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Emotional Support and the Internship Training of Nursing Students in Fako Health District of the South West Region of Cameroon

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ABSTRACT

The aim of this study was to investigate the effect of emotional support on the internship training of nursing students in the Fako health district of the Southwest Region of Cameroon. The sequential explanatory mixed methods design was adopted for the study. A sample size of 345, made up of 325 nursing students and 20 clinical educators was considered for the study. Data was collected quantitatively and qualitatively using questionnaires, focus group discussions and interviews. For categorical variables, frequencies and proportions, and Multiple-Response sets were used to present the distribution of subjects between and within subsets.

Descriptively, the Chi-Square statistic was used to appraise associations between emotional support and internship training. Meanwhile the logistic regression model was used to verify the influence of emotional support on internship training. The Omnibus test of model coefficient, supported by the likelihood ratio test and Wald statistics were used to determine the degree of variability. And the Cox & Snell R^2, checked with the Pseudo-$R^2$was used to determine the explanatory power of emotional support over the internship training of nursing students. Thematic analyses were also conducted to analyze qualitative data. Findings generally showed that emotional support was a factor of internship training of student nurses. Supported by rich qualitative data, the variability between emotional support and internship training was significant (OTMC: $\chi 2=53.519$; $P=0.000$), showing the importance of emotional support indicators such as genuine concern, sense of belonging, empathy, mutual understanding, happiness, encouragement, reassurance, etc during internship. The explanatory power of emotional support over internship training was 15.2%, given by 0.152 of Cox & Snell R^2.It was concluded that given the multiple challenges and stressors associated with internship in nursing training, emotional support systems should be considered as an unavoidable variable in elevating supportive, healthy and psychologically stable learning environments for nursing students during internship. The presence and effective use of emotional support systems such as counselling and psychology units, healthy psychosocial internship environments, and supportive relationships between clinical educators and their nursing students are highly recommended as practices that could remedy the situation.

Keywords: *Emotional Support, Emotional support systems, Fako health district, Internship training, Nursing students*

1. INTRODUCTION

The internship training experience in nursing education provides a real-world context for students to under supporting and experienced supervision; acquire clinical skills and the attitudes that are typical of the nursing profession. While an emotionally stable and stress-free

environment is sacrosanct for effective training, nursing students report dissatisfaction during internship as they encounter stressors that affect their learning, work outcomes and even their overall wellbeing. Emotional support constitutes providing 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 individual know that he or she is valued. It is also referred to as esteem support or appraisal support. Contrary to emotional support is emotional disturbance used to describe a wide range of conditions that may translate to psychological and emotional breakdown and distress. Anxiety disorders, conduct disorders, eating disorders, mood disorders, psychiatric disorders are common emotional disturbances (Zins, Elias &Greenberg, 2007). Yet each varies from the other in important ways and carries with them a stigma, despite being surprisingly common among nursing students, especially during internship. According to Wilczenski & Cook (2014), students who are depressed, live with chronic anxiety and are more likely to experience inexplicable panic attacks, requiring psychological or emotional support systems to heal themselves. Affected individuals display problems with interpersonal relationships, signs of unreasonable anger, an eating disorder, or some –self-injurious behaviour.

Research has also established that emotion functions as an integral part of the cognitive process and when both emotions and cognition are integrated in instruction, they provide more optimal and effective outcomes in learning and development (Wolfe & Bell, 2007). This implies that maintaining consciousness of students' emotions during instruction can be a critical teaching tool for promoting student learning and engagement (Hyson, 2008). For example, students' positive emotions including interest, enjoyment and happiness experienced through classroom activities have a vital role in developing student engagement. Research on types of emotions and their functioning in the classroom has also found that students' emotions can play a positive or a negative role towards student learning (Meyer &Turner, 2002; Pekrun et al., 2002). For instance, students' positive emotional states, such as being interested, joyful, excited, or curious motivate their attentiveness, create incentives to stay on task, and cause them to view their learning in a more positive light

and to begin to self-regulate their learning. On the other hand, Pekrun et al. (2002) argue that students' negative emotional states such as being bored, frustrated, or angry, can lead to self-protective disengagement, avoidance, and off-task behaviours.

