A Study of the Relationships Between Ego-Resilience, Self-Leadership and Satisfaction with Clinical Practice Among Nursing School Students with Experience of Clinical Practice Training

Gyung, Park 1)

Abstract

This study was undertaken as descriptive research with the goal of examining the relations between the levels of ego-resilience, self-leadership, and satisfaction with clinical practice among undergraduate nursing school students with the experience of clinical practice training. The subjects of this research included fourth year undergraduate students majoring in nursing in two universities located in J Province and G Metropolitan City. Using SPSS/WIN 22.0, the data collected from the surveys were analyzed using real numbers, percentages, averages, standard deviations, t-tests, ANOVA, Schéffe's test, Pearson's Correlation Coefficients and multiple regressions. An analysis of the results of the study found that ego-resilience, according to general characteristics, presents significant differences with respect to gender, satisfaction levels with one's major, and the presence of role models in practical work. Self-leadership was found to present significant differences with respect to grade point average, satisfaction with one's major and role models regarding practical work. Satisfaction in clinical practice was found to present significant differences with respect to religious status, satisfaction with one's major, and role models in practical work. An analysis of the correlations between ego-resilience, self-leadership and satisfaction with clinical practice indicated the existence of a significant static correlation between satisfaction with clinical practice and both ego-resilience, and self-leadership. An analysis of the factors affecting satisfaction in clinical practice training indicated that ego-resilience and religious status both had a significant effect.

Keywords: Nursing School Undergraduates, Ego-Resilience, Self-Leadership, Satisfaction in Clinical Practice

1. Introduction

1.1 Necessity of Research

In addition to receiving theoretical education through their nursing program curricula, nursing school undergraduates are required to complete 1,000 hours or more of clinical practice training. Clinical practice training involves a process by which nursing school students receive
field experience in various types of nursing situations, and establish a wide range of skills needed to perform nursing tasks in response to the changing demands of society [1]. The process provides students an opportunity to apply the theory learned in school to nursing practice, and is regarded as an important period in which students acquire the basic skills needed to become nurses. However, during actual clinical practice, nursing school undergraduates often experience difficulties related to the differences between practice and theory, must deal with ambiguities concerning their undefined roles, and face difficulties in managing their interpersonal relationships with patients, patient guardians and medical staff [1-4]. In particular, in nursing programs in South Korea, systematic clinical practice training is often not provided due to a disconnection between the theoretical education and clinical practice training [5]. This in turn has led to a decline in levels of satisfaction with clinical practice among nursing school undergraduates [6, 7]. A high level of satisfaction with clinical practice training is essential to maximizing the efficient performance of clinical practice itself, and can help nursing school undergraduates establish a positive outlook on the nursing profession [2]. On the other hand, if levels of satisfaction with clinical practice are low, negative perceptions of clinical practice and the nursing profession may become established, which in turn negatively affects the ability of graduates to find work in hospitals, leading to social issues such as a serious shortage of nurses. As such, it is essential that a greater interest be taken in raising the satisfaction of nursing school undergraduates with clinical practice training.

Nursing school undergraduates report stress inducing factors during clinical practice training related to their practicing environments, interpersonal relationships, conflicts with people, attitudes of the medical staff, and study assignments [8-10]. In light of this, the concept of ego-resilience - an individually internalized characteristic that helps individuals to intelligently adapt to various situational demands or stressful situations - is increasingly becoming important [11]. Ego-resilience concerns the ability to respond flexibly to stressful situations by intelligently adapting one's level of self-control [12]. As individuals with high ego-resilience are well adapted to cope with stress and their external environments[13], it is the author's opinion that ego-resilience is a personal characteristic that must be strengthened, more so than any other characteristic in nursing school undergraduates. A study by Park and Han [14] also confirmed that ego-resilience is a variable affecting the satisfaction of clinical practice among nursing school undergraduates.

In addition, the importance of strategies to enhance self-leadership in nursing school undergraduates to raise their satisfaction with clinical practice and instill a sense of continued
progress and confidence has been highlighted in other studies [2]. Self-leadership refers to an autonomous force associated with the behavioral strategies or modes of thinking that influences an individual to achieve high-reaching goals [15]. Individuals who have high levels of self-leadership present more innovative and creative tendencies compared to those who do not, and because they perform their tasks more innovatively and creatively [16], self-leadership is considered an important personal trait that is essential for nurses, who often must exercise leadership and immediately respond to situations involving their counterparts [17]. If self-leadership is instilled among aspiring future nurses studying in nursing school, such students will be capable of exercising autonomy, and will be driven by a sense of responsibility and clear awareness of their goals during their clinical practice [18]. A study by Yang and Moon [2] also confirmed that self-leadership was a variable that affected satisfaction in clinical practice.

