibility focuses upon providing help to patients who are usually encountering life crises. Given the high demand for effectiveness and efficiency in the delivery of private health services, nursing staff have great responsibility to ensure that patients' demands are satisfied. Nursing focuses on activities that relate to diagnosis and treatment of human responses to health and illness phenomena. There are many components to this experience of stress, such as staff shortages, high levels of responsibility, dealing with death and dying, dealing with patients' relatives, coping with unpredictable situations, making critical judgments about intervention and treatment and balancing work and family commitments (Robert et al., 2012).

Therefore, these programs should include strategies to empower them and alleviate such stress through focusing on stress management, leadership, and clinical reasoning (Theisen and Sandau, 2013). Although nurse internship programs are designed to support graduate nurses as they assume the professional role, the evaluation of these programs has been inconsistent (Olson-Sitki et al, 2014).

Significance of the study:

Internship program train and repair intern nurses to provide Competent, safe and effective nursing care. Internship programs also teach graduates how to apply therapeutic communication, critical thinking, professionalism and legal and ethical skills to the clinical area. It designed to bring a gap between student role and that of self-assured practitioner in addition. Internship, as a method reduces students' anxiety as well as enhances confidence and competence.

Aim of the study

The study aim was to assess the effect of the internship program on nurse intern's

stress and structural empowerment at Qena University Hospitals.

Research questions:

What is the effect of stress among nurse and structural empowerment interns at Qena University Hospitals?

Material and methods

Research design:

A quasi experimental design was used in carrying out the study.

Setting of the study:

The study was conducted at Qena University Hospitals in the areas and departments where nurse interns are trained during their internship year.

Subjects:

The study sample consisted of all the nurse interns who graduated from the Faculty of Nursing in the academic year of 2014/2015 who started their internship year in Qena University Hospitals in September 2015. Their total numbers were 78 nurse interns. Their age ranged between 22 and 24 years, with median age 23.0 years. The great majority of them (96.2%) were not married.

Tools of Data Collection:

A self-administered questionnaire, which included a stress and an empowerment rating scales, was used in data collection. The *Stress rating scale* was developed by Leary et al (1995). It consists of 50 items classified into eight main categories representing the various factors that might contribute to stress among nurse interns. These are death and dying (6 items), disagreement among nurses (8 items), uncertainly concerning treatment (5 items), conflict with physicians (5 items), lack of support from leadership (8 items),

workload (4 items), understaffing (4 items), and nurse competencies (10 items). The responses to items are on a 5-point Likert scale ranging from “never stressful” to “extremely stressful. These are scored from one to five respectively so that a higher score indicates more stress. The total stress scores in each category and for the total scale are summed-up, and divided by the number of items to give mean scores, which are converted into percent scores through dividing it by the maximum possible score for the category. A score of 60% or higher indicates a high stress level.

Empowerment scale: This consists of two parts. The first part is the Condition of Work Effectiveness Questionnaire (CWEQ) developed by (Chandler, 1986) and (Laschinger, 1999) to assess respondent’s perception of power and opportunities. The questionnaire consists of 44 statements divided into four areas. These are namely, access to opportunities (19 statements), information (10 statements), support (8 statements), and resources/facilities (7 statements). The second part is the Organizational Description Opinionative (ODO) developed by Laschinger (1999) to assess the level of power perception. It measures the perception of structural power in the work environment, and of the immediate manager’s power through 11 statements each. The responses for both scales are on a 5-point Likert scale ranging from never to always, scored from one to five respectively. The total scores in each category and for the total two scales are summed-up, and divided by the number of items to give mean scores, which are converted into percent scores. A score of 75% or higher indicates a high empowerment and perception of power (El- Helally, 2008).

Once prepared, the preliminary forms of the data collection tools were presented to a panel of eight professors and experts in nursing management at Zagazig, Ain Shams, and Cairo Universities for face and content

validation. The tools were finalized based on their comments.

Pilot study: A pilot study was carried out on 8 nurse interns of the total sample to test the applicability and clarity of language of the questionnaire. It helped in identifying potential obstacles and problems that may be encountered during the period of data collection. It has also served to estimate the time needed to fill the questionnaire, which turned to be 20-30 minutes. Since no modifications were done, the subjects who shared in the pilot were included in the study sample.

The pilot also helped to assess the reliability of the scales used in data collection. This was achieved through testing their internal consistency. The three scales showed high reliability with Cronbach’s Alpha coefficients 0.924 for the stress scale, 0.939 for the CWE scale, and 0.900 for the power perception scale.

