



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 11, Issue, 06, pp.5094-5099, June, 2019

DOI: <https://doi.org/10.24941/ijcr.29485.06.2019>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

RESEARCH ARTICLE

THE ROLE OF SOCIAL SUPPORT IN MANAGING STRESS DURING CLINICAL LEARNING IN NURSING STUDENTS

*Obenebob Ayukosok

PhD. Research Fellow, Department of Educational Psychology, University of Buea, Cameroon

ARTICLE INFO

Article History:

Received 20th March, 2019

Received in revised form

24th April, 2019

Accepted 26th May, 2019

Published online 30th June, 2019

Key Words:

Social Support, Stress Management,
Nursing Student, Clinical Learning.

*Corresponding author:

Copyright © 2019, Obenebob Ayukosok. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Obenebob Ayukosok, 2019. "The role of Social support in managing stress during clinical learning in nursing students", *International Journal of Current Research*, 11, (06), 5094-5099.

ABSTRACT

There is obvious need to have the safest working environments and the best quality of health care delivery for patients by nursing students on clinical practice/learning. Effective social support is one of the very important steps in achieving his goal. This paper identifies the major social support required for managing stress in nursing students during clinical learning and the most effective management and coping strategies as contained in literature. The paper employed a qualitative method involving a review of secondary data and the application of content analysis. The Transactional Model of Stress and Coping by Lazarus and Folkman formed the theoretical framework for this study. Findings from this study indicated that a combination of physical factors, administrative and organisational malfunction, psychological factors and interpersonal conflict are the major sources of stress for nursing students during clinical practice. On the other hand, the best management and coping strategies for nursing students involves combination of personal coping skills, effective organisational plans and social support.

INTRODUCTION

The need to have the safest working environments and the best quality of health care delivery to patients by nursing students during clinical learning cannot be overemphasized. It is therefore imperative to identify social support that would promote these goals and to prevent other negative factors from impeding their achievement. Work stress has been identified as a key factor in service delivery in every organisation and in most field of work (Obiora, 2015). How this work stress affects nursing students in clinical training, how they cope with it and the resultant effect of the coping strategies on their output forms the crux of this work. It is a universally accepted fact that human nature is prone to wear and tear associated with daily activities. These manifest in the form of stress and strains as witnessed in everyday life. Nursing students on clinical learning and other healthcare professionals are exposed on a daily basis to different levels of stress and burnout arising from the demand of their jobs. According to Sexton et al. (2009), nurses like practicing nursing students are exposed to intense stressors arising from the demand of their jobs. These stress factors could be poor staffing, high workload, communication breakdown, death and sometimes pressures arising from medication errors. They argue that nursing is part of the medical profession with the high demand for high stake decisions and high-level responsibilities. There is also the factor of emotions and supportive care for dying patients and the pain of death.

The profession also exposes practicing nursing students to unplanned but unavoidable long working hours, lots of paper work and other social vices like physical abuse from either the patients or their families. Healthcare workers especially nurses are prone to these stress inducing factors seen in Medical care and as such are candidates for deep scrutiny because of the implication of their actions and inactions on the general wellbeing of patients. Clinical learning in nursing education has a pivotal role in enhancing clinical competences of nursing students. The Quality of education in nursing students depends on the quality of their clinical experience. The literature highlights that nursing students are exposed not only to psychosocial stress due to their academic study, but also to occupational stress due to clinical practice during their clinical learning (Obiora, 2015). In effect, from a training perspective, clinical internship can offer to the student a real work environment in which he/she can apply professional attitudes, knowledge, and skill developed during theoretical training part. Nevertheless, even if clinical learning may represent the most important aspect of the nurse training, scientific evidence shows that students' training experience is frequently unsatisfying as they do not receive adequate support which may represent for nursing students a first source of psychosocial risk which can influence not only successive dysfunctional work behaviors, but also the desire to continue the academic study.