Positive emotional support therefore provides a good framework for scaffolding of motivation and learning (Fulmer, & Turner, 2014; Jennings & Greenberg, 2009; Merritt et al., 2012, etc). Positive emotional support may function as a protective factor especially for students at risk since it prevents learning difficulties and exclusion (Buyse et al., 2008 & Roorda et al., 2011). Paying attention to emotional support as early as possible is of high importance, because early support is useful and lasting (Heckman, 2006) and positive emotional support is strongly linked to high quality scaffolding during early student teaching (Salminen et al., 2012).According to this classification, positive emotional support in nursing education is typically expressed when clinical educators sensitively notice student emotions and mental states and engage with them by flexibly expressing encouragement, concern, love, and enthusiasm or empathy (Karoly, Kilburn, & Cannon, 2005). Clinical educators can offer positive feedback by smiling, nodding or turning towards the individual student with a display of interest.

Meanwhile neutral emotional support is typically expressed when clinical educators participate without any clear emotional message (Karoly, Kilburn, & Cannon, 2005). In such circumstances their participation is not directed at the student's emotions and mental states. According to Karoly, Kilburn, & Cannon (2005), neutral emotional supporters participate with minimum expression without showing encouragement, admiration, empathy, denigration or irritation toward the students. Beyond positive and neutral emotional support systems is negative emotional support. This is typically expressed when clinical educators and significant others neglect the student and student learning. They display a negative attitude toward the student's emotions and mental states revealing irritation or commenting sarcastically or dismissively with a near intent of denigrating and irritating the student. The most likely outcomes of neutral and

negative emotional support or absence of emotional support is emotional disturbance (Zins et al., 2004).

According to Zins et al. (2004), emotional disturbances can affect many different aspects central to student learning, including but not limited to concentration, stamina, health, handling time pressures and multiple tasks, interacting with others, responding to feedback, responding to change, and remaining calm under stress. Pekrun et al. (2002) examined how emotions that students experience in school settings impact their learning and academic achievement and found that students who reported positive emotions developed strategies for self-regulated learning and expanded their cognitive resources. Those who reported negative emotions experienced discouragement and diminished motivation. Given similar cognitive and humanistic teaching approaches, the most effective instruction occurs when teachers provide students with positive emotional support. Humour, enthusiasm, and interest make students feel more motivated to learn (Santrock, 2005).

According to attachment theories, positive emotional support in teaching-learning contexts creates a predictable, consistent, and safe environment increasing student self-confidence and courage to explore the world (Ainsworth et al., 1978; Silvén et al., 2013). Through attachment relationships, the clinical educator may form a deep understanding of the student's interests to efficiently and emotionally scaffold learning (Colmer, Rutherford, & Murphy, 2011). According to self-determination theories, learning is better motivated and made deeper when the basic psychological needs of competence, relatedness, and autonomy are supported, but these may be jeopardized in controlling, critical and depreciative environments where the basic needs are subdued (Perry & Rahim, 2011; Roeser et al., 2000). Clinical educators can emotionally support students' perceptions of competence, relatedness and autonomy for example by showing confidence that students will achieve the learning objectives; by creating mutual respect, enthusiasm and collaboration, and by taking up students' initiatives (Fulmer, & Turner, 2014; Turner et al., 2014; Vansteenkiste & Ryan, 2013).

Unfortunately, the teaching-learning experience for nursing students on internship in particular and students in nursing education in general is often characterised by an overflow of negative emotions characterised by unsatisfying relationships, stress, psychological distress, harm, emotional violence and the absence of love, affection, empathy and a sense of humanity. The presence of emotional disturbance or absence of emotional support can affect significantly, not only their social and emotional health but also their overall learning during the clinical experience of internship. Stress and anxiety-producing variables that may hamper effective student learning during internship include inadequate support, a diminished sense of belongingness, distress, anger, lack of self-confidence, inadequate monitoring, lack of motivation, emotional instability, lack of attention to students' individuality, increased workload, lack of recognition and positive feedback, difficult patients, fear of making mistakes and being evaluated by faculty members. These factors are presumptuous that the more emotionally stable the nursing students are during internship, the more likely they are to be successful in their clinical training. It is against this contention that this study investigated in the effect of emotional support on the internship training of nursing students in the Fako health district of Cameroon.