Fieldwork: After securing all needed permissions, the researchers visited each unit in the study settings, and met with the nurse interns to explain to them the aim and procedures of the study, and invite them to participate. Those who agreed were given the data collection forms with instructions in their filling. This was done in their workplaces during the first month of their internship year during the morning shift. The researchers was present all the time with them until completion of the forms. This process lasted for about one-month in September/October 2014. The same process was repeated at the end of the internship year during the month of August 2015.

Administrative and ethical considerations: An official letter was obtained from the Dean of the Faculty of Nursing, South Valley University, explaining the aim of the study and its procedures, with a request to carry out the study. The letter was directed to the medical and nursing directors of South Valley University

Hospitals in which the interns are trained, and their permissions were secured. The study protocol was approved by the ethics committee of the Faculty of Nursing, South Valley University. An informed verbal consent was obtained from each nurse intern for participation in the study after explaining its aim, informing about rights to refuse or withdraw, and ensuring complete privacy and total confidentiality of any obtained information. The researchers also obtained the tools from their authors along with permissions for translation and use.

Statistical analysis: Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Qualitative categorical variables were compared using chi-square test. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked ones. In order to identify the independent predictors of the stress, power perception, and empowerment scores, multiple linear regression analysis was used with analysis of variance for the full regression models. Statistical significance was considered at p -value <0.05 .

Results:

The study was started with 78 nurse interns. However, by the end of the program, 22 of them left to other places and could not be followed. Thus, the end-year sample reduced to 56 nurse interns. **Table 1** indicates statistically significant decreases in nurse interns' stress between the start and the end of their internship program. The only exceptions were in the areas of uncertainty concerning treatment ($p=0.12$) and the workload ($p=0.82$). In total, almost all of them (94.9%) had stress at the start of the program, and this declined to 67.9% at its end ($p<0.001$).

As regards empowerment, **Table 2** demonstrates that no statistically significant changes could be revealed in any of the four domains or in the total Conditions of Work Effectiveness (CWE) scale. Similarly, no statistically significant changes could be found in their perception of power, whether structural or immediate manager power.

Table 3 shows statistically significant positive correlations between nurse interns' scores of CWE and power. This was moderate at the start of the internship program and strong at its end. There was also a moderate statistically significant positive correlation between their scores of CWE and stress but only at the end of the program.

As illustrated in **Table 4**, nurse interns' total scores of CWE had statistically significant weak positive correlations with the scores of most of the areas of their stress. The only exceptions were the areas of conflict with physicians, lack of support from leadership, and workload. On the other hand, their scores of power perception had no significant correlations with any of the stress areas.

Table 5 demonstrates the presence of statistically significant weak positive correlations between nurse interns' total stress scores and their CWE scores related to opportunities and support. Meanwhile, their total score of power perception had weak to moderate statistically significant positive correlations with the scores of the four domains of CWE. The strongest correlation was between the scores of total power and the support domain of CWE ($r=0.636$).

In multivariate analysis (**Table 6**), the internship program was identified as a statistically significant negative independent predictor of nurse interns' total score of stress. On the other hand, their age and CWE score were positive predictors. These three factors explain 21% of the change in nurse interns' stress score.

Assessment of Nursing Performance Regarding Hospital Acquired Infection

As regards their CWE score, the internship program was a negative predictor, whereas their scores of structural and immediate manager power were positive predictors. The model explains 57% of the change in this score.

The table also shows that the nurse interns' total score of power perception was positively predicted by internship program, as well as by their total CWE score. These two factors explain 50% of the variation in their total score of perception of power.

Table 1: Comparison of nurse interns' stress at the start and end of the internship program

High (60%+) stress related to:	Time				X ² test	p-value
	Start (n=78)		End (n=56)			
	No.	%	No.	%		
Death and dying	66	84.6	38	67.9	5.27	0.02*
Disagreement among nurses	68	87.2	37	66.1	8.56	0.003*
Uncertainly concerning treatment	69	88.5	44	78.6	2.41	0.12
Conflict with physicians	74	94.9	43	76.8	9.63	0.002*
Lack of support from leadership	75	96.2	43	75.0	13.17	<0.001*
Workload	60	76.9	44	78.6	0.05	0.82
Understaffing	68	87.2	38	67.9	7.36	0.01*
Nurse competencies	68	87.2	33	58.9	14.02	<0.001*
Total stress:						
High	74	94.9	38	67.9		
Low	4	5.1	18	32.1	17.31	<0.001*

