

**PERCEIVED STRESS AND COPING BEHAVIORS IN
CLINICAL PRACTICE OF NURSING STUDENTS
IN A PRIVATE UNIVERSITY IN ILOILO CITY**

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ABSTRACT

College students reported to have experienced high level of stress during their academic year. Studies within and outside the country have examined stress among students but there is no local studies addressing nursing students' stress in the clinical area. Therefore, this study was conducted to assess the stress level and sources of stress in clinical practice as well as to identify the coping behavior utilized by nursing students. A combination of qualitative and quantitative approaches was used. The study involved 153 nursing students and 10 students participated in focus group discussion (FGD). Data were analyzed with the use of descriptive and inferential statistics. FGD was used to supplement and complement the survey findings. Findings revealed that most of the students in this study were 19 years old or younger, female and second year college and had moderate level of stress. The most common stress factors were stress from assignment and workload, and stress from taking care of patients. Students used diverse strategies to cope with stress with problem solving as their most common coping strategy. This study concluded that nursing students suffered from stress. The study found no significant relationship between level of stress and coping behavior. Four themes have emerged from the study: (1) initial clinical anxiety, (2) theory-practice gap, (3) clinical supervision, and (4) professional role. They cope by having support system composed of their families and friends;

prayers; avoidance and escape the situations, diversional activities and self-control. A comprehensive program for students should be developed to reduce stress and to utilize healthy coping strategies to enhance health promotion.

INTRODUCTION

Stress affects every individual and has an influence on the mind and on the individual's health and wellbeing (Shultz, 2011). College students reported to have experienced high level of stress during their academic year (American College Health Association, 2007) especially nursing students who experience more stress because they experience a clinical component which is highly stressful (Seyedfatemi, N., Tafreshi, M. & Hagani, H., 2007).

Stress during nursing education and training may also have negative effects on workforce as this may lead to a shortage of nurses entering into the clinical practice. According to Chan (2009), students reported to have experienced more stress from the clinical area than in the classroom. Thus clinical training is designed for students to acquire the necessary professional skills and develop the attitudes that will positively impact the quality of care delivered to patients (Bam, Oppong, & Ibitoye, 2014).

Literature has shown several factor-related stresses among nursing students (Jimenez & Diaz, 2010, Jimena et al., 2013). Jimenez and Diaz (2010) investigated factors related to stress among third year students in a Spanish Nursing College. Findings revealed that nursing students reported high levels of stress from clinical stressors rather than from academic and other external stressors. Jimena et al. (2013) reported that students experienced highest level of stress at the clinical setting has the highest level of stress

experienced by students followed by school setting and the least is the family setting. The study revealed that students experienced extreme stress while being evaluated by their instructor during procedures.

Coping has been viewed as a stabilizing factor that may assist individuals in maintaining adaptation during stressful events (Singh et al., 2011). Effective coping strategies help students to perform better thus reducing or relieving students' stress but if the stress is not dealt with effectively feelings of loneliness, nervousness, sleeplessness and worrying may result. Poor coping method used by student nurses were observed in many studies reviewed. Some of these studies include the studies of Bam et al. (2014) in Ghana, Kumar (2011) in New Delhi, Singh et al. (2011) in India, Liu et al. (2015) in Macao, and Lin, C. (2006) in Hongkong.

In spite of the international information available on stress and coping mechanisms among student nurses, there is a dearth of local studies among nursing students and stressors in the clinical area highlighting experiences of student nurses.

Objectives of the Study

This study was conducted to assess the stress level and sources of stress among nursing students in clinical practice as well as to identify the coping behavior utilized by nursing students in a private university in Iloilo City. It also determined the relationship of the level of stress and coping behavior of students.

Theoretical and Conceptual Framework

This study is anchored on Transactional Model of Stress and Coping by Lazarus and Folkman (1977). According to this theory, coping is defined as “cognitive and behavioral efforts to manage demands that are appraised as taxing or exceeding the resources of the person and endangering his or her wellbeing”. In Lazarus’ definition, coping involves efforts to alter the stressful situation (i.e. problem-focused coping), as well as efforts to regulate the emotional distress associated with the situation (i.e. emotion-focused coping).

When used correctly, coping can lead to the reduction of, adaptation to or the overcoming of a problem. In turn, when strategies are not appropriate to a given situation, they can increase stress levels. On entering university, students start a new phase of their lives, meaning they must deal with changes and adapt to this newfound environment and life's new circumstances.