2. METHODS

Carried out among second, third and fourth year nursing students and clinical educators in the Fako health district of Cameroon, this study adopted the sequential explanatory mixed methods design. A sample of 345 (325 nursing students and 20 clinical educators) purposively and conveniently selected from and within the study area was considered for the study. While questionnaires were used to collect quantitative data from nursing students, focus group discussions were conducted with clinical educators to collect supplementary qualitative data. Data were entered using EpiData Version 3.1 and analyzed using the Statistical Package for Social Sciences (SPSS) Version 21.0. Data clean-up was ensured with exploratory statistics with which variables were explored to identify questionable entries, inconsistency in responses and outliers and their validity discussed to make the necessary corrections. In this process, the

fate of missing data was defined: some were set as missing and some re-coded depending on the statistical requirements. For categorical variables such as gender, importance of emotional support used to examine the relationship of emotional support to the internship training of nursing students, descriptive statistics such as frequencies and proportions, and Multiple-Response Analysis for automated aggregation of scores were used to present the distribution of subjects between and within subsets. Scale variables such as various aspects of emotional support were described using measures of central tendencies (particularly the Mean and median) and dispersions (e.g. minimum and maximum values, range and Coefficient of Variation).

The Chi-Square statistic was used to descriptively appraise associations between emotional support and internship training. Meanwhile the influence of emotional support on internship training was appraised using the Logistic Regression Model (LRM). The Omnibus Test of Model Coefficient, supported by the Likelihood Ratio test and Wald statistics were used to determine the extent and degree of variability established by the Logistic Regression Model. With the Cox & Snell R Square, checked by the Pseudo-R^2, the explanatory or predictive power of emotional support over internship training was determined. Thematic analyses were also conducted to analyze qualitative data.

3. FINDINGS

Table 1: Student characterization of emotional support with respect to background indicators

Background indicators	Categories	Satisfied	Dissatisfied	N	χ2-test
Age	≤25	50.6%(2297)	49.4%(2243)	4540	χ2=1.26
	26+	43.5%(853)	56.5%(1107)	1960	P=0.261
Gender	Male	42.1%(1179)	57.9%(1621)	2800	χ2=4.12
	Female	53.3%(1971)	46.7%(1729)	3700	P=0.042
Level of study	2nd year	54%(59.2)	72.6%(40.8)	1780	χ2=10.59
	3rd year	46.1%(1937)	53.9%(2263)	4200	P=0.005
	4th year	30.6%(159)	69.4%(361)	520	
Marital status	Single	49.8%(2439)	50.2%(2461)	4900	χ2=0.56 P=0.456

Married	44.4%(711)	55.6%(889)	1600

Students' perception of the effect of emotional support from their clinical educator on their training during internship was not significantly dependent of age and marital status (P>0.05), but was significantly dependent (P<0.05) on gender and level of study. As for gender, males were more dissatisfied than their female counterparts with the weight of 57.9% and 46.7% respectively. Concerning level of study, those in the 2nd year of training were the most dissatisfied with the quality of emotional support received, recording 72.6%.

Table 2: Student perceptions of whether they received emotional support or not

Code	Grounding		Quotation
	n	%	
Yes	14	4.3	
Understanding students	1	0.3	"Aware of students emotions and its effect" "understands student"
Reassurance	1	0.3	"Reassures students in various situations"
Response to student's need	1	0.3	"Promotes happiness and responds to student's needs"
Friendly environment	2	0.6	"Promotes happiness"
Appreciation	7	2.2	"Appreciates students,
Respect	2	0.6	"respects student"
No	205	63.1	
No motivation	51	15.7	"No encouragement nor motivation from educators"
Unfriendly environment	18	5.5	"No friendly environment" "Educators are quick tempered" "Tensed environment" "Too much pride by educators" "A lot of shouting"
Training not participatory	42	12.9	"No opportunity to express emotions" "Educators don't listen to students"
Inadequate Care	53	16.3	"Educators are not available as in they don't create time to spend with students" "They are not available" "No time for students emotional issues" "Educators don't care of how they feel" "Educators are only concerned with the training process not considering how they feel or are valued"
Low consideration	10	3.1	"Educators make students feel inferior"

