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ABSTRACT

Background: Students can experience multiple stressors during their academic life which have an impact on their emotional health and academic progress.

Purpose: This study sought to explore students' understanding of and factors affecting their emotional well-being in an undergraduate nursing programme at a private nursing institution in Karachi, Pakistan.

Method: In this qualitative study, data were collected through individual semi-structured interviews using a self-designed guide from 16 participants in total, drawn from various years of the selected undergraduate programme.

Findings: Participants noted that the quality of the 'learning environment' was a key influence on their emotional well-being. They highlighted faculty role and teaching approaches, academic expectations and availability of learning resources as important factors that affected their emotional well-being as well as their academic performance. Institutional support was also deemed important. Factors associated with a 'hidden curriculum' were found to be a threat to students' emerging sense of professionalism.

Conclusion: Suggestions are given as to how the learning environment in the nursing programme under study can be improved to take into account students' emotional well-being. Emphasis needs to be laid on developing supportive faculty role to provide conducive learning environment and professional development of students. Efforts to develop stress-free academic environment with supportive institutional policies need to be considered.

Key terms: Emotional well-being, learning environment, faculty role, academic stressors, hidden curriculum, student support

INTRODUCTION

Stress is a common phenomenon which university students often experience as part of their academic life. Although some level of stress appears necessary for learning (Stuart, 2013), high levels of continuous stress may produce tension and anxiety that can have a negative impact on students' learning and their academic productivity (Ni et al., 2009; Reeve et al., 2013; Salam et al., 2015; Storrie et al., 2010). Learning is not only a consequence of students' cognitive abilities, but is also influenced by an educational ethos or environment that should ideally foster active learning (Christie et al., 2008). There are a number of physical, social, and emotional factors within the learning environment that can intensify students' stress such as weak academic structure, number of assessments, workload and lack of support from faculty (Aghamolaei, 2010; Elcigil and Sari, 2007; Reeve et al., 2013; Shah et al., 2010). Students may respond and cope differently to these stressors according to their emotional well-being (Friedli, 2009).

Emotional well-being is associated with the experiences individuals encounter in their daily lives. The academic environment influences students' life to a great extent. For example, if a learning environment is positive and student-centred, it enables the students to have a constructive learning experience (Aghamolaei, 2010; Christie et al., 2008; Dooris, 2001; Lizzio et al., 2002; Ni et al., 2009). However, students may have mixed feelings and apprehensions in their learning environment that may impact their emotional health or well-being (Christie et al., 2008; Friedli, 2009; Hutchinson, 2003). For the purposes of this paper, the two phrases, emotional health and emotional well-being, are used synonymously.

Awareness of one's own stressors and emotional needs allows an individual to seek acceptable and healthy modes of emotional expression to attain optimal emotional health (Ni et al., 2009). At times, however, students are unable to recognize and address their emotional distress while they struggle to cope with the demands of education (Salam et al., 2015). Their young age and accompanying emotional instability may exacerbate psychological issues, including anxiety and stress (Jamshidi et al., 2016). Due to these concealed emotions, students frequently experience feelings of failure, demotivation and disappointment with (what they perceive as) painful academic requirements (Christie et al., 2008; Griffiths et al., 2005).

Consequently, these feelings make students prone to decline in their academic performance (Storrie et al., 2010) and indulge in maladaptive coping behaviours like excessive worrying, sleeplessness, isolation (Seyedfatemi et al., 2007), helplessness and dropping out (Storrie et al., 2010).

Similar educational environment stressors are usually faced by students when they enter nursing education. In fact, comparison studies (Bartlett et al., 2016; Benavente and Costa, 2011) have shown that nursing students have higher level of stress and related symptoms as compared to non-nursing students. In their review of literature on stress among nursing students, Benavente and Costa (2011) report a study which assessed the occurrence of psychological diseases among 558 students from diverse disciplines such as science, law and nursing, in which it was found that students from the discipline of nursing are the most prone to tension and stress.