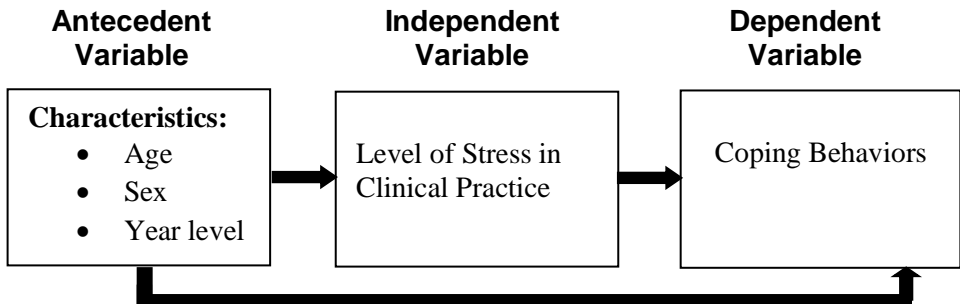


Figure 1. Assumed flow of relationship among variables

Hypotheses of the Study

- There is no significant relationship between students' characteristics in terms of age, sex, year level and level of stress.
- There is no significant relationship between students' characteristics in terms of age, sex year level and coping behavior.
- There is no significant relationship between level of stress and coping behavior of students.

Scope and Limitation

This study covered only the nursing students of the College of Nursing and Allied Sciences (CNAHS) SY 2015-2016. Stress level of the nursing students was determined using the perceived stress scale (PSS) developed by Sheu et al. (1997) while coping behavior was determined using the coping behavior inventory (CBI) developed by Sheu et al. (2002). There are many potential factors that may influence the student nurses' coping behaviors. However, in this study, the personal characteristics of the students included only age, sex, year level, and level of stress. The result of this investigation can only be generalized to the nursing students of the school and may not hold true for other nursing students in general.

METHODOLOGY

Research Design

This study was conducted using a combination of quantitative and qualitative approaches. This descriptive-relational research employed a "one shot survey" design to describe the level of stress and coping behavior of nursing

students. Beck and Polit (2009) stated that descriptive research is focused on understanding the causes of behavior, conditions and situations and which data gathering is done through observation, survey and interview.

Study Population and Participants

The respondents of this study were the nursing students enrolled in the College of Nursing in a private University in Iloilo City for SY 2015-2016. Second year to fourth year nursing students were only considered as respondents of the study because they go on clinical practice. From the population of 249, the sample size was computed using a formula. Once the desired sample size was obtained, stratified random sampling using proportional allocation for each year level was employed. Respondents per year level were selected using simple random technique. Table 1 shows the proportional allocation of respondents by year level.

Table 1. Proportional Allocation of Respondents by Year Level, AY 2015-2016.

Year Level	N	n
Level 2	104	64
Level 3	72	44
Level 4	73	45
Total	249	153

For the qualitative approach, the participants of the study were nursing students from different level (second year, third year and fourth year students) and selected through purposive sampling. Nursing students who participated in the study had experienced stress in the

clinical area and were able and willing to describe their experiences.

Instrumentation

A three part self-administered questionnaire was used: demographic data, Perceived Stress Scale (PSS) and Coping Behavior Inventory (CBI). Demographic data included: age, sex, and year level. Both the PSS and CBI were developed by Sheu et.al. (1997 & 2002). Responses for each item were weighed using Likert's five point scale which ranges from always (4) to never (0) for the level of stress; and from always (4) to never (0) for the coping strategies. Reliability and validity of the instrument were measured and revealed Cronbach's alpha of .86-.89 (Chan et al., 2009); and the content validity index was .94 (Chan et al., 2009). This indicates that the questionnaire is reliable and could be used in the study. Letter of request to adopt the instrument was sent to the author prior the conduct of the study. Approval of author was also sought thereafter.

Data Collection

The researchers seek permission to conduct the study from the Dean of the College of Nursing and Allied Sciences. Once the approval from the Dean was obtained, the data was collected utilizing a self-administered questionnaire.

A focus group discussion (FGD) was done to deepen the assessment of the level of stress and to identify the coping strategy used. Interviews were continued with participants until the data was saturated and sampling was ended with data saturation.

Ethical Clearance and Informed Consent

The study has an approved ethical clearance from Central Philippine University (CPU) Institutional Review Board (IRB). Informed consents were sought from respondents. The rights, privileges, obligations, risks and benefits of the participants were included in the orientation process. They were also oriented about the instrument and the conduct of the FGD prior to data collection. Anonymity and confidentiality were observed during the conduct of the research and the audio-tapes used in the FGD were destroyed after analysis of data.

Data Analysis

The results were analyzed utilizing Statistical Package for Social Sciences (SPSS) version 17 software. Mean, frequency counts and percentages was used to describe the characteristics of the nursing students in terms of age, sex and year level as well as the level of stress and coping behavior. Chi-square was utilized to determine the relationship between sex and level of stress as well as coping strategies. To determine the strength of the relationship between variables, Cramer's V was used. Gamma was utilized to determine relationship between selected characteristics such as age and year level to the level of stress.

Analysis of qualitative data began following the interview. The researchers read the verbatim transcripts multiple times to gain full understanding of the interview and to analyze the content embedded within each interview. Phrases and statements that stood out as significant to the overall experience were highlighted in the transcript.

RESULTS

Nursing students were 19 years old or younger (66% n=153) and mostly female (74.5%; n=153). The dominance of female student nurses is apparent in almost all schools/colleges of nursing, even in hospitals and medical centers despite the fact that more men have started joining the nursing profession for the last decade. This supports the fact that nursing is still a female dominated profession.