Inadequate understanding of students	12	3.7	"They don't know us thus can't identify our emotional challenges thus can't solve them nor give us necessary support"
Self-centred educators	19	5.8	"They promote their own interest" "Educators are self-centred"
Don't know	106	32.6	"Don't know'

Figure 1: Students' Reception of Emotional Support

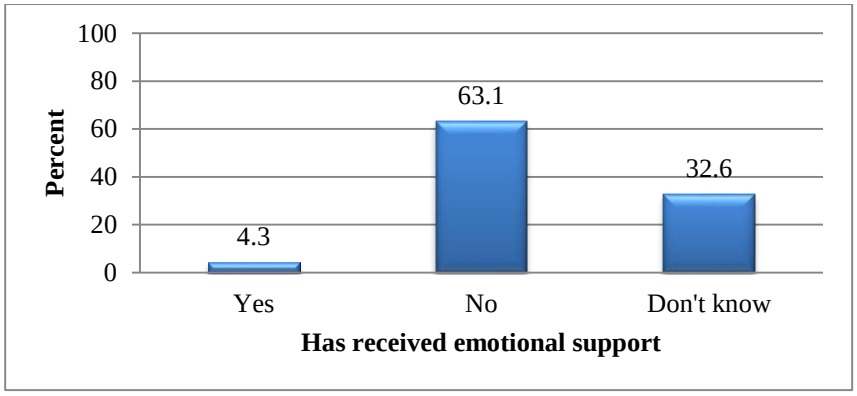
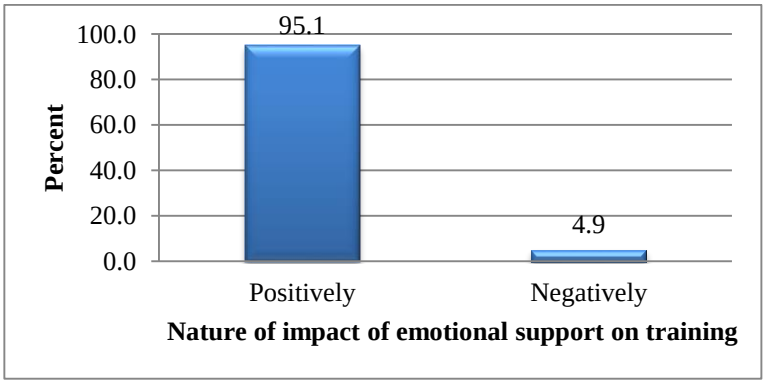


Figure 2: Students' perception of how emotional support affects their training



Students though not satisfied with the amount of emotional support they received generally perceived that the bit they received had a positive impact on their training 95.1% (309).

Table 3: Students' perception of how emotional support affects their training with respect to background indicators

Background indicators	Categories	Positively	Negatively	N	χ2-test
Age	≤25	94.7%(215)	5.3%(12)	227	χ2=0.212
	26+	95.9%(94)	4.1%(4)	98	P=0.645
Gender	Male	92.9%(130)	7.1%(10)	140	χ2=2.589
	Female	96.8%(179)	3.2%(6)	185	P=0.108
Level of study	2nd year	94.4%(84)	5.6%(5)	89	χ2=7.305
	3rd year	96.7%(203)	3.3%(7)	210	P=0.026
	4th year	84.6%(22)	15.4%(4)	26	
Marital status	Single	95.5%(234)	4.5%(11)	245	χ2=0.399
	Married	93.8%(75)	6.2%(5)	80	P=0.528

Students' perception of how emotional support from their clinical educator affect their training was not significantly dependent (P>0.05) on their age, gender and marital status but was significantly dependent (P<0.05) on their level of study whereby those in the 4th year of training were the least satisfied as 84.6% (22) perceived a positive impact against 94.4% (84) for those of the 2nd year and 96.7% (203) for those of the 3rd year.