Nursing students are required to meet several theory and clinical demands which may make them feel strained and can have a negative impact on their academic function and adaptive coping (Ni et al., 2009; Seyedfatemi et al., 2007). Benavente and Costa's (2011) review assembled findings from various studies regarding causes of stress among nursing students studying theory, for example, academic demands, constant assessment, and the strain of maintaining relationships with friends and classmates, as well as teachers, some of whom may be stern and discouraging. A similar review of literature conducted by Alzayyat and Al-Gamal (2014) discusses various stressors that nursing students encounter during their clinical education such as workload, time management and complexity in relationship with staff and patients. Jamshidi et al. (2016) conducted a study in Iran in which 17 nursing students were interviewed regarding the challenges they face in the clinical learning environment. It was found that teachers' censure and students' lack of confidence may affect their clinical performance and their dealings with patients, and that they feel stressed when having to look after patients or when meeting patients dependent on mechanical equipment. In addition, Msiska et al. (2014) observe that lecturer supervision in nursing performance of their sample of Malawian students causes stress, sometimes deliberately on the part of the teacher.

Alzayyat and Al-Gamal (2014) suggested that more studies explore stressors among nursing, particularly in clinical education, that can provide guidance to universities and faculty to enhance students' learning and related experiences. For example, Jamshidi et al. (2016) suggest that teachers should be role-models who teach students about values and show them respect, while student interviewees in Msiska et al. (2014) requested that lecturers should greet students with a smile to set them at ease and to avoid harming their self-esteem or their sense of competence. Actually, emotion management is an integral part of health professional education due to the nature of the occupations classified under it. That is why nurse educators need to give special consideration not only to students' learning but also to students' emotions (Msiska et al., 2014). Hence, identifying and addressing the means to ensure emotional the well-being of nursing students is crucial. It impacts not only their academic performance but ultimately also the quality of care provided to patients.

In Pakistan, few research studies have been conducted that focused on students' perceptions and its association with academic stress and related maladaptive coping behaviours of medicine students (Shafiq et al., 2006; Shah, et al., 2010; Shaikh et al., 2004; Yousafzai et al., 2009). A study conducted by Sohail (2012) at a public medical university in Pakistan confirms that the high level of stress has a negative impact on students' academic performance. To the best of the authors' knowledge, the issue of addressing emotional well-being and associated factors remains underreported among nursing students in Pakistan, despite strong evidence in the literature of the socio-psychological impact of the learning environment. As the scarcity of local literature reflects, higher education institutes in Pakistan appear to be focused on only the cognitive impact of their programmes. Therefore, this study was undertaken to explore students' understanding of and factors affecting their emotional well-being in an undergraduate nursing programme at a private nursing institute in Karachi, Pakistan. The authors anticipate that this information may lead to a consideration of what concrete actions can be taken to foster a positive learning environment and lead to enhanced academic achievement and learning in nursing.

METHODOLOGY

This qualitative case study was conducted to explore students' understanding of the term 'emotional well-being' and the associated factors they experience during their nursing education. Ethical approval was obtained from the Institutional Ethical Review Committee before commencing the research. Subsequently, written permission was attained from the departmental head and consent of voluntary participation was obtained from the participants.

Sampling:

Initially, all students in the selected undergraduate nursing programme (n=250) were approached as potential participants through institutional email. In the second stage, purposive sampling was used to select maximum variation in sample (Polit and Beck, 2004) from the potential participants who responded and showed interest in participating in the study (n=37). Participants were selected to obtain equal representation from each year of the selected programme as well as of hostel-residing students and off-campus students. This was done to encompass the variation among students caused by their being in various years of study and their resident status.

Data Collection and analysis:

Data were collected from 16 participants by using a self-developed pre-tested semi-structured interview guide. However, one participant withdrew at the data analysis stage; therefore, data from 15 participants are reported. Each interview lasted about 20-60 minutes. To ensure participants' comfort and appropriate expression, they were allowed to respond in either Urdu or English, whichever language they preferred. In the initial phase of the interview, participants were probed about their concept of emotional well-being. Then the variance in their understanding of the term was addressed by providing them with a brief description of the literary concept of the term. This was done to ensure uniformity in their conceptual understanding and facilitate them to acknowledge the associated factors.

Data were analysed using the thematic analysis steps proposed by Creswell (2014). Each tape-recorded interview was transcribed and translated (where needed) by the researcher. Data

were coded and categories were identified for further analysis. Later, major themes were extracted out of the categorized data. It is important to mention at this point that the analysis of data revealed mostly similar responses from participants regarding factors impacting their emotional wellbeing.