Social support for nurses: Social support is the perception and actuality that one is cared for, has assistance available

from other people, and that one is part of a supportive social network. These supportive resources can be emotional (nurturance), tangible (financial assistance), informational (advice), or companionship (sense of belonging) and intangible (personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as educators, family, friends, pets, neighbors, coworkers, organizations. Government-provided social support is often referred to as public aid (Cohen, McKay, 1984). Again, social support has been described as “support accessible to an individual through social ties to other individuals, groups, and the larger community.” The National Cancer Institute's Dictionary of Cancer Terms defines social support as “a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help”. Theoretical models of social support specify the following two important dimensions: (1) a structural dimension, which includes network size and frequency of social interactions, and (2) a functional dimension with emotional (such as receiving love and empathy) and instrumental (practical help such as gifts of money or assistance with child care) components. Most research has found that quality of relationships (functional dimension) is a better predictor of good health than quantity of relationships (structural dimension), although both are important.

It should be noted that the optimal source of social support may depend on the developmental stage of the person who is receiving the support. For example, parental support seems to be more valuable in early adolescence than it is in late adolescence. It has been shown that the perception of social support is associated with the degree of social interaction in the elderly and with instrumental support in younger adults. Moreover, the type of social support seems to be important in conferring resilience to stress. Social support involves providing emotional, moral and personal support to the students. Support is broadly defined as providing emotional support (to enable students to acquire new knowledge, skills, and attitudes, and guide them to properly practice) and instrumental support (assisting students to adapt to a clinical environment) at varying times (Davis, 2007; Fox, 2010; Stewart & Knowles, 2003). A supportive learning environment can mitigate students' anxiety and feelings of stress. It is one in which the teacher acknowledges and responds to the feelings of stress and anxiety that are experienced by students (Gibbons, Dempster, Moutray, 2008). Bankert and Kozel suggested that creating a supportive clinical environment that demonstrates value, respect, and support as a collaborative enterprise between clinical educators and students not only fosters relationships but also promotes learning in a non-stressful manner. They explain a supportive clinical learning environment is based on genuine dialog, engagement, and reflection. Furthermore, the development of formal and informal support systems with faculty, staff, and peers optimizes academic and social connections and provides essential resources to proactively address stress and positively impact retention and satisfaction, increases self-esteem, promotes success and satisfaction, and increases the number of professional nurses available to deliver high-quality health care for global populations (Happel, 2008). Social support that makes novices feel comfortable includes such things as providing nursing students personal, moral, social and

emotional support in the classroom and clinical learning environment and suggesting ways in which to balance the demands and expectations of students and teachers in the new environment. It involves assisting in building self-concept and self-esteem, good communications, positive interactions, counseling, effective listening skills and caring personalities. Clinical educators who work along with students effectively have been found to be those who interact directly in helping and facilitating teaching processes, helping in the construction of teaching and learning situations and providing emotional and professional learning support (Wang and Odell, 2002). Social support is important in ensuring the success of students especially for those who discover an array of new responsibilities during clinical education (Yost, 2002). It is also well documented that those with a good support group, which provides good emotional, psychological and social/spiritual help do much better than those without it (Chapple, 2006). Underpinning this support are the personal qualities and attitudes of trained nurses. It is one of the strongest and important needs of beginning teachers in particular during clinical education where teaching is considered an emotional experience (Johnson, 2007; Tickle, 1991). Johnson (2007) suggests that social support is particularly important in the eyes of students and argues that consistent support creates a safe climate in which students can take risks and do the work of developing personally and professionally (Johnson, 2007). Such support is needed to reassure and guide students and to reduce their anxieties and frustrations with in the current demanding clinical experience. A nurturing environment that meets personal and emotional needs results in students being better able to meet their daily demands and challenges (Kilburg, 2007).

Sources of stress: The World Health Organisation (WHO 1948) defined healthy jobs as the one where the work pressure is equivalent to the abilities and inherent capacity of an employee to manage the effect of the pressure and this implies having control of their work and working environment and getting enough support and encouragement from the people they consider important. The people who matter in the context of this research are the supervisors, student trainees, the patients as well as the family members of both the nursing trainee and the patients. Though pressure is unavoidably present in everyday working life, the source and form of the pressure could define how different persons perceive it. Work pressure is seen to be positive or acceptable when the worker sees it as a source of motivation rather than a stressor. In this case, the worker is willing to learn and work depending on his inherent characteristics and available resources. On the other hand, if the pressure is perceived to be excessive or otherwise unmanageable it leads to stress. The World Health Organisation (WHO 1948) defined work stress as, “the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope. According to (WHO 1948) stress is seen in almost every work environment but the negative aspect of it is made prominent when workers consider the support they get from their supervisors and other trainees as inadequate or when they have little or no control over the work process. In the work by Lazarus (1966), “Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their wellbeing.” When the pressures arising from the demand of the job is overbearing and when it tends to weigh down on the employee either physically,