Table 4: Students' perceptions of whether emotional support affected their internship training

Code	Code description	Grounding		Quotation
		n	%	
Yes		12	85.7	
Empathy		8	57.1	"It helps students manage feelings" "It provides the opportunity for us to express our minds and feelings emotionally" It helps me identify the emotional problems of others"
Belongingness		6	42.9	"It gives students a sense of belonging"

Code	Code description	Grounding		Quotation
		n	%	
Friendly environment		9	64.3	"It helps us to learn best in a comfortable environment"
Happiness		9	64.3	"It promotes happiness"
Empathy		8	57.1	"It helps me overcome emotional distress" "It helps students manage their feelings " "It helps me control my work emotions"
Psychosocial relief	Relives the students psychologically by enabling them to cope with the stress and anxiety during the work	11	78.6	"It reduces stress and helps me cope with studies"
Effective learning		12	85.7	"It fosters my learning"
Encouragement	Strengthens the student morally and mentally, thus helping student to overcome difficulties It is a motivating factor that encourages the student to learn	6	42.9	"It helps me when am discouraged"
Safety		9	64.3	"It gives me a sense of security"
Resilience	Students are able to handle various situations	2	14.3	"It helps students to deal with various situations that may arise"
Enhancing Coping	Enhancing coping potential in the hospital environment	10	71.4	"It helps students cope with anger and stress"
Relief		12	85.7	"It helps me to share my worries and get solutions"
Safety		11	78.6	
Resilience		10	71.4	
Empowerment Facilitation/support		5	35.7	"It empowers, facilitates and supports me in terms of learning"

Code	Code description	Grounding		Quotation
		n	%	
Psychological stability		3	21.4	"It helps me to be stable"
No		2	14.3	
Inadequate care		2	14.3	"They don't care for students " "They don't show us love nor concern" Unavailability of educators"
Training not participatory		2	14.3	"Little or no communication'
Lack of assistance/reassurance		1	7.1	"No special assistance nor reassurance"
Sexual harassment		1	7.1	"More of sexual harassment"
Unfriendly environment		2	14.3	"No warm or nurturing environment" "They use our emotional issues against us"

Figure 3: Students' perceptions of whether emotional support affected their internship training

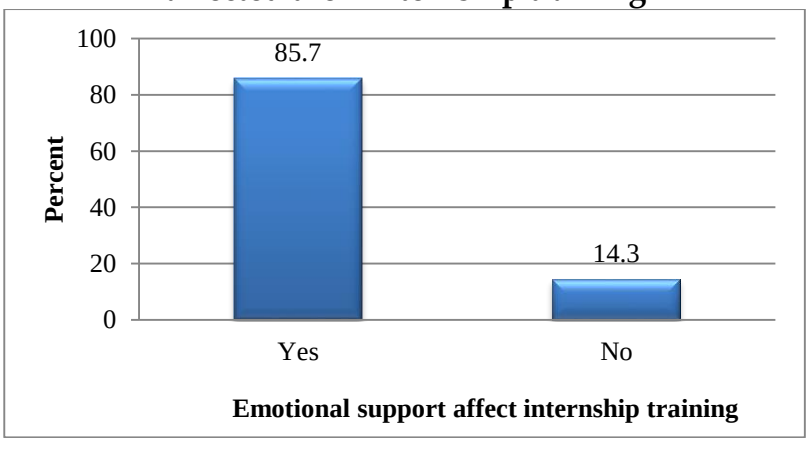


Table 5: Students' perceptions of whether the quality of emotional support can be improved

Code	Code description	Grounding		Quotation
		n	%	
Yes		199	61.2	
Socialization	Improves socialization ability, the ability to work with people from different background, understanding social difficulties and contextualizing solutions	3	0.9	'Through social gathering and meetings"
Prioritization of needs		8	2.5	"Educators should prioritize the needs of students"
Care		11	3.4	"Learn to care for students"
Encouragement Motivation	Strengthens the student morally and mentally, thus helping student to overcome difficulties	11	3.4	"Educators should encourage and motivate students"
Friendly environment		12	3.7	"Educators should create a friendly environment"
Freedom of expression		12	3.7	"Give students the opportunity to express their emotions"
Humility		11	3.4	"Educators should put down themselves to students level"
Effective communication		12	3.7	"Educators should improve on their feelings and improve communication"
Friendly environment		15	4.6	"Educators should stop shouting, anger and a tensed environment"