The rigor of the study was ensured by developing trustworthiness (Koch, 1994). Additionally, member checking strategy was used by sharing the study findings with the participants (Creswell, 2014; Polit and Beck, 2004)

FINDINGS

This section will report the findings related to participants' understanding of the term emotional well-being. The section will further highlight the factors that participants' depicted affecting their emotional well-being.

Understanding of emotional well-being:

Participants from various years of study in the programme had varying understanding of the term emotional well-being. Participants enrolled in initial years of the programme referred to emotional well-being as 'emotions an individual has,' 'thinking emotionally (rather than rationally),' and 'impact of emotions on an individual health.' On the other hand, participants at nearly half or at the end of their undergraduate nursing programme were able to connect emotional well-being explicitly with stress management and coping as they describe it as '...coping with daily stressors,' 'an appropriate expression of emotions' and 'managing stressors that doesn't impact individuals functionality.' The interviews were further progressed after ensuring that the interviewer and interviewee had arrived at a shared understanding of emotional well-being.

Factors affecting emotional well-being:

As opposed to the variation in participants' responses regarding the concept of emotional well-being, the factors that they associated with it were largely uniform. Participants noted that the quality of the 'learning environment' has a key influence on their emotional well-being.

They highlighted teaching approach, unrealistic scheduling and assessment demands, and lack of resources as key contributors in the learning environment that impact their emotional well-being.

1. Teaching approach:

Study participants verbalized their apprehension associated with the style of teaching at their institution. They felt that their educational attainment is highly impacted by the way teaching is executed as it lacks student-centeredness. They reported a lack of positive feedback and teaching expertise by faculty. Participants also narrated their struggle to comprehend ‘faculty expectations.’ Students defined faculty expectations as the set of knowledge, skills and mannerisms that faculty expect students to embrace including conceptual knowledge, behaviour in classroom and clinical setting, body language, attire, positive attitude, etc.

a. Lack of positive feedback:

Participants felt that their stress level increases when the teaching approach is focused on identifying only the weak areas of their knowledge and skills but not their strengths, because this affects their self-confidence. As one participant narrated:

My thinking gets blocked when faculty harshly tells me what I have done wrong. I never feel comfortable asking how to make it better (P7)

Another participant shared his/her discomfort as:

I feel there is no use of doing hard work. I know I can't perform perfectly. If I have any weakness, faculty should tell me timely as how I can make it better (rather than identifying my mistakes). (P4)

Participants emphasized that there is a need for feed-forward approach by faculty that can facilitate students' self-esteem and receptivity towards feedback. Similarly, provision of timely and constructive feedback in a non-threatening manner motivates and helps students to boost their confidence. In the words of a participant:

We are anxious as new learners while performing skills. We should be supported. If a student does something appropriately, they should get encouragement for it. Students' motivation decreases when they are not encouraged. (P3)

b. Paradoxical faculty role:

Participants verbalized their distress associated with the struggle to understand faculty roles/expectations. To them, it becomes more difficult when the role demonstration of faculty, in terms of knowledge and mannerism, is not at par with what students are expected to exhibit. In addition, faculty requires student to demonstrate their nursing knowledge according to their year of study in the programme; whereas, at times faculty members are found to be struggling with demonstrating their own required level of knowledge and clinical application. One of the participants expressed:

Faculty lacks quality of a teacher. Students are penalized if they are not prepared with the required knowledge at clinical setting. But there are teachers whose level of knowledge is same as mine as student. Even at times in classes, it is easy to figure out that faculty is not prepared and we are questioned if we are unprepared with readings. (P10)

The role demonstration of faculty that is inconsistent with the expected learning of professional behaviour promotes hidden learning among students. These are the unintended attributes that students adapt from their learning environment, predominantly from their faculty.

