The Impact of Simulation Anxiety on Clinical Judgment in Undergraduate Nursing Students

Janet M. Reed PhD Candidate, MSN, RN, CMSRN
Kent State University at Stark

Overview

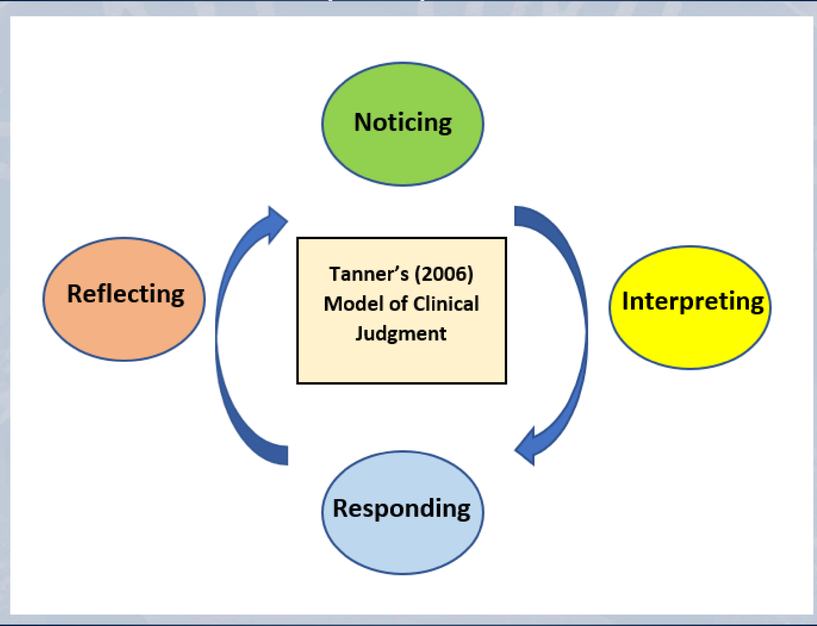
Review of Literature

- New nurses are often deficient in clinical judgment (CJ).
- Educators can increase CJ by using simulation.
- Students experience high levels of simulation anxiety.
- Simulation anxiety can be related to a variety of factors.
- There have been many suggested anxiety-reducing interventions.
- It is not currently known how simulation anxiety affects clinical judgment. Therefore, the purpose of this research study was to examine what relationships exist between anxiety and clinical judgment within simulation.

Methods

This research project used a one-group repeated measures quantitative design to answer the research questions using the conceptual framework of Tanner's (2006) model of clinical judgment. A convenience sample of 45 sophomore level undergraduate nursing students participated in an IRB approved research study to explore how state and trait anxiety impacted their clinical judgment within an introductory simulation. Anxiety was measured using a 5-item short-form of Spielberger's State-Trait Anxiety Inventory (STAI) by Zsido et al. (2020). The short-form STAI tools were used to distinguish between state and trait anxiety and anxiety was measured at baseline, just before the simulation and after the simulation. Clinical judgment was measured using Lasater's (2007) Clinical Judgment Rubric (LCJR) to score students in Tanner's (2006) four phases of clinical judgment-. Multiple regression and repeated measures were used in SPSS for data analysis.

Tanner's (2006) Model of CJ



Results

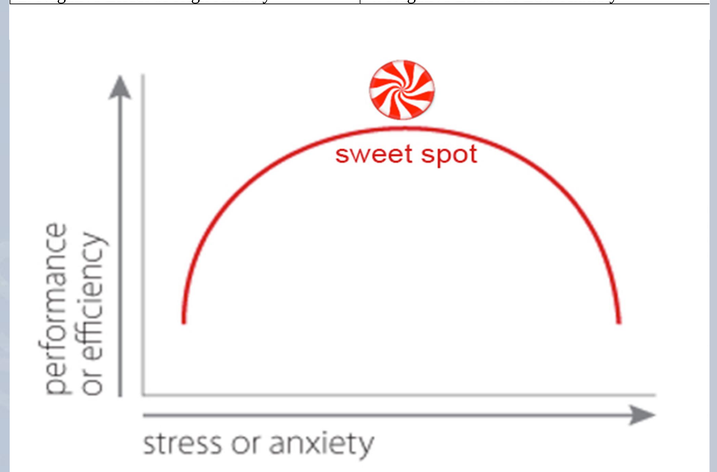
- Anxiety did not have a significant impact on clinical judgment, both overall and within each of the four phases of Tanner's (2006) model. When controlling for baseline state and trait anxiety, pre-simulation anxiety level did not significantly predict LCJR scores within the simulation.
- State anxiety did change significantly between the three-time measurements going up to significantly high levels at pre-simulation and these anxiety levels remained high at post-simulation, indicating the lingering nature of simulation anxiety.
- Zsido et al.'s (2020) short form STAI tools were valid and reliable in measuring and differentiating between state and trait anxiety in this study. LCJR showed good internal consistency and intra-rater reliability.
- Females had higher trait anxiety than males and those with high trait anxiety experienced higher state anxiety levels.
- Six students who dropped the course had higher mean anxiety levels at baseline.
- STNA experience was not a predictor for anxiety level or LCJR score.

Implications & Considerations

- Need to re-evaluate the use of anxiety reducing interventions considering these findings, as not all anxiety is debilitative.
- Anxiety is highly individualized and "Sweet spots" may vary.
- How can faculty prepare graduates for real world practice in a stressful healthcare environment?
- How do faculty help students deal with anxiety without simply trying to eliminate it for them?

Anxiety's Effects on LCJR

↑ Anxiety ↑ Performance on LCJR 1. Positive Effect of High Anxiety	↓ Anxiety ↑ Performance on LCJR 3. Positive Effect of Low Anxiety
↑ Anxiety ↓ Performance on LCJR 2. Negative Effect of High Anxiety	↓ Anxiety ↓ Performance on LCJR 4. Negative Effect of Low Anxiety



Conclusion

The findings imply a changed focus to reframe anxiety and how we think about its effects. Some anxiety is good and facilitative and therefore rather than trying to eliminate it, faculty should focus more on helping students function despite it in order to prepare them for real world nursing practice.

Full reference list available by request; contact Jreed56@kent.edu