

Emotions and Stressing Situations Adaptation of Nursing Students in the New Normality

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Abstract

Background: New normality is uncertain in every sense, specifically in education and for many health disciplines. Being immersed in COVID-19 pandemics brought serious consequences for mental health, and is very important to handle emotions and stress coping strategies to obtain positive outcomes. **Objective:** To identify the most frequent emotions, as well as the adaptation strategies to the new normality faced by the students of nursing. **Methods:** Qualitative and phenomenological research, with the participation of 20 students from both genders in the middle term of nursing career at Faculty of Higher Studies Iztacala, National Autonomous University of Mexico, from August to November 2021. Information was collected from a focal group for ten sessions; analysis was according to De Souza Minayo, and there was a signed informed consent letter from participants. **Results:** Four categories emerged with sub-categories. **Category I** Maximized emotions. Sub-categories: 1) Frustration, anger, disappointment; 2) Personal disappointment, hopelessness, uncertainty; 3) Depression. **Category II** Support elements close to the new normality. Sub-categories: 1) Family communication; 2) Education for mental and physical health. **Category III** Stressing situations that exceeded the student. Sub-category: Disease in lovely ones. **Category IV** Stress coping strategies. Sub-categories: 1) Friends and relatives that help to get better; 2) Family values. Informers pointed out to have maximized emotion, and having no self-control on its negative outcomes occurred; in addition, the situation was not favorable at home with several losses of loved ones, as well as a poor economy that threatened students to give up studies. **Conclusion:** Emotions facing this new normality are very important and should be attended to, their

proper handling will result in a new learning of socio-emotional abilities, stress coping strategies development, better adaptation and informed decisions taken.

Keywords

Emotions, Stressing Situations Adaptation, Nursing Students, New Normality

1. Introduction

COVID-19 pandemics has marked the global population, the continuous knowledge of confirmed infections and deaths in health care professionals, in vulnerable groups and in students of health disciplines worldwide became a piece of information each day [1], and this was intensified since students had to return to classrooms and hospitals due to the diminished number of infections, and the new normality. Fear, anxiety and in several cases depression were part of the emotional checklist among people [1]. For a long time, emotions have been considered with low importance because human rationality is more relevant; however, emotions being affective states indicate intimal personal status, motivations, desires, needs and also goals [2]. Each individual experiences emotions in a personal way depending on previous experiences, learning, temper and the precise facing situation [3]. Some physiological and behavioral reactions that trigger emotions are innate, whereas others must be acquired and even controlled [4].

Emotions are the response to certain situations, memories or experiences, or daily life, as well as extraordinary events that are the source of emotions. All kinds of emotions affect behavior and even produce physical changes and risk conducts [5]. Emotions originate in the limbic system, an emotion is “a strong, transient, abrupt and incisive affective experience that activates several physical subsystems and releases vital energy, which makes up the driving force that leads and guides human behaviors” [2].

Mental health problems are related not only to fear of an invisible virus, but also to being involved to deal with it in continuous coexistence; the inability to do daily activities and then to be present in the classroom, in laboratory practices and in hospitals is a current challenge to adolescents that could negatively impact in their ability to successfully control behavior and emotions [5] [6]. The aim was to identify the most common emotions and the adaptive strategies of nursing students to the new normality.

2. Methods

2.1. Study Design

The research was qualitative and phenomenological, focusing in the examination and identification of problems or situations of scientific interest, it takes advan-

tage of the collected information to interpret in a just, reflexive and critical way. Phenomenology intends to understand social phenomena through the actor's perspective, acknowledging the perceived reality important for individuals; subjective perceptions and interpretations, emotions arising from experience, objective actions and behaviors and the context, describe phenomena that, portrayed in consciousness, reveal the nature and the structure of the experience as how the individual live it without generalization [7].

2.2. Inclusion Criteria

Twenty participants, students of fourth, fifth and sixth semesters of nursing from a public university of the State of Mexico, 18 - 24 years old from both genders, selected by convenience.

2.3. Information Collection

Information was collected through a focal group, since it privileges speech and promotes the interaction on a subject, in addition to capture the way of thinking, feeling and living of individuals [8], in ten sessions of two hours each during august to November, 2021. Verbal testimonies were shared about the lived experiences along and after the pandemic in the new normality, these interactions were recorded in video and audio; it was complemented with observed participation and field notes. Observed participation was the most important, it is the most ancient and basic source of human knowledge, from fortuitous perception of daily world to its use as a systematic instrument in the social sciences. Confidentiality of participants was maintained by using pseudonyms, and their acceptance through informed consent to be part of the research.