We are expected to behave as professionals. However, I have seen faculty's informal language and unprofessional behaviour in class. We are restricted because we are students [participant appears aggressive]...faculty should be proper model for us. (P6)

The ambiguous role performance by faculty often results in feelings of uncertainty among students resulting in feeling of being 'lost' and 'targeted.' Participant shared her annoyance as:

It confuses me when faculty scold us for being a few minutes late on clinical or class and usually they themselves take long tea breaks during clinical... (P8)

2. Unrealistic scheduling and assessment demands:

The participants in the study strongly felt that their academic agenda and schedule created anxiety for them because it was too demanding. They felt that they are treated as ‘machines’ and ‘inborn learners’ rather than humans because the assessment criteria were too high and too many, and deadlines were too close together.

a. High academic expectations:

Study participants reported that the academic requirements for clinical and theory, combined with the struggle to handle ongoing demands and requirements, increases their anxiety. Participants further reported presence of multiple and rigid assessment criteria and educational expectations which make them feel overwhelmed; hence affecting their emotional health.

We are expected to perform high, in terms of patient care, clinical assignments, and grades. We need time to adjust but academic demands require us to do each and every thing perfectly. It causes stress and I feel disturbed. (P 12)

To make learning environment positive, participants emphasized the need for an accommodating attitude that can enable students’ learning. One of the participants narrated:

Don’t give too much academic stress to students where students’ personal life suffers. Assessment schedule should have breather for students so we can work in a more productive way. (P2)

b. Demanding schedule:

Overly ambitious academic demands often make it challenging for students to manage time effectively. Students are required to study two semesters (each spread over 18 weeks) in an

academic year. Meanwhile, time between semesters is utilized to provide students with additional clinical experience. During each semester students are expected to meet the requirement of a number of courses for its successful completion. Therefore, the students always seem to be struggling to meet the demands of this overwhelming schedule. One participant verbalized stressor as:

I feel burdened with too many things scheduled together. There are exam deadlines with clinical schedule followed by class assignment deadlines. You can imagine how much stress it can cause. (P2)

Another participant stated:

There is no break between semesters. It is very upsetting that we cannot enjoy our lives. No break at all. I want to learn different occupational skills that appeal to me like stitching, but how can I spare time when I am not getting any recreational break. (P8)

3. Lack of resources:

Participants discussed how the non-availability of resources and facilities tends to not only hinder their academic performance, but also increase their anxiety levels. Availability of computer facility and students' common room were reported as two major resource factors that impact students' performance and emotional health.

a. Computer facilities:

Overwhelming responses were received from participants regarding availability and access to computers in the computer lab. According to their perspective, students in need of computers by far outnumber computers in the facility. For instance, availability of computers becomes a nightmare when there is a forthcoming assignment submission. One participant stated:

There are few computers in the computer lab as compared to the number of students. I become very anxious when I am pressurized to complete my assignment but it is never considered, whether I have the resources available to complete it. (P5)

Participants verbalized their apprehension with respect to unavailability of computers in times of dire need. They feel more ‘stressed’ because it restrains them from meeting the assignment submission deadline. As a participant explained:

My anxiety increases, when at the eleventh hour I have to rush to the computer lab and I find that all the computers are occupied. (P9)

Computer lab is equally used by day scholars and students residing in hostel. Participants who were day scholars verbalized that they either do not have individual computer facility at home or there is an electric supply issue (e.g. low voltage, frequent power failure) that limits their working at home.

Computer lab is the only option for me. Working on assignments from home is an additional stress with electricity issues...at times it is a disaster. (P3)

b. Students’ Common Room:

Participants raised the concern of having limited space to rest during their break time. They felt that the available common room can hardly accommodate a hand-full of students and the facility is therefore insufficient for the great number of students at the institution. The common room plays an important role in students’ socialization and relaxation time therefore a congested common room has an adverse effect on students’ emotional health.

We have only one student common room for many students. With harsh weather, we cannot sit in open space and if we want to relax in the common room, there is no space. (P5)

Considering that the institution is co-education, in this cultural context, at times it is difficult for certain students to share the common room. Participants strongly suggested that the institution

should consider their 'mental health' and provide them with 'adequate space' to rest. A female participant verbalized:

We cannot spend time comfortably in common room. It's difficult as we have male students also using similar space. I feel uneasy. (P8)

