



Research Article

Stressors Perceived and Coping Behaviors Utilized by Nursing Students during Clinical Practice

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Abstract

Background: In today's ultracompetitive environment, students face more stress. It may be related to studies, examination, peer, teacher, or parent pressure. Nursing students' stress in their clinical practice can be altered and influenced by the coping strategies. **Aims:** The aims of the study were to assess the level of stress and to identify the common stressors; to describe the difference in stress level related to demographic data; and to identify coping behaviors used during clinical practice among B.Sc. Nursing Students. **Methodology:** An evaluative research approach with the descriptive design was used. The level of stress was assessed through perceived stress scale and type of coping behaviors were assessed by Adolescent Coping Orientation for Problem Experiences-coping behavior assessment. Data collected from 60 samples were analyzed by descriptive and inferential statistics. **Result:** The analysis shows that 73% of the sample are female, 65% of them are 19 years old, 75% are interested in nursing, and 55% are with the family income of Rs. 5000–10,000/-. The most common type of stressor perceived by students was stress from peers and daily life (1.50 ± 1.24). In association with the demographic variables and level of stress among nursing students, the Chi-square obtained value is significant at 0.05 levels with gender, interest in nursing, year of studying, and religion and reveal that there is a significant association between them. **Conclusion:** The findings of the present study indicate that nursing students experienced higher levels of stress in clinical practice. Hence, there is an urgent need for stress management programs and to take measures by the authorities such as a peaceful environment to reduce stress among the nursing students.

Key words: Clinical practice, coping behaviors, nursing student, stress

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Introduction

The first and most generic definition of stress was that proposed by Hans Selye: "Stress is the nonspecific response of the body to any demand."^[1] Stress could be defined simply as the rate of wear and tear on the body systems caused by life.^[2] It occurs when a person has difficulty in dealing

with life situations, problems, and goals.^[3] The word stress is derived from the Latin word "stringi," which means "to be drawn tight." Stress is defined as a physiological and psychological response to an environmental demand that occurs after an individual perceives that they are not able to adequately cope with the present demand.^[4]

Various events or stimuli may be referred to as a stressor and may be physiological and psychological in nature. Perceived stress is defined as the degree to which a situation in one's life is deemed stressful.^[5] Individuals perceived events differently and the same event may elicit different stress responses from different people. Studies suggest that environmental conditions, once reaction to the event, and the emotional response to the demand are the major components of stress.^[6]

Nursing students practice a long hour of study and inadequate time for other activities.^[7] In addition, they spend a substantial time in the clinical areas, with the

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heavy responsibility of being accountable for patients.^[8] Moreover, financial burden, struggling to manage time, and using high-tech machines are all additional stressors in many cases.^[9] Nursing students report perceiving higher levels of stress than other students in conjunction with elevated external stressors, including increased clinical responsibilities and course requirements.^[10]

Coping responses can be described as positive or negative and as reactive (i.e., reacting to an individual's own thoughts and feelings) or active (dealing with actual stressful situations or events). Active or reactive coping responses can be positive or negative, depending on the situation and the content of the response.^[11] Coping strategies are defined as the person's constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the person's resources.^[12]

Coping strategies to manage stress through social care can positively reduce levels of stress and promote health.^[13] Some students cannot cope with their stressors because they do not have a suitable study plan. In general, the student cannot eradicate the stress, but they can reduce it, so coping is an element that helps in preserve their psychosocial.^[14] Many studies found that nursing student have high level of stress comparing with other students.^[7,8,15]

This study constitutes an effort to illustrate levels of stress and to identify common stressors among nursing students, describe the differences in stress levels and coping behavior related to demographic variables, find out the relationship between type of stress and coping strategies and to find out the coping mechanism used by nursing students.

Methodology

An evaluative research approach with the descriptive design was used in this study to assess the level of stress, the type of stress, and coping behaviors in clinical practice among B.Sc. nursing students. A total of 60 B.Sc. nursing degree students from 1st, 2nd, and 3rd year of RVS College of Nursing, Kannampalayam, were taken through non-probability convenient sampling technique. Data collected from 60 samples were analyzed by descriptive and inferential statistics.

Data collection tools included are

1. Demographic variables. The demographic data include gender, age, interest in nursing, year of study, religion, parents, marital status, and family income.
2. The level of stress was assessed through perceived stress scale.

