"You Need to Study More!" The Unintentional Psychological Consequences of These Five Words

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Purpose:

As students strive to meet the demands of a rigorous nursing program, they often must make personal sacrifices in the interest of study time. One of the most common ways students carve out more time in the day is by forgoing sleep. While every college student has pulled the occasional all-nighter for an exam, nursing school students are presented with the added challenge of preparing for clinics two to three days per week. Many nursing faculty struggle to find the ideal amount of pre-clinical paperwork. Too little, and students are unprepared. Too much, and students are too exhausted to function the following day.

According to a study by Engle-Friedman, Riela, and Strothers (2008), even minimal sleep loss in college students is associated with reduced effort and slowed thinking the following day. Is it any wonder why students arrive to the clinical setting with pages of care plans, pathophysiology sheets and daily patient profiles, only to be stumped by the question of “Is your patient male or female?” The typical faculty response is to tell the student they need to “study more.” But are we really helping the students with this advice? This study sought to answer the age old question of should students sleep more or study more to improve academic success?

Methods:

An IRB approved study was conducted using the SLEEP50 survey (Spoormaker, Verbeek, van den Bout, and Klip, 2005) on clinical nursing students (N = 279). In three different campus locations, across four levels in two programs (ASN & BSN), 73% of the clinical nursing students completed a paper version of the SLEEP50 survey and the results were compared to the results of the same survey taken by nonclinical college students (N = 1845) in Gaultney (2010). A paper survey was used instead of an electronic survey tool to increase response percent. Each students’ semester grade point average (GPA) was collected from the registrars office at the end of the semester and used to assess ‘at risk’ status for academic failure.

Results:

The results for “at-risk” clinical nursing students were staggering. Every disorder tested by the SLEEP 50 demonstrated a statistically significant increase (p < .05) for nursing students in comparison to nonclinical college students. Results were as follows: obstructive sleep apnea, 10.55% vs. 4%; insomnia, 40.37% vs. 12%; narcolepsy, 37.99% vs. 16%; Restless Leg Syndrome 24.8% vs. 8%; and Circadian Rhythm Disorder 28.5% vs. 7%. Perhaps most shocking was the percentage of students at risk for nightmares--40.63% nursing versus 2% nonclinical college students. The college of Nursing has an ASN and BSN program at three different physical locations. We answer the questions: Could one program, location, and level be at a higher risk than the other?

Conclusion:

What should the faculty take away be from the results of this study? Clearly, something disturbing is happening to our students. What are we doing to our students when we tell them they need to study
more? The DSM – 5 (American Psychiatric Association, 2013) contains an extensive listing of Sleep-Wake Disorders and the associated comorbidities with each disorder. According to the DSM -5, sleep disorders are often accompanied by affective disorders such as depression, anxiety, and cognitive changes. Persistent sleep disturbances such as insomnia and excessive daytime sleepiness are established risk factors for subsequent development of mental illness and substance use disorders (Asamow, Soehner, & Harvey, 2014).

The manifestation of these same affective disorders often prompt students to seek help from university office of disability support (ODS). With adequate proof, a student with generalized anxiety and major depression can apply for special accommodation to help “offset” the functional disadvantage of the disability. These accommodations can range from preferential seating, a distraction-reduced environment, and extended test time to up to double normal test time. At each progressive level of nursing school, the number of students seeking these accommodations increases. Is this because the consequences of long-term sleep deprivation are manifesting themselves (Klumpp, Roberts, Kapella, Kennedy, Kumar, and Phan 2017)? Or is the word just getting out? When most of our upper-level students are diagnosed with anxiety, depression or learning disorders, will they all be eligible for special accommodations? Then what? What can be done to stop this trend?

Nursing faculty must be cognizant of the physical and psychological burden we place on our students in the interest of academic rigor. Sometimes studying more is not the best option. For some students, a few nights of adequate, quality sleep may be the key to becoming more focused, emotionally stable, and cognitively equipped for the demands of nursing school. Could the recipe for a successful clinical student be as simple as a prescription for sleep? The SLEEP 50 survey is an easy, statistically validated tool, which can be used by nursing faculty or directors to assess at-risk sleeping habits, which may predict a student’s risk for academic failure or psychological dysfunction. System-wide interventions may be needed within each university to help students overcome the burdens associated with sleep deprivation and poor-quality sleep. These interventions may include efforts to streamline student workloads, as well as education for both students and faculty regarding the role of sleep in student health and academic success.

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References:


**Abstract Summary:**

As students strive to meet the demands of a nursing program, sometimes something has to give. The decision of students to forfeit their physical or psychological wellbeing to maintain their GPA is constantly negotiated. What are we doing to our students when we tell them you need to study more?

**Content Outline:**

I. Introduction

A. Students frequently sacrifice sleep for study time before exams

B. The same sacrifice is made by students preparing for the clinical day

C. Students must choose between being unprepared for clinics or exhaustion.

II. Body

A. Sleep loss associated impaired clinical functioning.

1. Reduced student effort

   a) *Hiding from instructors and not engaging*

   b) *Hesitation to attempt new task*
2. Slowed thinking processes
   a) Inability to answer simple questions
   b) Reduced critical thinking ability

B. Results of SLEEP50 Survey

1. Clinical nursing students vs non-clinical college students
   a) Statistically significant different between groups
   b) Nursing students at risk for OSA, Insomnia, narcolepsy, restless leg syndrome, circadian rhythm disorder and nightmares

2. DSM-5 and comorbidities with sleep disorders
   a) Depression
   b) Anxiety
   c) Cognitive changes

C. When special accommodations for comorbidities of sleep disorders become common place.

1. Preferential seating and note taking help
   a) Everyone cannot be on the front row
   b) A conscientious helper is a friend indeed

2. Distraction reduced environment.
   a) All alone in a room to take an exam
3. Extended test time
   a) *Time and a half*
   b) *Double time*
   c) *When a marathon becomes just walking a long way*

III. Conclusion

A. Physical and Psychological burden of “You need to study more”

B. Student and Faculty interventions to increase student health and academic success

C. Can less be more for the life of a nursing student about to become a nurse?

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**Author Summary:** I am a BSN student currently enrolled at Northwestern State University Louisiana. I thought sleep was interesting and wanted to see how sleep effected grades.

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