In the studies conducted thus far, much of the focus has been placed on examining variables related to satisfaction in clinical practice among nursing school undergraduates with respect to clinical practice stress [1, 2, 8, 9, 19], self-leadership [2, 20], emotional quotient [19], and critical thinking tendency [21]. On the other hand, there have seldom been any studies on satisfaction in clinical practice and ego-resilience [14]. Therefore, variable selections were made in consideration of the necessity of examining the relations between ego-resilience – an internalized characteristic of nursing school undergraduates – self-leadership, and satisfaction in clinical practice. In doing so, this study proceeded to explore the relations between ego-resilience, self-leadership and satisfaction with clinical practice among nursing school students with experience of clinical practice, and uncovered factors that affect satisfaction in clinical practice for the purpose of establishing the basic research materials needed to develop efficient clinical practice training for nursing school undergraduates.

2. Research Method

21. Research Design

This study was a descriptive study aimed at examining the ego-resilience, self-leadership, and satisfaction in clinical practice of nursing school undergraduates, in addition to examining the correlations between such variables and uncovering factors that affect satisfaction in clinical practice.
A Study of the Relationships Between Ego-Resilience, Self-Leadership and Satisfaction with Clinical Practice Among Nursing School Students with Experience of Clinical Practice Training

2.2 Research Subjects

The subjects of this study included fourth year nursing school undergraduates from two universities located in J Province and G Metropolitan City who understood the purpose of this research and agreed to participate. Despite only 182 samples being needed to maintain effect size= .20, significance level= .05, and power= .85 using G*Power 3.1, a total of 290 surveys were handed out in consideration of possible dropouts. Ultimately, 281 responses were analyzed after 9 responses that were considered inappropriate were excluded.

2.3 Research Instruments

2.3.1 Ego-Resilience

A 14-question survey was prepared using the ego-resilience tool of Block and Kremen [12] translated and corrected by Yoo and Shim [22]. Each question was to be answered on a 4-point scale, with 1 point assigned to 'strongly disagree' and 4 points assigned to 'strongly agree,' with higher point responses indicating higher ego-resilience. Cronbach's α was .76 in the study by Block and Kremen [12], while Cronbach's α was .86 in this study.

2.3.2 Self-leadership

A 35-question survey was prepared using the revised self-leadership questionnaire (RSLQ), a self-leadership measurement tool developed by Houghton and Neck [23], translated by Shin et. al. [24] and corrected and supplemented by Kim [25]. Each question was to be answered on a 5 point scale, with 1 point assigned to 'strongly disagree' and 5 points assigned to 'strongly agree,' with higher point responses indicating higher ego-resilience. Cronbach's α was .70 ~ .87 in the study by Houghton and Neck [23], .93 in the study by Kim [25], and .91 in this study.

2.3.3 Satisfaction in Clinical Practice

A 31-question survey based on the satisfaction-in-clinical-practice survey tool developed by Cho and Kang [26] and corrected and supplemented by Lee et. al. [27] was used to measure satisfaction in clinical practice. The questions were to be answered on a 5-point Likert scale, in which responses ranged from 'strongly disagree,' which was assigned 1 point, and 'strongly agree,' which was assigned 5 points. Negative questions were calculated in reverse and higher points indicated higher satisfaction with the clinical practice. Cronbach's α was .89 in the study by Lee et. al., while Cronbach's α was .85 in this study.
2.4 Method and Collection of Data

The subjects of this study included fourth year nursing school undergraduates from two universities located in J Province and G Metropolitan City, all of whom understood the purpose of this research and voluntarily agreed to participate. The subjects were surveyed using structured surveys from May 16 to May 23, 2018. Prior to having the surveys filled out, the researchers of this study explained the purpose and content of the study to the respondents and informed the respondents that the collected materials would be processed anonymously, that the materials would be used for no purpose other than for research, and that the respondents had the option of dropping out of the study at any time.