It can be seen in Table 2 that student nurses experienced moderate level of stress from assignments and workload (mean= 2.04), stress from lack of professional knowledge (mean=1.91), stress from taking care of patients (mean=1.89), stress from teachers and nursing staff (mean=1.77), stress from clinical environment (mean=1.74) and stress from peers and daily life (mean=1.69).

Table 2. Type of Stressors Perceived by Nursing Students in Clinical Training.

Stress Factors	Severe		Moderate		Mild		Mean	
	f	%	f	%	f	%		
Stress from assignment and workload	34	22.2	91	59.5	28	18.3	2.04	Moderate
Stress from Lack of professional knowledge and skills	27	17.6	85	55.6	41	26.8	1.91	Moderate
Stress from taking care of patients	23	15.0	91	59.5	39	25.5	1.89	Moderate
Stress from teachers and nursing staff	17	11.1	84	54.9	52	34.0	1.77	Moderate
Stress from the clinical environment	19	12.4	76	49.7	58	37.9	1.74	Moderate
Stress from peers and daily life	16	10.5	74	48.4	63	41.2	1.69	Moderate

Legend: Mild level of stress (1.00-1.33); Moderate level of stress (1.34-2.66); Severe level of stress (2.67-4.00)

The most common coping strategy utilized by the students was problem solving (mean=2.96), followed by staying optimistic (mean=2.61), having a positive attitude when dealing with everyday issues in life and avoidance (mean=1.72). Transference was less frequently utilized (mean=1.66). It was noted that students tend to employ their past experiences in order to solve problems and set up objectives to solve problems.

Table 3. Distribution of Respondents According to Their Coping Behavior Frequently Used.

Coping Behavior	f	%	Mean
Problem Solving Behavior	95	62.1	2.96
Optimistic Coping Behavior	27	17.6	2.61
Avoidance Behavior	17	11.1	1.72
Transference Behavior	14	9.2	1.66

The correlation between level of stress and coping behavior was not significant (Chi-square = 7.225 p = .301). This indicates that the moderate level of stress of students is not related to their coping behavior.

Four themes have emerged from the study, (1) initial clinical anxiety, (2) theory- practice gap, (3) clinical supervision, and (4) professional role.

These theme, initial clinical anxiety, emerged from the focus group discussion where almost of the students described the difficulties they experienced at the start of their clinical exposure. Among the issues brought up by students were fear of failure and fear of facing the procedure, feeling incompetent, feeling under pressure, and worrying about giving the wrong information to the patient.

“In the first day of my exposure to the operating room, my Clinical Instructor (CI) immediately assigned me to assist in the operation. I was excited and anxious at the same time. I tried to feel confident but I made the OR field unsterile. My CI reprimanded me in front of my classmates and other members of the health team. I was so embarrassed that I cried.”

The theme theory-practice gap emerged where almost every participant in the focus group session described in some way the lack of integration of theory into clinical practice.

“I have learnt so many things in class, but there is not enough chance to do them in actual settings. My instructor does not allow me to do or perform procedures.”

Supervision by Clinical Instructor (CI) was another issue discussed by the students in the focus group sessions. One of the students said: *“We are taught mostly by our CI’s. The staff nurses are not concerned about what the students learned, they are busy with their duties and they are unable to have both an educational and a service role.”*

Most of the nursing students expressed that their work was “not really professional nursing”. They were confused by what they have learned in the classroom and what in reality was expected of them in practice.

“We just do simple nursing care. ...basic nursing care....you know...eh eh....giving bed baths, keeping patients clean and making their beds, empty suction bottle, clean equipment in the operating room and make cotton balls. Anyone can do it. We spend four years studying nursing but we do not feel we are doing a professional job.”

Ways of Coping

There were diverse strategies used by the students of this study to cope with or alleviate their feelings of discomfort. These strategies were grouped into seeking spiritual support, seeking support from family and friends,

avoidance and escape of the situation, seeking diversional activities, and self-controlling.

CONCLUSION

Based on the results of the study, the majority of the students were young, female, second year, and had experienced moderate level of stress. Nursing students agonize about assignments and workload that might inhibit positive clinical learning experiences. Coping strategies commonly used by students were problem solving and optimistic coping. The respondents' level of stress has no bearing on their coping behavior.

Related Learning Experience (RLE) is important in nursing education for students to develop confidence in practice and perform the professional role. The findings of this study and literatures support the need to reevaluate the related learning experience (RLE) in nursing education. It is clear that all themes mentioned by the nursing students play an important role in student learning and nursing education in general.

RECOMMENDATION

Since most of the nursing students experienced moderate stress, students may need guidance and reassurance from a positive role model and someone whom they can trust to talk to about such pressures, otherwise they may choose negative ways to cope with the stress in their lives.

College faculty need to attend specific training and conferences regarding stress management to guide the students on how to manage their stresses in an effective way.

Some form of students support should be available in the form of mentoring and guidance to help in coping with stress and to educate them about unhealthy consequences of stress.

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