DISCUSSION

The study participants shared their understanding of emotional well-being and proposed factors associated with it based on their individual experiences. Foremost among the interviewees' concern was faculty role. Participants reported unclear role demonstration of faculty that strongly impacts their emotional well-being. For example, it results in confusion among students. Although consistency is to be expected among the teachers at least within programmes, there is actually wide variety in the quality of their teaching. For example, students reported that while some teachers stress punctuality and professional behaviour and abide by it themselves, other teachers do not do so. This is just a single example of how teachers selectively follow university rules and regulations yet expect students to follow them cent percent. However; the Quality Assurance Manual (Batool and Qureshi, 2006) of the Higher Education Commission (HEC) of Pakistan affirms that the faculty should have clear understanding of what is to be expected from students. In the present study, it was found that the negative attitude of faculty results in avoidance and de-motivation among students. This finding is aligned with another study conducted at three associate degree nursing programmes in the north-eastern U.S, that unveiled how the discourteous behaviour of faculty made students feel demoralized, impacting their self-esteem, confidence, learning and identity as a nurse (Prato, 2013).

Another source of confusion is the divide between the expected professional behaviour documented in programme policy (controlled document) as opposed to the non-professional role demonstration of faculty; often referred as 'hidden curriculum' (Glicken and Merenstein, 2007). While the HEC Quality Assurance Manual (Batool and Qureshi, 2006) suggests in a utopian manner that the standards laid out in the curriculum have a crucial impact on setting the standards for teaching and learning, the literature suggests that students are more likely to adapt

to the 'hidden curriculum' instead (Glicken and Merenstein, 2007; Heshmati-Nabavi and Vanaki, 2010; Prato, 2013). Hidden curriculum refers to professional learning of students brought about by observing undesirable role performance of faculty, for instance their attitude (comments and use of language) or lack of enthusiasm. In addition, students who look up to their faculty as perfect moral and academic role models tend to become de-motivated with educators if those educators exhibit unexpected and negative behaviours. Consequently, the adoption of this undesirable role can have a negative impact on students' learning and professional development (Glicken and Merenstein, 2007). Additionally, it can hinder their self-esteem, confidence, learning and identity as a nurse (Prato, 2013). This is indeed a threat to the future of the nursing profession, as students might be prone to learning the unprofessional attitude of their faculty.

Focusing on emotional well-being, the literature informs us that a supportive educational environment is essential in facilitating students to gain required knowledge and manage academic stress (Hutchinson, 2003; Ni et al., 2009). It is worth remembering that the key ingredient to a supportive educational environment is a supportive faculty. However, in line with students' views regarding the self-contradictory role of their faculty, the participants in this study also reported a fragile institutional support system. This is not an uncommon finding, for instance, another cross-sectional study conducted with medical students at Iranian Medical Sciences University affirms that students perceived faculty role negatively in fostering effective learning environment (Aghamolaei and Fazel, 2010). Students naturally look to their faculty members for support, and those in the present study expressed the need for faculty to play a major role in supporting and guiding students to maximize their positive learning experience. This suggestion is strongly backed by the HEC Quality Assurance Manual (Batoool and Qureshi, 2006), which states that "Academic and general support to facilitate students in dealing with possible academic problems ensures that they can make progress satisfactorily through their programme and are informed about their progress" (p. 22).

Informing students about their progress is also required to ensure their psychological welfare. Students expressed the view that teachers are so focused on pointing out their weaknesses that they do not address their strengths while giving feedback. In a related vein, participants in Msiska et al. (2014) reported feeling ashamed and offended in response to being

disciplined in the clinical setting, as a result of which they tend towards avoidance rather than learning. While it is true that constructive criticism helps students refine their performance, positive feedback, which acknowledges students' strengths, is also important to ensure that they keep up the good work. In the words of the HEC Quality Assurance Manual (Batool and Qureshi, 2006), it is essential to provide learners with "appropriate structured feedback that supports their continuing learning" (p. 21). The literature also illustrates need of faculty's support and positive reinforcement to enhance students' learning (Elcigil and Sari, 2007; Heshmati-Nabavi and Vanaki, 2010; Ni et al., 2009; Papp et al., 2003; Seyedfatemi et al., 2007).

The second major source of emotional distress for the participants was, what they deem to be, their demanding academic schedule and expectations. Admittedly, while the proper dosage of pressure can cause facilitative anxiety, too much pressure can cause debilitating anxiety which is bound to have an adverse effect on students' academic performance (Brown, 2000; Sohail, 2012) as well as their emotional well-being. Finding of this study affirms that students' emotional health is hampered while they struggle to balance the number of academic requirements. These findings are in line with literature which affirms that students often feel pressured and report psychological concerns while struggling with the demands of the learning environment (Dooris, 2001; Shaikh et al., 2004; Seyedfatemi et al., 2007) and tough academic schedule (Qamar et al., 2015).