2.5 Data Analysis

The collected data was analyzed using SPSS/WIN 22.0.

- Differences in ego-resilience, self-leadership and satisfaction with clinical practice according to the general characteristics of the subjects were analyzed using t-tests and ANOVA, and Schéffe’s test was applied for post-validation purposes.
- Correlations between the ego-resilience, self-leadership, and satisfaction with clinical practice of the subjects were analyzed using Pearson’s correlation coefficients.
- Multiple regression analysis was applied to uncover factors that affected the satisfaction of the subjects with clinical practice.

3. Research Results

3.1 Level of Ego-Resilience, Self-Leadership, and Satisfaction in Clinical Practice Training of the Subjects

Among the undergraduates surveyed, ego-resilience averaged 3.42 points (±0.55) on a 4-point scale, self-leadership averaged 3.47 (±0.44) on a 5-point scale, and satisfaction in clinical practice averaged 3.32 points (±0.37) on a 5-point scale [Table 1].

[Table 1] Mean Score of Ego-Resilience, Self-leadership, and Satisfaction in clinical practice

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean±SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego-Resilience</td>
<td>3.42±0.55</td>
<td>1.85</td>
<td>5.00</td>
</tr>
<tr>
<td>Self-leadership</td>
<td>3.47±0.44</td>
<td>1.34</td>
<td>4.69</td>
</tr>
<tr>
<td>Satisfaction in clinical practice</td>
<td>3.32±0.37</td>
<td>1.48</td>
<td>4.83</td>
</tr>
</tbody>
</table>
A Study of the Relationships Between Ego-Resilience, Self-Leadership and Satisfaction with Clinical Practice Among Nursing School Students with Experience of Clinical Practice Training

3. Differences in Ego-Resilience, Self-Leadership, and Satisfaction in Clinical Practice According to the General Characteristics of the Subjects

According to the results of the study, ego-resilience, according to the general characteristics, was found to present significant differences with respect to gender (t=-4.286, p<.001), level of satisfaction with one’s major (F=9.989, p<.001), and role models in the practical work environment (t=3.778, p<.001). Self-leadership, according to the general characteristics, was found to present significant differences with respect to grade point average (F=7.177, p=.001), satisfaction with one’s major (F=10.667, p<.001) and role models (t=2.570, p=.026) in the practical work setting. Satisfaction in clinical practice, according to the general characteristics, was found to present significant differences with respect to religious status (t=2.233, p=.011), satisfaction with one’s major (F=4.727, p=.010), and role models in the practical work setting (t=2.565, p=.011) [Table 2].

[Table 2] Differences in Ego-Resilience, Self-leadership, and Satisfaction in clinical practice (N=281)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Categories</th>
<th>Ego-Resilience</th>
<th>Self-leadership</th>
<th>Satisfaction in clinical practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M±SD</td>
<td>t or F (Scheffe)</td>
<td>p</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>3.36±0.52</td>
<td>-4.286</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>3.71±0.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Senior</td>
<td>3.42±0.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Senior</td>
<td>3.37±0.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Yes</td>
<td>3.48±0.55</td>
<td>1.668</td>
<td>.097</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3.37±0.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade point average</td>
<td>&gt;4.0</td>
<td>3.65±0.54</td>
<td>1.651</td>
<td>.194</td>
</tr>
<tr>
<td></td>
<td>3.0-3.9</td>
<td>3.40±0.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.0-2.9</td>
<td>3.39±0.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation for applying</td>
<td>Employment guarantee</td>
<td>3.38±0.53</td>
<td>2.374</td>
<td>.070</td>
</tr>
<tr>
<td></td>
<td>Aptitude</td>
<td>3.55±0.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High school record</td>
<td>3.13±0.38</td>
<td>2.374</td>
<td>.070</td>
</tr>
<tr>
<td></td>
<td>Recommendation of parent or others</td>
<td>3.38±0.50</td>
<td>2.374</td>
<td>.070</td>
</tr>
<tr>
<td>Satisfaction with nursing</td>
<td>Satisfied</td>
<td>3.57±0.59</td>
<td>9.989</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>3.33±0.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dissatisfied</td>
<td>2.85±0.40</td>
<td>9.989</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Period in clinical practice</td>
<td>Over 3Ms-Below 6Ms</td>
<td>3.41±0.52</td>
<td>-0.135</td>
<td>.893</td>
</tr>
<tr>
<td></td>
<td>Over 6Ms</td>
<td>3.42±0.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role model in practice</td>
<td>Yes</td>
<td>3.51±0.57</td>
<td>3.778</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3.26±0.49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. 3 Correlation between Ego-Resilience, Self-Leadership, and Satisfaction in Clinical Practice of the Subjects