2.4. Procedure

Students were informed about the activity and goals, they knew the schedule of sessions; then twenty students were gathered via zoom with the camera and microphone on, through the focal group questions triggered the experienced emotions during the pandemic and the new normality, and how they adapted to those situations. During ten sessions of 2 hours each, and sometimes 3 hours, depending of the easiness of the dynamic, with a break according in each session. All sessions were video and audio recorded, such that participants allways interacted in front of the recording devices and with absolute respect to favor privacy. At the end of each session thanks were given to participants for collaborate and shared testimonies, expressing the emotional impact they live, as well as how teenagers experience this new and unexpected normality. The presence of the moderator and secretaries was permanent in all sessions.

2.5. Data Analysis

Data were analyzed according to De Souza Minayo [8]. The original speech of participants was preserved, the situations they experiences, as well as their pers-

pective on their adventures. Three tasks were done: information acquisition, data transcription and coding, to reach conclusions. Transcriptions were approved by participants.

3. Results

Twenty participants, students of fourth, fifth and sixth semesters of nursing from a public university of the State of Mexico, 18 - 24 years old from both genders.

After qualitative data analysis of the collected information through focal group sessions, four categories emerged, with sub-categories. **Category I** Maximized emotions. Sub-categories: 1) Frustration, anger, disappointment; 2) Personal disappointment, hopelessness, uncertainty; 3) Depression. **Category II** Support elements close to students in the new normality. Sub-categories: 1) Family communication; 2) Education for mental and physical health. **Category III** Stressing situations that exceeded the student. Sub-category: Disease in lovely ones. **Category IV** Stress coping strategies. Sub-categories: 1) Friends and relatives that help to get better; 2) Family values. Participants pointed out they had maximized emotions but having no control on them, negative outcomes resulted besides that home situations were not favorable in many cases, since lovely ones death and a bad economy threatened students to drop school (**Table 1**).

4. Discussion

During the new normality fear sensations due to a higher virus exposure may appear, to its possible resurgence or the uncertainty to become infected. It is important to mention that fear has an adaptive role in our lives, and is usual to surge in situations faced by students. To avoid that fear becomes a medium and long terms problem is convenient to be emotionally prepared by using self-care practice.

Table 1. Emerged categories and sub-categories.

Category	Sub-category
I Maximized emotions in students	1.1 Frustration, anger, disappointment
	1.2 Personal disappointment, hopelessness, uncertainty
	1.3 Depression
II Support elements close to students in the new normality	2.1 Family communication
	2.2 Education for mental and physical health
III Stressing situations that exceeded the student	3.1 Disease in lovely ones
IV Stress coping strategies	4.1 Friends and relatives that help to get better
	4.2 Family values

This kind of practices is beneficial since they allow to increase the perception of control on the attitudes and behaviors to be developed. In this way better emotional and mental feelings are favored, avoiding that fear becomes a blocking element in the new normality [5]. During this new situation nursing students' emotions became very important due to maximizing them, which could lead to mental ailments since confinement boosted the current home problems, and having no friends close by to coexist which increased emotions such as hopelessness, anger, disappointment, and even depression placing them in risk to make bad decisions [5]. Tapia *et al.* (2018) mentioned that maximized emotions do not give clarity in individual's thinking, blurring its thoughts; time is needed to identify emotions and start their handling, which is a continuous purpose [9]. This is coincident with **Category I** Maximized emotions in students, with sub-categories 1) Frustration, anger, disappointment; 2) Personal disappointment, hopelessness, uncertainty; 3) Depression [2].

[] All the emotions that detonated along the pandemic and in the new normality led me to an unpleasant limit, I can really say that I am out of that part where I was stagnant due to the help of my mother and godfather, who realized that I was depressed and that, together with my nervous breakdowns, provoked different risk behaviors on myself. I now understand that my emotions could give a bad move and, since my lack of controlling them, led me to a situation that risks my life. **E16**

[] My world fell down, I did not know what to do, I felt all my dreams vanished slowly, I felt very angry, sad, disappointed feeling that I fail not only to myself but to all that trusted me, it was a desperate emotion that had no place in my life; in addition to this situation I had a toxic relationship in which I suffered continuous delusions, abuse both psychological and physical which I tolerated due to me low self-esteem, and because I thought not to find anyone better. I know that my low self-esteem and all my emotions increased these aspects and boosted to reach that end point. **E7**

Each individual experiences an emotion in a particular way, depending on previous experiences, learning, character and the specific situation that triggered it. Emotions are fundamental for human beings, as health professionals are very important to recognize them, to identify the emotional dyads and timely stop them when triggered improperly, such that their handling and decisions making would be better. In **Category II** Support elements close to students in the new normality, and sub-categories: 1) Family communication; 2) Education for mental and physical health, it was found that students facing situations during the pandemic and in the new normality, overwhelming events occurred with fulfill uncertainty, then its close context support them to be adapted to the circumstances.