This tool was established by Sheu *et al.*^[16] It was used to explore types and level of stress that occurred in clinical settings. A 5-point Likert type scale was used which consisted of 29 items and clustered into six factors. These six factors were categorized as stress

from; taking care of patients, teachers and nursing personnel, tasks and workload, peers and daily life, stress from the poor level of specialized knowledge and skills, and from the clinical setting. Scores were ranged from 0 to 116. A higher score indicated a higher degree of stress. The following scaling was used to determine the level of stress; high stress (2.67–4.0), moderate stress (1.34–2.66), and low stress (0–1.33).^[17]

3. Type of coping behaviors was assessed by coping behavior inventory (CBI).

CBI established by (Sheu *et al.*, 2002) was used to find out nursing students' coping strategies. It consists of 19 items classified into four types; avoidance behaviors, problem solving behavior, optimistic coping behavior, and transference behavior. Each item was rated into on a 5 Likert scale; high scores indicate more used of coping behavior.

Result

Frequency and percentage distribution of demographic data

Table 1 deals with the percentage-wise distribution of demographic data of 60 subjects and is explained in

Table 1: Frequency and percentage distribution of demographic data

Demographic characteristic	Frequency	Percentage
Gender		
(a) Male	15	27
(b) Female	45	73
Age		
(a) 19 years	40	65
(b) 20 years	16	28
(c) Above 20 years	4	7
Interest in nursing		
(a) Yes	46	75
(b) No	14	25
Year of study		
(a) 1 st year	18	30
(b) 2 nd year	24	40
(c) 3 rd year	18	30
Religion		
(a) Hindu	44	72
(b) Christian	16	28
Parent's marital status		
(a) Married	58	97
(b) Widow	2	3
Family income		
(a) <5000	3	5
(b) 5000–10,000	34	55
(c) 10,000–20,000	16	28
(d) >20,000	7	12

Table 2: Stressors perceived by nursing students during clinical training

Item	Factor ranking	Item ranking	Mean±S.D
	Overall		1.39±1.13
Stress from taking care of patients:		5	1.32±1.10
Stress from assignments and workload		4	1.34±0.94
Stress from lack of professional knowledge and skills:		6	1.29±1.25
Stress from the environment		3	1.41±1.07
Stress from peers and daily life		1	1.50±1.24
Stress from teachers and nursing staff		2	1.49±1.23

frequency and percentage. Analysis of data revealed 65% of the sample belongs to the age group of 19 years, female 73%, 75% of the samples are interested in nursing, 72% belong to Hindu religion. According to the parent's marital status, 97% are married, 55% have the family monthly income of Rs. 5000–10,000/-.

Table 2 shows the stressors perceived by nursing students. The overall degree of stress perceived by the participants was 1.39 ± 1.13 . The most common type of stressor perceived by nursing students was stress from peers and daily life (1.50 ± 1.24), i.e., experience competition from peers in school and clinical practice 1.46 ± 1.31 , feel pressure from teachers who evaluate student's performance by comparison 1.16 ± 1.26 , feel that clinical practice affects one's involvement in extracurricular activities 1.55 ± 1.09 , and cannot get along with other peers in the group 1.85 ± 1.33 .

The second highest causes of stress were caused by stress from teachers and nursing staff (1.59 ± 0.02). The least level of stress is from a lack of professional knowledge and skills. The students have a moderate level of stress.

Table 3 shows the coping strategies frequently used for relieving stress by nursing students. The most frequent coping strategy was transference (1.85 ± 1.17) which includes feasting and taking a long sleep 1.78 ± 1.26 , by saving time for sleep and maintain good health to face stress 2.03 ± 1.13 , and by relaxing through TV, movies, a shower, or physical exercises 1.75 ± 1.14 .

The second coping strategies used by nursing students were problem-solving (1.78 ± 1.12). The least coping strategies used by nursing students were avoidance (0.94 ± 1.0).

Table 4 shows the association of demographic variables with the level of stress. With gender and level of stress, the Chi-square value in 4.51 which is significant at 0.05 level and revealed that there is a significant association between them. In association with the age of students and level of stress, the Chi-square value in 0.68 which is not significant and revealed that there is no significant association between them. In association with an interest in nursing, the Chi-square value in 6.14 which is significant. In association with the year of study, the Chi-square value in 6.84 which is significant. In association with religion,

Table 3: Coping behaviors students utilized

Items	Factor ranking	Item ranking	Mean±S. D
	Overall		1.55±1.14
Avoidance		4	0.94±1.0
Problem-solving		2	1.78±1.12
Stay optimistic		3	1.66±1.29
Transference		1	1.85±1.17

the Chi-square obtained value in 4.51 which is significant. In association with the parent's marital status and family income, the Chi-square value is not significant at 0.05 levels and reveals that there is not a significant association between them.