mentally or emotionally, one can say that he is stressed. "Work-related stress can be caused by poor work organisation which could mean the design of the jobs and work systems, and the way they are managed. According to Leka et al. (2003), work related stress could also be as a result of poor institutional management, poor work environment or working condition as well as lack of support from other members of the team. Research findings (Leka et al. 2003; Stoica & Buicu 2010) have shown that the most stressful types of work are those in which the demand of the job does not match the capacity and capabilities of the employee. Stress also occurs where there are too much restrictions and little or no opportunity to make choices and where the amount of external support is low. When these factors are provided for, employees are less likely to experience work related stress. There are several known sources of stress experienced by nursing students. These sources are sometimes acting in isolation or in combination with other stressors to weigh down on individuals at either work or elsewhere. According to Zuccolo (2013), stressors are categorized into physical or psychological sources. These are further classified into environmental, social, physiological and cognitive-emotional stressors. Physical stressors impact on our five senses and these may include factors like noise, pollution and weather. Other types of physical stressors are changes arising from physiological changes like puberty, menopause, adolescent and aging among others. Social stressors include psychological stressors arising mostly from the demand of daily living like at work or relationships. Finally, the cognitive-emotional is the type arising from our thoughts as a response to change in our environment.

The major sources of stresses for nursing student as contained in literature (Sharma et al. 2008; Lockley et al. 2007; Embriaco et al. 2007) includes, workload, working hours, work environment, interpersonal relationship. Lack of staff and high turnover, having too much work to do (overload), having to assume unpleasant tasks, discriminations and latent favours, incapacity to close with the job at home, consequences of made mistakes, pursue the career to damage of the familiar life, bringing the work at home, inadequate supervision of the superiors, feeling isolated among others.

Stress management and coping good: There are many known and traditional means of managing everyday stress. These could be in the form of physical exercise, emotional and psychological therapies, change in work approach, medications among others. The choice of management procedure adopted is usually subjective to the source and nature of the stress and the resources available to the individual under stress (Cohen 1984). It is believed that the best management practice for stress is learning healthy coping strategies. The first step to effective stress management is to understand oneself better and to appreciate what constitute stress and how one reacts to stressful situations. To cope according to the Online Dictionary is "to face and deal with responsibilities, problems, or difficulties, especially successfully or in a calm or adequate manner" (Dictionary.com 2015). In the nursing context, to manage the demand arising from the strenuous nature of the job and still render quality health and nursing services to patient could be seen as effective coping. Most literatures that worked on stress and coping tried to link the coping strategies to the type and sources of the stressor. In the case of Lockley et al. (2007), there is need to establish safe hour work limit for nurses in order to prevent the high rate of fatigue related

medical errors and injuries. In other words, to be able to manage the stress arising from long working hours, there is need for management action on limiting the amount of hours done by nurses. The kind of shifts and the duration of shifts can be controlled by a combined effort of the nurse managers and the nurses working in the hospitals. Fielden & Peckar (1999) agreed that stress is associated to the number of hours done by hospital doctors but added that the availability of social support helped to reduce the negative effect of the stress on their performance. Consequently, social support was identified as an effective coping strategy for nurse trainees as against senior nurses. In the work of Sharma et al. (2008), Nurses are believed to have lower level of burnout than surgeons and they agreed that this is as a result of better working practice, the type of responsibilities and the management structure. By this, a better-organized management structure and organized individual working practice are seen as effective way of managing or coping with work stress. (Embriaco et al. 2007) is in agreement with (Heaney & Price 1995) that coping resources such as social support or working group is an effective coping strategy for stress. Other preventive strategies include effective communication strategies during end of life care, prevention of management conflicts (Embriaco et al., 2007) and perceived control (Heaney & Price 1995).