Code	Code description	Grounding		Quotation
		n	%	
Empathy	The student also develops the sense of empathy through emotional contagion; helps the students to develop the sense of love and compassion, feeling for the fellow	34	10.5	"Educators should consider the feelings of students, value and respect them" "Educators should identify and address the emotional challenges of students" "Educators should put themselves in students place"
Availability		6	1.8	"Educators should always be available"
Psychosocial relief	Relives the students psychologically by enabling them to cope with the stress and anxiety during the work	9	2.8	"Help students cope with stress and anger"
Counselling		18	5.5	"Talk to students and advise them on emotional issues" "Know what is wrong with students before advising them"
Appreciation/Encouragement	Strengthens the student morally and mentally, thus helping student to overcome difficulties	18	5.5	"Appreciate students and encourage them"
Availability		10	3.1	"Always be available"
Supervision/ Training		9	2.8	"More supervision and professional training"
No		0	0.0	
Don't know		126	38.8	

Figure 4: Students' perceptions of whether the quality of emotional support can be improved

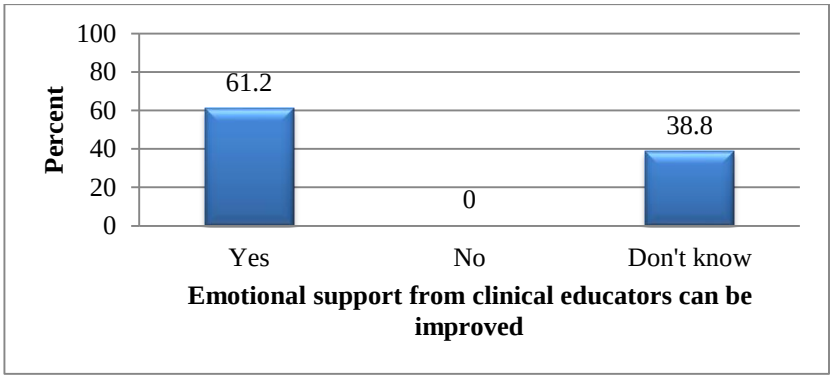


Table 6: Model fitting information and model explanatory power showing the effect of emotional support on internship training

Omnibus Tests of Model Coefficient	Likelihood Ratio test	Explanatory power of the Logistic Regression model (Pseudo R-Square) based on Cox & Snell *
$\chi 2$=53.519 df=20 P=0.000	$\chi 2$=48.341 df=20 P=0.000	0.152

Wald	B	S.E.	Wald	Df	Sig.
	-.726	.1 8	37.610	1	.000

From the verification on Table 6, the variability explained by theLogistic Regression Model between emotional support and internship training was significant (Omnibus Tests of Model Coefficient: $\chi 2$=53.519; P=0.000).This was supported by the Likelihood Ratio test (Overall statistics: $\chi 2$=48.341; P=0.000) as well as Wald statistics (P=0.000). The explanatory power of emotional support over internship trainingwas 15.2%, given by 0.152 of Cox & Snell R Square. Therefore, thecontention that there was no significant relationship between emotional support and internship training of nursing students was rejected and the alternative retained. This

verification implied that the better the emotional support, the better the outcome of internship training for nursing students. This was testified by the positive sign of the Standardized Coefficient Beta (B), and this influence, though somehow moderate was perceptible (15.2%).