(*) Statistically significant at $p < 0.05$

Table 2: Comparison of nurse interns' conditions of work effectiveness (CWE) and perceived power at the start and end of the internship program

High (75%+):	Time				X ² test	p-value
	Start (n=78)		End (n=56)			
	No.	%	No.	%		
CWE:						
Opportunities	52	66.7	30	53.6	2.35	0.12
Information	38	48.7	20	35.7	2.25	0.13
Support	45	57.7	26	46.4	1.66	0.20
Resources	37	47.4	24	42.9	0.28	0.60
Total CWE:						
High	39	50.0	22	39.3		
Low	39	50.0	34	60.7	1.51	0.22
Power:						
Structural power	41	52.6	22	39.3	2.31	0.13
Immediate manager power	28	35.9	21	37.5	0.04	0.85
Total perceived power:						
High	28	35.9	20	35.7		
Low	50	64.1	36	64.3	0.00	0.98

(*) Statistically significant at $p < 0.05$

Table 3: Correlation matrix of nurse interns' scores of stress, CWE, and power scales

	Spearman's rank correlation coefficient		
	Stress	CWE	Power
Start (n=78):			
Stress			
CWE	.11		
Power	.10	.64**	
End (n=56):			
Stress			
CWE	.40**		
Power	.22	.76**	

(**) Statistically significant at $p < 0.01$

Table 4: Correlation between nurse interns scores of CWE and power scores and scores of stress domains

Stress domains	Spearman's rank correlation coefficient	
	CWE scores	Power scores
Death and dying	.257**	.137
Disagreement among nurses	.279**	.167
Uncertainly concerning treatment	.235**	.089
Conflict with physicians	.150	.011
Lack of support from leadership	.120	-.078
Workload	-.065	-.114
Understaffing	.250**	.124
Nurse competencies	.260**	.132

(**) Statistically significant at $p < 0.01$

Table 5: Correlation between nurse interns scores of stress and power and their scores of CWE domains

CWE domains	Spearman's rank correlation coefficient	
	Stress scores	Power scores
Opportunities	.334**	.388**
Information	.150	.518**
Support	.240**	.659**
Resources	.107	.636**

(**) Statistically significant at $p < 0.01$

Table 6: Best fitting multiple linear regression model for the stress score

	Unstandardized	Standardized	t-	p-	95% Confidence		
	Coefficients	Coefficients			test	value	Interval for B
	B	Std. Error				Lower	Upper
Stress score							
Constant	14.167	29.667		.478	.634	-	72.859
Internship program	-8.353	1.857	-	-4.498	<0.001	-	-4.680
CWE score	.224	.070	.252	3.209	.002	.086	.362
Age	2.496	1.256	.154	1.987	.049	.011	4.981
r-square=0.21 Model ANOVA: F=12.87, p<0.001							
Variables entered and excluded: marital status, powers							
CWE score							
Constant	22.668	4.053		5.592	<0.001	14.649	30.687
Internship program	-3.440	1.541	-	-2.232	.027	-6.489	-.391
Structural power	.560	.061	.590	9.121	<0.001	.438	.681
Immediate manager power	.175	.044	.256	3.975	<0.001	.088	.262
r-square=0.57 Model ANOVA: F=59.28, p<0.001							
Variables entered and excluded: age, marital status							
Power score							
Constant	4.042	5.141		.786	.433	-6.127	14.212
Internship program	3.417	1.797	.119	1.902	.059	-.137	6.972
CWE score	.778	.067	.721	11.569	<0.001	.645	.911
r-square=0.50 Model ANOVA: F=66.92, p<0.001							
Variables entered and excluded: age, marital status							

Discussion

The present study assessed the effect of the internship program on nurse interns. The findings generally point to a positive impact of the program on their stress as well as their perception of power. Conversely, it indicates a negative impact on their empowerment as measured by the CWE scale.

According to the current study results, nurse interns' stress was high at the outset of the internship program, where almost all of them were having a high level of stress. This is quite expected; and it could be attributed to their fears from responsibility, as well as to the reality shock. In line with this, **Booth (2011)** mentioned that the reality shock among new graduate nurses is an important

source of stress that may even lead to leaving the job and the profession. The stress could also be due to change in place of residence, leaving family, and other social life changes. In congruence with this, **Chandler (2012)** highlighted the effect of major life transitions, as the entry into a new position, on novice nurses, and the associated stress.