RES UTLS

Emotional support which is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the student know that he or she is valued. It is also referred to as esteem support or appraisal support (Sherman, 2011). Emotional disturbance is an umbrella term that is used under idea to describe a wide range of different disorders and conditions. Anxiety disorders, conduct disorders, eating disorders, mood disorders, psychiatric disorders all are considered emotional disturbances (Zins, Elias, 2007). Yet each varies from the other in important ways. Emotional disturbances carry with them a stigma, despite being surprisingly common in students. Students, who are depressed, live with chronic anxiety, experiences inexplicable panic attacks. Teachers are often among the first to suspect that a student may have an undiagnosed emotional disturbance (Wilczenski, Cook, 2014). They may notice a student's ongoing problems with interpersonal relationships, for example or signs of unreasonable anger, an eating disorder, or self-injurious behavior. It's also not uncommon for teachers to refer such students for evaluation, to see that they are connected with the systems of supports and services that can be genuinely helpful, even life-changing. Based on the various types of emotional support, positive emotional support provides a good starting point for the scaffolding of motivation and learning (Fulmer, & Turner, 2014; Jennings & Greenberg, 2009; Merritt, 2012; Pakarinen, Lerkkanen, Poikkeus & Rasku-Puttonen, 2013; Roorda, 2011; Ruzek, 2016). Positive emotional support may function as a protecting factor especially for students at risk as it prevents learning difficulties and exclusion (Buyse, Verschueren, Doumen, Van Damme, & Maes, 2008; Roorda, 2011). Paying attention to emotional support as early as possible is of high importance, because early support is useful and lasting (Heckman, 2006; Karoly, Kilburn, & Cannon, 2005) and positive emotional support is strongly linked to high

quality scaffolding in early student education (Salminen, 2012).

Moreover, the function of social support is personal or tangible support which is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways educators assist student's (Bankert, 2010). Personal support is the act of giving support that addresses individual needs such as food, clothing and shelter which are necessary for survival. Personal support help students meet these needs, especially during times of personal hardship, by providing financial and employment assistance, material goods and shelter. It involves providing assistance with any aspect of living or personal care to a student to ensure that all learners are supported to participate in school, to develop their individual potential, and to acquire the knowledge, skills and attitudes they need for a successful personal future and to contribute positively to society and to the economy (Figl, 2004). Personal support is the act of thinking and doing things that sees the students using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting students at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome. Personal support is not just about giving students whatever they want or providing information (Sugai, 2005). It is about considering student's desires, values, family situations, social circumstances and lifestyles; seeing the student as an individual, and working together to develop appropriate solutions. Being compassionate, thinking about things from the student's point of view and being respectful are all important. This might be shown through sharing decisions with students and helping students manage their education (Geneva, 2007). All learners are entitled to guidance and support as they strive to develop the knowledge, skills and competencies they need for a bright future; and access to opportunities to extend their learning into areas of personal interest and passion. Personal support recognizes each student as an individual learner, with his or her own learning needs and style and unique gifts. It also recognizes and values a student's own individual interests and future goals (Sebring, 2006).

The school system should always strive to create and maintain conditions that foster success for all students by providing personal support. These conditions include: Equitable access to and equitable participation in quality education for all students, school cultures that value diversity and responds to the diverse social and academic needs of individual students, school cultures that promote understanding of others and respect for all, school environments that is safe and welcoming, policies and practices that promote fair and equitable treatment, decision-making processes that give a voice to all members of the school community (Casel, 2006). Personal support has a great direct impact on the mental-emotional-physical health, wellness, academic performance, professional development, and holistic success of students. Clinical learning that encourages personal and individualized well-being creates an atmosphere for both learning and emotional development. Educational research supports creating an atmosphere of mutual respect, where students feel relaxed in asking questions and expressing their thoughts and feelings (Stronge, 2002). Some areas to consider when creating an atmosphere of mutual respect are personal support, classroom design, classroom procedures, and classroom strategies. Implementing a few strategies that address these areas can help

develop a strong sense of community and encourage positive interactions and cooperative learning for students with and without disabilities. Personal support instills a warm classroom environment which leads to increased academic achievement and a sense of pride and belonging in the school. The physical environment of a classroom plays a part in the ownership students feel about their school and more specifically their class. The clinical environment should do as much to foster cooperation and acceptance as the instructional method the educator uses (Scott, Leach, & Bucholz, 2008). Educators should make the clinical learning environment encouraging and supportive by teaching student's problem solving and conflict resolution skills in small groups and whole class meetings (Gartrell, 2006). Clinical educators have to understand that unless the basic needs of every student are met education and learning will suffer. Many students who attend schools live below the poverty line as a result, students start off with a major disadvantage and so clinical educators must focus on basic needs. On the other hand, students with their basic needs being met are able to focus on learning, appreciating, and understanding education. That is why clinical education needs special attention and dramatic changes. Therefore, clinical educators are committed to providing an educational environment that fosters compassion and respect, welcomes diversity and supports students in various circumstances (including students experiencing housing and food insecurities).