Table 7: Wald statistics depicting the influence of predictive indicators of emotional support on nursing training

Emotional support	B	S.E.	Wald	df	Sig.	Exp(B)
Aware of students emotion and its effect	.680	.430	2.497	1	.114	1.974
Provides opportunities for emotional expression	.606	.505	1.438	1	.230	.546
Provides care	.609	.484	1.587	1	.208	.544
Encourages student	1.199	.465	6.644	1	.010	.302
Shows/Demonstrate empathy	.564	.508	1.237	1	.266	1.758
Demonstrate compassion	.891	.461	3.743	1	.053	2.438
Establishes a feeling of mutual understanding	.654	.381	2.944	1	.086	.520
Demonstrate love and trust	.321	.393	.667	1	.414	.725
Helps student to cope with anger and stress	.301	.406	.550	1	.458	1.351
Demonstrates genuine concern	1.248	.444	7.908	1	.005	3.483
Reassures students in various situations	1.242	.459	7.334	1	.007	.289
Facilitates sense of belonging	.585	.420	1.940	1	.164	.557
Helps students manage their feelings	.555	.367	2.288	1	.130	.574
Value students	.503	.465	1.167	1	.280	1.653
Provides a warm and nurturing environment	1.563	.444	12.417	1	.000	4.772
Promotes happiness	.562	.475	1.404	1	.236	.570
Appreciates students	.673	.407	2.736	1	.098	1.961
Understands the student	.111	.466	.057	1	.811	1.118

Creates mutual respect	.026	.411	.004	1	.949	.974
Notices and responds to student's needs.	.464	.420	1.217	1	.270	.629

4. DISCUSSION

Findings generally showed that emotional support was a factor of internship training of student nurses and supported by rich qualitative data, the variability between emotional support and internship training was significant (OTMC: $\chi 2=53.519$; P=0.000), showing the importance of emotional support indicators such as genuine concern, sense of belonging, empathy, mutual understanding, happiness, encouragement, reassurance, etc during internship.In line with these, rresearch has shown that emotional support is considered to be a defensive factor against negative emotional experiences, and is also strongly related to positive emotions, positive mental health and better learning outcomes (e.g. Brackett et al., 2004; Mayer et al., 2008). Like in this study, a separate set of studies has found links between effective classroom practices specifically, teachers' level of emotional support to students and students' positive in-school behaviours and socio-emotional adjustment as well as effective learning (e.g. Carson & Templin, 2007; Hamre & Pianta, 2001; Pianta et al., 2008). While the present study identified genuine concern, sense of belonging, empathy, mutual understanding, happiness, encouragement, reassurance, etc, as important vectors of emotional support linked to internship training, Pianta et al. (2008) identified responsiveness to student needs, regard for student perspectives, absence of negativity, and the presence of safety and enjoyment. They also found that students in more emotionally supportive teaching-learning contexts exhibited fewer externalizing behaviour problems and were more on task and academically engaged than students in less supportive contexts.

Unfortunately, though, across questionnaire and focus group discussion data, findings pointed to significant absence of emotional support spaces, variables and relationships to foster and better the internship training experience. For instance, some 55.4% (180) of nursing students stated that

educators do not create mutual respect and among them 12.6% (41) were very dissatisfied; 53.8% (175) of them maintained that educators were not ready to help students manage their feelings or understand students; and another 53.2% (171) argued that educators do not notice and respond to students' needs with 10.8% (35) of them being very dissatisfied. Put against earlier findings, Hirsh et al. (2015) stated that there is need for emotional and behavioural adaptations such as emotional support for coping with such stressors as lack of appreciation, value and care; and Shaban et al. (2012) added the need to maintain satisfactory levels of well-being and quality of life throughout an undergraduate course or professional life.

Again, these findings' demonstration of the negative impact of the absence of certain important emotional support elements such as genuine concern, sense of belonging, empathy, mutual understanding, happiness, encouragement and reassurance in the internship site were in line with Hyson (2008) who found that students' positive emotions including interest, enjoyment and happiness experienced through classroom activities have a vital role in developing student engagement. And earlier studies on certain types of emotions and their functioning in the classroom had found that students' emotions can play a positive or negative role (e.g. Mayer & Turner, 2002: Pekrun et al., 2002). The benefits of emotionally supportive environments cannot be overemphasised. For one reason, such environments lead to positive socio-emotional states. It is also incontestable that students' positive emotional states motivate their attentiveness, create incentives to stay on task, and cause them to view their learning in a positive light and to begin to self-regulate their learning; whereas those with negative emotional states experience self-protective disengagement, avoidance, and off-task externalising behaviours (e.g. Fulmer, & Turner, 2014; Jennings & Greenberg, 2009).