The analysis of the correlations between ego-resilience, self-leadership and satisfaction in clinical practice indicated the existence of a significant static correlation between satisfaction in clinical practice and both ego-resilience \((r=.327, p<.001)\) and self-leadership \((r=.230, p<.001)\). A significant static correlation \((r=.443, p<.001)\) was also found to exist between ego-resilience and self-leadership [Table 3].

[Table 3] Correlation among Ego-Resilience, Self-leadership, and Satisfaction of Subjects with clinical practice

<table>
<thead>
<tr>
<th>Variables</th>
<th>Ego-Resilience</th>
<th>Self-leadership</th>
<th>Satisfaction with clinical practice training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego-Resilience</td>
<td>1</td>
<td>.443 (&lt;.001)</td>
<td>.327 (&lt;.001)</td>
</tr>
<tr>
<td>Self-leadership</td>
<td>1</td>
<td>1</td>
<td>.230 (&lt;.001)</td>
</tr>
<tr>
<td>Satisfaction with clinical practice training</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. 4 Factors that Affect Satisfaction of the Subjects in Clinical Practice

An analysis of the factors affecting satisfaction in clinical practice indicated that ego-resilience \((\beta=.280, t=4.451, p<.001)\) and religion \((\beta=-.120, t=-2.605, p=.050)\) significantly affected satisfaction with clinical practice among the nursing school undergraduates. The regression model had statistical significance \((F=18.238, p<.001)\) and the explanatory power of the model was presented as 10.6 %. [Table 4]

[Table 4] Factors influencing Subject Satisfaction with Clinical Practice

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE</th>
<th>(\beta)</th>
<th>(t(p))</th>
<th>Durbin-Watson</th>
<th>Adj R2</th>
<th>F(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego-Resilience</td>
<td>.416</td>
<td>.093</td>
<td>.280</td>
<td>4.451 (&lt;.001)</td>
<td>2.066</td>
<td>.106</td>
<td>18.238 (&lt;.001)</td>
</tr>
<tr>
<td>Religion</td>
<td>-2.876</td>
<td>1.466</td>
<td>-.121</td>
<td>-1.961 (.050)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Discussion

Ego-resilience, according to general characteristics as examined in this study, was found to present significant differences in terms of sex, level of satisfaction with one's major, and the existence of role models in the area of practical work. Ego-resilience was found to be higher among male students than among female students, and among students who were satisfied with their majors than among students who were not. These findings were consistent with the results of studies by Kim and Hwang [28] and Park and Kwon [29], which found significant differences in ego-resilience between male and female students as well as between students who were satisfied with their majors and those who were not satisfied. The findings were also similar to the results presented by Shin and Park [30], where ego-resilience was found to be higher among students reporting high satisfaction with their major. The point average of ego-resilience in this study was 3.42, which was notably higher than the 2.72 point average of Park and Lee [13], who surveyed first and second year nursing school undergraduates; the 2.80 point average of Park and Kwon [29], who surveyed third and fourth year nursing school undergraduates with more than 2 semesters of clinical practice experience; the 2.82 point average of Kim and Hwang, who surveyed first to fourth year nursing school undergraduates; the 2.80 point average of Shin and Park [30] who surveyed nursing major students with clinical experience; and the 2.76 point average (4 point conversion) of Park and Han [14], who although it is difficult to make direct comparisons due to the use of different tools, surveyed third and fourth year nursing school undergraduates with 6 months or more of clinical practice training, a group identical to the subjects in this study.

Self-leadership, according to the general characteristics as examined in this study, was found to present significant differences with respect to grade point averages, satisfaction with one's major, and the existence of role models in the practical work setting. Students with higher grade point averages and higher satisfaction levels with their majors presented higher levels of self-leadership, which was consistent with the findings of Kim and Hwang [28]. In a study by Yang and Moon [2], significant differences were present with respect to grade years, interpersonal relationships, and satisfaction with one's major, while in a study by Lee and Kim [20], significant differences were present with respect to grade years, religion, satisfaction of undergraduate life, satisfaction with one's major, and selection motives. These studies indicated that higher levels of satisfaction with one's major resulted in higher levels of self-leadership.