Personal support also focuses on improving students' relationships with educators which has important, positive and long-lasting implications for both students' academic and social development. Solely improving students' relationships with their educators will not produce gains in achievement. However, those students who have close, positive and supportive relationships with their teachers will attain higher levels of achievement than those students with more conflict in their relationships. Picture a student who feels a strong personal connection to her teacher, talks with her teacher frequently, and receives more constructive guidance and praise rather than just criticism from her teacher. The student is likely to trust her teacher more, show more engagement in learning, behave better in class and achieve at higher levels academically. Positive teacher-student relationships draw students into the process of learning and promote their desire to learn (assuming that the content material of the class is engaging, age-appropriate and well matched to the student's skills). Nursing students are prone to stress due to the different environment they are confronted to. Moreover, some personal factors along with the academic requirements can make difficult the students's adaptation to nursing school. Different studies have found the sources of stress among nursing students. Notably, interpersonal relationship (Mahat, 1998), examinations (Evans & Kelly, 2004), class workload (Seyedfatemi, 2007), and clinical work (Pulido-Martos, 2012). This study found that clinical setting was the highest source of stress, but also academics and personal factors. This is therefore in accordance with the cited authors. There is a thing in knowing what the stressors of nursing students are, but it is another thing to know how to deal with them. In that sense, Toray (1998) indicates that although students cannot avoid these stressors, their ability to adjust to demands and cope with these stressors are important in achieving success in the college academic and social environments, on that note we cannot over emphasize the role of social support as students navigate through clinical learning.

Differentsocial supports are promoted in the literature. However, there is no most appropriate coping strategy. It seems to depend upon the nature on the learner and its background. Nevertheless, Murphy (2004) and Shirey (2007) advise faculty to distinguish what works to lessen the students' stress and eventually teaching them strategies to reduce stress. In the most part, the literature agreed in majority that emotional and spiritual support is important in managing stress. This finding is in agreement with Seyedfatemi et al. (2007) and LeDuc (2010)'s findings that showed that majority of their respondents reported the importance of having people who care and are dedicated to the student's well-being. However, in terms of engaging in physical activities, some literature quite differ from those of Seyedfatemi et al. (2007) since the latter reported only seldom or never used such strategy. Whatever the social support or coping strategy is, one other component that helps well students to deal with stress is their resilience. The literature equally suggest that social support is associated with increased psychological well-being in the clinical learning environment and in response to important life events there is a strong association between perceived social support and student well-being. For instance, Asante (2011) found that social support reduces stress level and depressions among students with challenging behavior. In stressful times, social support helps people reduce psychological distress (anxiety or depression). Social support can simultaneously function as a problem-focused (receiving tangible information that helps resolve an issue) and emotion-focused coping strategy (used to regulate emotional responses that arise from the stressful event) (Barbarinet, 2006). Social support has been found to promote psychological adjustment in conditions with stress. Students with low social support report more sub-clinical symptoms of depression and anxiety than do students with high social support. In addition, students with low social support have higher rates of major mental disorder than those with high support. Creating a strong social support system for those affected by stress may help such individuals to have a higher quality of both mental and physical health (Panter-Brick, Goodman, Eggerman, 2011).

Social support has also clearly demonstrated link to physical health outcomes in students, with numerous ties to physical health including mortality. Students with low social support are at a much higher risk of death from a variety of diseases such as cancer or cardiovascular disease (Horner, Robert, George Sugai, and Claudia Vincent, 2000). Numerous studies have shown that students with higher social support have an increased likelihood for survival (Layne, 2008).It has been linked to lower cortisol (stress hormone) levels in response to stress.