As the present study findings indicate, the areas that seem to be the highest sources of stress for the nurse interns at the start of their training year were those related to conflict with physicians, and the lack of support from leadership. The conflict with physicians might be explained by their lack of experience, which could result in errors leading to conflict. From the other side, physicians could not have a clear view of the nurse interns' professional roles in patient care. As regards the lack of leadership

support, it could be attributed to their treatment as foreigners with transient stay by the nurse leaders in the hospitals, which is in agreement with *Rush et al (2013)* who found that newly graduated nurses experienced a lack of acceptance and respect. Similar sources of stress were mentioned by *Morales (2010)* and *Clark and Springer (2011)* among newly graduate nurses. Thus, *Goode et al (2009)* emphasized the importance of ongoing support for the nurse interns during their internship year to reduce their suffering from incompetence feelings.

By the end of the internship year, the present study demonstrated significant decreases in nurse interns' stress in almost all areas. This was further confirmed by multivariate analysis. The finding could be explained by their more habituation with death and dying, less conflicts with nurses and physicians, more leadership support, and better competencies. A similar decrease in the level of stress among nurse interns was shown between the start and 6-month follow-up assessments (*Brat and Felzer, 2012*).

However, the stress due to workload did not improve, and although it was the least stressful factor at the start of the program, it became the most stressful one at the end of the program. This is plausible since the workload is expected to increase through the internship year, with the nurse interns acquiring more skills and experience and assigned more responsibilities and tasks. The findings are in agreement with those of *Brat and Felzer (2012)* whose study revealed changes in the sources of stress among nurse interns throughout their internship program, with the workload factor gaining more importance by the end of the program. Moreover, *Kramer et al (2011)* found that some stressful factors still persisted among nurse interns by the end of their training program. Additionally, the present study showed that the stress due to uncertainty concerning treatment continued till the end of

the program, which is in agreement with the results reported by *Myers et al (2010)*.

As the present study results revealed, there were no significant changes in nurse interns' empowerment (CWE) by the end of the internship year. The lowest domains of CWE were those of access to resources and information. This continued through the end of the program. Even more, the multivariate analysis showed some decline in total CWE score by the end of the program. The findings could be attributed to some restrictions posed on them given that they are dealt with as temporary personnel and not part of the main team. Thus, *Casey et al (2011)* recommended that nurse interns be given the opportunity to practice their skills, with delegation of tasks and participation in decision making to build-up their assertiveness. Moreover, *Webster (2015)* highlighted the importance of mentoring and leadership connections for a more effective work environment conditions for nurse interns. Furthermore, the access to sufficient resources is an important element for a successful nurse residency program as emphasized by *Brat (2013)*.

Nevertheless, concerning nurse interns' perception of power, although no significant change could be demonstrated in bivariate analysis, the internship showed a positive impact on this score in multivariate analysis. Thus, nurse interns' perception of power improved and this could be attributed to their close and significant correlation to CWE as shown in correlation and multivariate analysis. This improved perception of power could be related to the eagerness of the internship program mentors and preceptors to achieve its goals. In agreement with this, *Covelli (2012)* clarified that the mentor should be committed to a long-term relationship with the new nurse, and be a role model and resource person for them, and ensure the intern seeks out learning opportunities.

Lastly, the present study revealed significant positive correlations between nurse interns' scores of stress and CWE only at the end of the program. Moreover, the CWE score was a positive predictor of their total stress score. This might be explained by that the acquisition of more responsibilities and power is associated with more accountability, which may lead to higher levels of stress among these nurse interns. In congruence with this, *Duchscher (2007)* demonstrated that the level of stress among newly graduated nurses is increased throughout their internship due to the difficulties they are facing in coping with the new roles and responsibilities assigned to them. Nonetheless, and in disagreement with this, *Wang et al (2013)* showed that empowered nurse interns might experience less stress. Thus, coaching for personal development of the nurse residents would provide them the necessary skills and self-confidence for their professional growth with no fears from being assigned responsibilities (*Honour, 2015*).

Conclusion and recommendations

In conclusion, the nurse interns in the present study experience high levels of stress at the start of their internship program, which is significantly lowered by its end, along with increased perception of power among them. However, their empowerment is not improved by the program. Hence, it is recommended to address this weakness in nursing internship programs so that nurse interns gain more access to opportunities, information, and support. The effect of such improvements needs to be investigated in a similar prospective study

Limitation of the study:

The study was started with 78 nurse interns, but 22 left to other places and could not be followed at the end of the internship program.

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