The point average of self-leadership of the subjects in this study was 3.47, which was
slightly lower than the 3.72 point average reported by Yang and Moon [2], the 3.68 point average reported by Lee and Kim [20], and the 3.74 point average reported by Lee and Cho [31]. This indicated a need to pursue mediating solutions to strengthen self-leadership among the subjects of this study.

Satisfaction in clinical practice, according to general characteristics examined in this study, was found to present significant differences according to religious status, satisfaction with one’s major, and the existence of role models for practical work. In a study by Yang and Moon [2], significant differences were present with respect to grade years, interpersonal relationships, and satisfaction with one’s major, while in a study by Lee and Kim [20] significant differences were present with respect to age, sex, grade year, satisfaction with undergraduate life, satisfaction with one’s major, and interpersonal relationships during practice. While there are difficulties in directly comparing these results to this study in that the general characteristics examined were different, a tendency for higher satisfaction in clinical practice among those reporting higher satisfaction with one’s major was found to exist.

The point average of satisfaction with clinical practice in this study was 3.32, which was higher than the 3.11 point average of Yang and Moon [2] and the 3.24 point average of Kim and Kim [32] and similar to the 3.30 point average of Lee and Kim [20] and the 3.36 point average of Kim and Lee [33].

The results of analyzing the correlations between ego-resilience, self-leadership, and satisfaction with clinical practice training of the nursing school undergraduates indicated the existence of a static correlation between satisfaction with clinical practice training and both ego-resilience and self-leadership. In addition, a static correlation was also found to be present between ego-resilience and self-leadership. These findings are consistent with existing studies presenting the existence of a static correlation between self-leadership and satisfaction in clinical practice [2, 20], which points to the need to establish support strategies for nursing school undergraduates aimed at developing training programs that strengthen self-leadership in the curriculum for nursing majors.

The results of an analysis of factors that affect satisfaction in clinical practice indicated that ego-resilience and religion have a significant effect on satisfaction in clinical practice training among nursing school undergraduates, with an explanatory power of 10.6 %. This is partially consistent with the findings of Park and Han [14], which found that teaching efficiency and support from family members are factors having a direct effect on satisfaction in clinical practice, while active methods of responding, ego-resilience, and passive methods of responding are factors having an indirect effect on satisfaction in clinical practice training, where
A Study of the Relationships Between Ego-Resilience, Self-Leadership and Satisfaction with Clinical Practice Among Nursing School Students with Experience of Clinical Practice Training

ego-resilience or the methods of responding had an effect on satisfaction in clinical practice are intermediary variables. However, in a study by Lee and Kim [20], factors that predicted satisfaction in clinical practice had an explanatory power of 34% and were presented as satisfaction levels with one’s major, grade years, positive outlook, and self-leadership. In a study by Yang and Moon [2], factors that had an effect on satisfaction in clinical practice had an explanatory power of 20.0% and were presented as being grade years, self-leadership, interpersonal relationships, and stress associated with clinical practice. When considering the findings of this study as presented above, to improve the satisfaction in clinical practice of nursing school undergraduates, continued research to improve levels of self-leadership and to strengthen ego-resilience, both internalized characteristics of individuals, must be pursued. In addition, it is deemed necessary to pursue effective mediating solutions to improve satisfaction in clinical practice among nursing school undergraduates through the development and mediation of training programs, in order to understand variables that affect the means of improving satisfaction in clinical practice.

5. Conclusion

In this study, the ego-resilience and religious status of nursing school undergraduates with clinical experience were found to be factors that had an effect on satisfaction in clinical practice. In light of this, continued efforts to provide an efficient clinical practice environment and contribute to improving satisfaction in clinical practice among nursing school undergraduates are deemed necessary through the development of training programs and mediating activities to strengthen the ego-resilience of nursing school undergraduates. The results of this study indicated that only ego-resilience and religious status were direct factors in predicting satisfaction in clinical practice. On this basis, further studies are deemed necessary to confirm this premise.

References


A Study of the Relationships Between Ego-Resilience, Self-Leadership and Satisfaction with Clinical Practice Among Nursing School Students with Experience of Clinical Practice Training