Discussion

Students' stress in their clinical practice can be altered and influenced by the coping strategies they choose to employ. Affective coping strategies help the student to perform markedly better in regards to their studies. Coping strategies are as follows: problem-solving, transparent (efforts to keep a positive attitude toward the stressful situation), and unrelenting optimism.

Analysis of data revealed that of 60 samples, 27% are males and 73% are females. Thus, it can be interpreted that the majority of the students were females because females mostly like this nursing profession than males. This was similar to a study conducted by Mary Lelia Baker on student nurses' stress and demographic factors in which she had 133 males and 21 females as samples.^[18]

In the present study, 72% belong to Hindu religion. This finding is consistent with a study done by Singh *et al.*, on the level of stress coping behavior, in which the majority of the subjects (54.5%) of them were Hindus.^[19]

The overall degree of stress perceived by the participants was 1.39 ± 1.13 . The stress level among students was moderate. Hong Kong nursing students have a moderate level of stress.^[17,20] The most common type of stressor perceived by nursing students was stress from peers and daily life (1.50 ± 1.24), i.e., experience competition from peers in school and clinical practice 1.46 ± 1.31 , feel

Table 4: Association between the level of stress and demographic variables

Demographic characteristic	Moderate	Severe	df	χ^2	Significance
Gender					
(a) Male	11	5	1	4.51	S
(b) Female	40	4			
Age					
(a) 19 years	35	5	2	0.68	NS
(b) 20 years	13	3			
(c) Above 20	3	1			
Interest in nursing					
(a) Yes	42	4	1	6.14	S
(b) No	9	5			
Year of study					
(a) 1 st year	12	6	2	6.84	S
(b) 2 nd year	22	2			
(c) 3 rd year	17	1			
Religion					
(a) Hindu	40	4	1	4.51	S
(b) Christian	11	5			
Parent's marital status					
(a) Married	50	8	1	1.98	NS
(c) Widow	1	1			
Family income					
(a) <5000	2	1	3	7.44	NS
(b) 5000–10,000	32	2			
(c) 10,000–20,000	13	3			
(d) >20,000	4	3			

S: Significant, NS: Not significant

pressure from teachers who evaluate student's performance by comparison 1.16 ± 1.26 , feel that clinical practice affects one's involvement in extracurricular activities 1.55 ± 1.09 , and cannot get along with other peers in the group 1.85 ± 1.33 .

The second highest causes of stress were caused by stress from teachers and nursing staff (1.59 ± 0.02). Jimenez *et al.* found that stress from assignment and workload was one of the major stresses experienced by more than 300 nursing students in their study in Spain.^[10] This study found that stress from teachers and nursing staff was significant and one of the most common sources of stress they perceived. The least level of stress is from a lack of professional knowledge and skills.

The most frequent coping strategy was transference (1.85 ± 1.17). Here is a significant positive relationship between sleep and using transference as a coping skill.^[21] The second coping strategies used by nursing students were problem-solving (1.78 ± 1.12). The least coping strategies used by nursing students were avoidance (0.94 ± 1.0). This study found that problem-solving strategies were the most commonly deployed mechanisms of coping with

stress, while avoidance was the least, similar to previous studies.^[21]

With gender and level of stress, the Chi-square value in 4.51 which is significant at 0.05 level and revealed that there is a significant association between them. In association with interest in nursing, the Chi-square value in 6.14 which is significant. In association with the year of study, the Chi-square value in 6.84 which is significant. In association with religion, the Chi-square obtained value in 4.51 which is significant.

Conclusion

It is clear from the results of this study that these student nurses are exposed to a variety of stressors from clinical perspectives. Creating a support system with family and friends is a primary stress reduction technique because having the ability to enjoy time away from nursing and studies supports self-care. Nurses must prioritize their own care amid the other care they are required to provide. A positive outcome of these study findings indicates that the coping strategies appeared to be more effective in reducing the level of stress for student nurses. The

researcher concludes that the nursing curriculum should implement teaching strategies whereby student nurses can be empowered to promote positive intrapersonal and interpersonal skills and able to lead a productive life.

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