Conclusion

The purpose of this study was to describe in a bit the role of social support in stress management among nursing students in clinical practice. It was revealed that nursing students experience various sources of stress though the stress related to the clinical setting is the greatest one. In relation to the coping strategies emotional/spiritual support appeared to be really important as well as the ability of the student to keep him/herself involved in physical/school related activities. It appears that though the students have recognized the workability of physical activity in helping them to deal with stress, they are somehow slow in involving in physical activities. However, if today's nursing students who are

tomorrow's nurses need to become resilient in their work places based on the nature of their work, they definitely need to start to develop resilient skills (social support). Because "nurses should be proactive about resilience in the work-place" (McAllister & Lowe, 2011, p.17). This study endeavors to provide a better understanding of social support used by nursing students, and their effectiveness, through a process of self-awareness. This process seeks to make students aware of the possibility of adjusting or replacing the strategies being used, according to the needs of the situations they are experiencing. This may result in an appropriate management process and subsequent positive adaptation to the threatening situation through the use of effective coping strategies.

Recommendation

The researcher study the role of Social support in managing stress during clinical learning in nursing students and the result of the study expressed different experiences as presented in the finding. It might be of interest to see if students' themselves can offer ideas on how to improve their learning in the clinical placement environment. Therefore, it might be of importance if other students' could try and research or formulate guidance to improve or enhance learning during the clinical placements.

REFERENCES

- Buyse, E., Verschueren, K., Doumen, S., Van Damme, J. and Maes, F. 2008. Classroom problem behavior and teacher-child relationships in kindergarten: The moderating role of classroom climate. *Journal of School Psychology*, 46(4), 367-391
- Cohen, F., 1984. "Coping." In *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*, edited by J.D. Matarazzo, S.M. Weiss, J.A. Herd, N.E. Miller, and S.M. Weiss, 7:1292. Wiley,.
- Dictionary.com,2015. Available at <http://dictionary.reference.com/browse/cope> [Accessed November 27, 2015].
- Embriaco, N., Papazian, L., Kentish-Barnes, N., Pochard, F. and Azoulay, E., 2007. Burnout syndrome among critical care healthcare workers. *Current Opinion in Critical Care*, 13(5), pp.482-488
- Evans, W., Kelly, B. (2004). Pre-registration diploma student nurse stress and coping measures. *Nurse Education Today*, 24(6):473-482.
- Fielden, S.L. & Peckar, C.J., 1999. Work stress and hospital doctors: a comparative study. *Stress Medicine*, 15(3), pp.137-141
- Fulmer, S. and Turner, J. 2014. The Perception and Implementation of Challenging Instruction by Middle School Teachers: Overcoming Pressures from Students. *The Elementary School Journal*, 114 (3), 303-326.
- Gartrell, D. 2006. The beauty of class meetings. *Young Children*, 61(6), 54-55.
- Glanz, K., Rimer, B.K. & Viswanath, K., 2008. *Health Behavior and Health Education: Theory, Research, and Practice* 4th ed., San Francisco: Wiley and Sons.
- Healy, C.M. & McKay, M.F., 2000. Nursing stress: the effects of coping strategies and job satisfaction in a sample of Australian nurses. *Journal of Advanced Nursing*, 31(3), pp.681-688.
- Heaney, C. A., Richard H., Price, J.R.,1995. Increasing coping resources at work: A field experiment to increase social support, improve team functioning, and enhance