The responses provided by the participants of this study correspond to the survey conducted by Lizzio et al. (2002) among 5000 students studying across 14 disciplines in a university. It affirms that higher workloads results in superficial learning among students, resulting in lack of satisfaction with learning environment. Their findings also suggest that students should be provided with a less packed academic schedule so that their analytical and problem solving skills can be enhanced.

Scarcity of resources is the final issue that students felt needs to be addressed. The lack of resources reportedly hampers their performance and their ability to meet deadlines. Similar to participants in the present study, participants in Sohail (2013), all medical students in Lahore, Pakistan, report lack of facilities, such as electricity, to be a cause of stress. For one thing,

assignments are increasingly tied to the use of technology and the internet. Especially in tertiary levels of education, Lizzio et al. (2010) notes a rise in the utilization of media and technology. However, teachers often fail to consider the fact that students may come from underprivileged backgrounds and not own personal laptops. In such circumstances, it is the responsibility of the institution to provide an adequate number of computers. In case it does not, the faculty should take into account this scarcity when assigning tasks to students. Furthermore, the institution is responsible for facilitating students' emotional, social and relaxation needs, yet the participants of the present study reported an overpopulated common room which is too small to house the large number of students at the institution. Participants in Sohail (2013) also observed that overcrowding of students in rooms is quite stressful.

The provision of facilities is important for mental health, as the WHO report (Friedli, 2009) demonstrates that psychological issues prevail in deprived societies. In the author's own words (Friedli, 2009, p. 37), "The fact that the experience of relative deprivation influences health does not diminish the importance of access to material resources that support health and wellbeing." The need for supply of facilities is also supported by a clause under "Learning Resources" (p. 22) in the HEC Manual (2006) which highlights the necessitation of adequate, suitable and useful learning resources to aid students. Hence, access to adequate facilities is imperative not only for learning but also for emotional well-being.

The Quality Assurance Manual has been extensively referred to in this discussion for two reasons. The first is that the manual has been designed precisely to enable practitioners of higher education in Pakistan to apply quality and uniform academic standards (p. 21) and this paper is concerned with factors which affect quality standards of the learning environment. The Manual similarly states that the objective of quality assurance is to develop a uniform understanding of quality (p. 22). The second reason for the relevance of the Manual is that it aligns closely with the concerns of students in the present study. The relevance of the Manual with the issues addressed in this study demonstrates two things: 1) that students are on the right track in pointing out significant aspects of their learning environment, and 2) that quality in education, as defined by the HEC, is closely linked to students' emotional well-being.

With that being said, it is still important to acknowledge that not all of the concerns voiced by the participants have been addressed in the manual. For instance, there is no mention of a hidden curriculum, or of the need for an academic schedule which does not place undue pressure on students. In addition, even though the HEC Manual suggests a three-level system of evaluation to ensure that higher education institutes are actually meeting the advised standards, participants' reports about the institution under study suggest that the check and balance system laid out in the Manual is either inefficient or not being implemented, because so many of the issues it has warned about are still problematic. Hence, there is a need for the Manual to be more inclusive of concerns raised by students and for monitoring of the standards it so succinctly lays out.

CONCLUSION AND RECOMMENDATIONS

To conclude, this study has identified significant impact of learning environment on students' positive learning and emotional health. It strongly emphasized the need for faculty to play a clear and distinct role in providing conducive learning environment and support for the professional development of students. In addition, academic environment with minimal stress, supportive institutional policies and adequate facilities are crucially needed to assist students to meet academic demands optimistically.

This study has limited generalization because it is qualitative in nature and draws conclusions from a single undergraduate programme. However, the findings of this study can be considered as pilot data that can give insight to other nursing institutes in developing nations to assess and address this neglected phenomenon in a larger population of undergraduate students. Indeed, there is a great need to address the impact of the 'hidden curriculum' on professional development of students. Faculty training and mentoring programme can also help to develop faculty as professional role models. The data can be shared in faculty development programs to emphasize the need for consistency in instructions and expectations. A similar set of ideas can be researched among faculty as well to know their perspective of students' academic stressors.

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