This study also found a range of emotionally challenging circumstances that nursing students experience during internship training. The students often feel unprepared to manage these situations, and they need support and opportunities to talk to trusted peers, supervisors and clinical educators. It seems important for students to reflect on what they have experienced and to discuss how to manage their emotions. This also points

to the need for awareness, of both medical educators and clinical educators, that students may experience emotionally difficult situations during their training, and that they need various kinds of support. This support could take the form of organized seminars, spontaneous conversations and an attitude that emotions are not only allowed but normal, in medical practice. Also, students should be trained and encouraged to talk to each other about their experiences, which may, in the long run, contribute to a change in the informal curriculum influencing the clinical environment. In this light, students though not satisfied with the amount of emotional support they received generally argued that the bit they received had a positive impact on their training 95.1% (309). Emotional support will best help them, support their learning, and encourage their well-being. The approach to emotional support is based on the notion that clinical educators help nursing interns move forward in their learning by stepping in at key moments with support and interventions based on student's emotional needs. Attention to emotional support, in this case through generating appropriate levels of excitement, can increase student engagement with learning (Silvén et al., 2013).

5. CONCLUSION

The significance of emotional support cannot be over emphasized, as it is a pivotal aspect of the formation of nursing trainees. The purpose of this study was to investigate the role of emotional support on the internship training of nursing students in the Fako Health District of the South West Region of Cameroon. It was revealed that nursing students experience various forms of emotionally stressed circumstances during internship, and that these stressors significantly influenced the quality of internship training they receive. In relation to the coping strategies emotional support appeared to be really important. As earlier argued, students' positive emotional states (for example, interested, joyful, excited, or curious) motivate their attentiveness, create incentives to stay on task, and cause them to view their learning in a positive light and to begin to self-regulate their learning; and on the other hand, their negative emotional states (bored, frustrated, or angry, for example) lead to self-protective disengagement, avoidance, and off-task externalizing behaviours. There is

therefore an undeniable need to, in internship sites, build and nurture positive emotional states and circumstances, including those that can yield them among students and in the internship setting while discouraging negative emotional states, and those that can generate them.

The success of nursing programmes is strongly linked to the effectiveness of the clinical experience, otherwise internship training. It suffices therefore to maintain that such experience, plus the site itself must be one that models effectiveness; and findings in this study have shown the inalienable link between emotional support and internship training as vectors of effectiveness. The internship site should be socio-emotionally supportive to buffer the adverse effects of stress on cardiovascular and immune responses, which can provide not only effective teaching-learning outcomes but also numerous health benefits. This, because laboratory studies have shown that when subjects are subjected to stress, emotional support reduces the usual sharp rise in blood pressure and the increased secretion of damaging stress related hormones; and in teaching-learning circumstances such as internship sites, expressions of care, concern, assurance, and encouragement from a loved one, a teacher, peer, clinical educator as the case may behave been shown to be sound emotional support variables that can influence effective. Creating a supportive clinical environment that demonstrates value, respect, and support as a collaborative enterprise between clinical educators and nursing students not only fosters relationships but also promotes learning in a non-stressful manner.

Finally, our findings support the argument that contemporary nursing education programmes face a number of challenges, some of which invariably prove stressful to students. Therefore, universities and hospitals as well as clinical educators must aim to provide effective socio-emotional support systems, deepen their collaboration, and look to investigate and understand the factors that facilitate effective learning in the clinical environment. Having a clearer and shared understanding of the role of clinical educators in terms of the provision of socio-emotional support, in terms of duties and activities during clinical placements, would certainly provide a starting point in the establishment of a healthier clinical learning

environment. Shelton (1990) found that psychosocial support was just as important to student persistence as functional support as it is directed at facilitating a sense of competency, self-efficacy, and self-worth. The more socio-emotionally healthy the students are, the more they become productive and successful in their academic and clinical training, and later in their careers as nurses and medical health professionals.

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