- employee mental health. *Journal of Organizational Behavior*, 16(June 1993), pp.335–352
- Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312(5782), 1900–1902.
- Hendel, T., Fish, M. & Aboudi, S., 2000. Strategies used by hospital nurses to cope with a national crisis: a manager's perspective. *International nursing review*, 47(4), pp.224–31.
- Horner, R. H. and Sugai, G. 2000. School-wide behavior support: An emerging initiative (special issue). *Journal of Positive Behavioral Interventions*, 2, 231–232.
- Karoly, L. A., Kilburn, M. R., & Cannon, J. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. RAND Corporation (MG-341)
- Lazarus, R.S. & Folkman, S., 1984. *Stress, Appraisal, and Coping*, Springer Publishing Company.
- LeDuc, K. (2010). Baccalaureate nursing students' stressors and coping resources. *Research*
- Lockley, S.W. Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A. and Landrigan, C. P., 2007. Effects of health care provider work hours and sleep deprivation on safety and performance. *Joint Commission journal on quality and patient safety / Joint Commission Resources*, 33(11 Suppl), pp.7–18.
- McAllister, M., & Lowe, J. B. (2011). Preparing for practice: Becoming resilient. In M. Allister, & J. B. Lowe (Eds.), *The resilient nurse: Empowering your practice*. New York, NY: Springer.
- Merritt, E. G., Wanless, S. B., Rimm-Kaufman, S. E., Cameron, C., & Peugh, J. L. (2012). The contribution of teachers' emotional support to children's social behaviors and self-regulatory skills in first grade. *School Psychology Review*, 41(2), 141–159
- News, 17(2).
- Pakarinen, E., Lerkkanen, M-K., Poikkeus, A-M., & Rasku-Puttonen, H. (2013). Oppimista ja motivaatiota edistävää opettaja-oppilasvuorovaikutus [Teacher-student interaction that promotes learning and motivation, in Finnish]. In K. Pyhältö, E. Vitikka & K. Nyyssölä (Eds.), *Oppiminen ja pedagogiset käytännöt varhaiskasvatuksesta perusopetukseen* (pp.93–111). Tampere: Juvenes Print
- Pulido-Martos M., Augusto-Landa J.M. & Lopez-Zafra E. 2012. Sources of stress in nursing students: a systematic review of quantitative studies. *International Nursing Review* 59, 15–25
- Roorda, D.L., Koomen, H.M.Y., Spilt J.L., & Oort F.J. 2011. The influence of affective teacher-student relationships on students' school engagement and achievement: a meta-analytic approach. *Review of Educational Research*, 81(4), 493–529. doi: 10.3102/0034654311421793.
- Ruzek, E. A., Hafen, C. A., Allen, J. P., Gregory, A., Mikami, A. Y. and Pianta, R. C. 2016. How teacher emotional support motivates students: The mediating roles of perceived peer relatedness, autonomy support, and competence. *Learning and Instruction*, 42, 95–103. doi: 0.1016/j.learninstruc.2016.01.004
- Salminen, J., Lerkkanen, M.-K., Poikkeus, A.-M., Pakarinen, E., Siekkinen, M., Hännikäinen, M., Poikonen, P.-L., & Rasku-Puttonen, H. (2012). Observed classroom quality profiles of kindergarten classrooms in Finland. *Early Education and Development*, 23(5), 654–677.
- Scott, J., Leach, D. & Bucholz, J. L. 2008. Organizing the inclusive classroom for grades K-3. In M. La Rocque & S. M. Darling (Eds.), *Blended Curriculum in the Inclusive K-3 Classroom: Teaching All Young children* (pp. 91-127). Boston: Pearson Education, Inc.
- Sexton, J.D. et al., 2009. Care for the caregiver: benefits of expressive writing for nurses in the United States. *Progress in Palliative Care*, 17(6), pp.307–312.
- Seyedfatemi, N., Tafreshi, M., & Hagani, H. 2007. Experienced stressors and coping strategies among Iranian nursing students. *BMC Nursing*. Retrieved from <http://www.biomedcentral.com/1472-6955/6/11#sec3>
- Sharma, A. Sharp, D. M., Walker, L. G. and Monson, J. R. T., 2008. Stress and burnout among colorectal surgeons and colorectal nurse specialists working in the National Health Service. *Colorectal disease: the official journal of the Association of Coloproctology of Great Britain and Ireland*, 10(4), pp.397–406.
- Sherman, R. F. 2011. *Social and Emotional Learning Action Network white paper: CGI annual meeting, September 21st, 2011*. Retrieved from <https://novofoundation.org/wp-content/uploads/2012/09/1-CGI-SEL-Action-Network-White-Paper.pdf>
- Shirey, M. R. 2006. Stress and coping in nurse managers: two decades of research. *Nursing Economics*, 24 (4), 193–211.
- Stronge, J. H. 2002. *Qualities of Effective Teachers*. Alexandria, VA: Association for Supervision and Curriculum Development.
- WHO. 1948. Summary report on proceedings, minutes and final acts of the International Health Conference held in New York from 19 June to 22 July 1946.
- Wilczenski, F. L. and Cook, A. L. (2014). Toward positive and systemic mental health practices in schools: Fostering social-emotional learning through service. *Health Psychology Report*, 2(3): 1–7.
- Zins, J. E., Elias, M. J. and Greenberg, M. 2007. School practices to build social-emotional competence as the foundation of academic and life success. In R. Bar-On, J. G. Maree, & M. J. Elias (Eds.), *Educating people to be emotionally intelligent* (pp. 79–94). Westport, CT: Praeger.
- Zuccolo, M. 2013. *The 4 Sources of Stress*. Available at: <http://www.stresshacker.com/2013/01/the-4-sources-of-stress/> [Accessed October 27, 2015].