[] Thanks to a good communication with my mother, and the long lasting talks where I posed all my feelings, my despair, fears and anxiety facing

the problems of the new normality, I managed to channel my emotions without damaging my health. **E20**

[] Fortunately this situation brought about that teachers implemented strategies to talk deeply on how we were experiencing it, even in school she invited us to chat on emotions handling and leisure. This made me felt safe and it helped to know how helping me, and the physical and psychological consequences they generate in people. **E5**

Family and school tasks were fundamental in those moments, since they are the persons that coexist with students due to confinement circumstances, communication with parents was a pillar facing situations that exceeded them, giving the chance to clear ideas and resume councils when they feel overloaded. Awareness due to COVID-19 and the assays of the new normality triggered a set of new stressors provoking disturbance in young people, in which a main risk is the psychosocial stress and psychological problems sequel of physical isolation; school must do its preventive task [2]. This is coincident with **Category III** Stressing situations that exceeded the student, and sub-category: Disease in lovely ones under the experience of deaths during the pandemic, and the disease in lovely ones provoked and array of emotions of fear, anger and hopelessness that led to develop adaptation and coping tools.

[] When my uncle got COVID-19 I reached a point in which emotions exceeded me due to my worry, fear, I was sad and uncertain to know how long he will be alive. Everybody asked me to visit him in his room, but I was dared not to since it was a new situation to me, something I never thought to experience and most of all not so close to me, and to know that he was inside four walls without having the chance to sit was difficult to me. I think that what most affected me was to realize that my uncle always was a healthy man, full of energy but at that moment there was no vestige of what he was. And besides that I knew the situation, it was very hard to get into the room and seeing him in bed so to accept what was happening; but I was not mature enough and did not want to accept it, I am afraid to go back to school but I know I had to. **E14**

[] Currently my mother got cancer, I wish to strength this point since is the main one why my mood is affected frequently, in these critical moments I felt frustrated, angry, sad, disappointed with God for taken away her health. Along these 6 months immersed in this social situation, when I am alone I cry continuously and had no one to talk about this new normality. **E18**

Coping is a key construct to comprehend how adolescents react before stressing vital events and they adapt their experiences [1] [3]. According to coping the consequences could be negative, leading to anxiety, anger, even depression or positive like an acceptance sensation or simply a good adaptation to their social environment [1]. Which highlights that emotional health should be as important as physical health [6], in accord with participants' testimonies these pandemic

and new normality prompted them to develop diverse emotional disturbances, being exposed and vulnerable to constant stress, since nursing students are not prepared with protection factors that allow them to take good decisions in their lives, some developed coping strategies to stress as observed in **Category IV** Stress coping strategies, and sub-categories: 4.1 Friends and relatives that help to get better; 4.2 Family values.

[] I realized that in a moment human beings could be immersed in diverse non controlled situations, and is very important a support network that is a backup for vulnerable moments; in my case my family and friends supported me, I also discovered that facing several challenges, with an unexpected outcome, improved my tolerance to frustration, being stronger and thanks to that I became a more resilient person. **E19**

[] Today more than ever I hold family and social values and seek guidance for what is better for me, without harming anyone, all this made me to analyze each of my actions and to take better decisions when I feel overwhelmed in this new normality. **E9**

[] I try to interact with people that improve myself, that help me to be a better individual and even those that point out what parts of me could I modify for good; despite that I do not like criticisms I know they are with good intent and I think about. **E5**

Mental health problems not only feared an invisible virus, but also the social isolation, the inability to do daily life activities, and to participate in grateful actions during this period could be challenging for adolescents, and negatively impact their skills that successfully regulate behavior as well as emotions [5] [6]. To focus emotions toward goals keep motivation and establish attention to goals instead of obstacles; to reach that is essential a certain degree of optimism and proposal, such that evaluate to be proactive and positively endure the unforeseen [10] [11]. Having a deeper focus about self-emotions is essential, this will bring better decisions as well as motivation being a factor to get positive results along lifetime [10]. Each person has a usual pattern to cope to problems, what is known as a coping style [3]. The importance will be to learn how to select the correct coping according the facing problem [3] [11]. Emotions are very important to make decisions as well as emotional health, it is important to have mental wellness since health is not only focused to the physical status, since currently many psychological diseases are on the raise and have tragic endings [12] [13] [14].

5. Conclusion

Today more than ever orientating students is a necessity, emotional health is essential for persons to have correct activities. Emotions in this new normality are quite important and must be attended to, their good handling will result in new learning of socio-emotional skills, coping strategies, better adaptation outcomes and informed decisions taken.

Consent and Ethical Approval

A memorandum to the diplomat coordinator from UNAM was presented to ask for approval. The ethical and legal aspects were based on the Declaration of Helsinki principles, point 9 “It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent” Each participant signed an informed consent letter according to Nuremberg code and local law.

Authors' Contribution

This work was carried out in collaboration between all authors. Author DCTP designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors RVM, JLCA, RMRS and NMRG managed the analyses of the study. Authors RMRS and NMRG managed the literature searches. All authors read and approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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