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Stressors and Coping Strategies during Clinical Practices among Diploma Nursing Students

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ABSTRACT

Introduction: Stress is a particularly important issue in education because it has the potential to decline learning and performance. However, little empirical evidence about the influence of stress in nurse students' clinical practices. **Methods:** There are 346 totals of respondents for this study. Perceived Stress Scale (PSS), which have six domains of stressors and Brief COPE inventory, consisted of 28 items which measure 14 different coping styles was used. By using Likert scale in order to measure the degree of stress for each stressor. Higher mean score indicates higher degree of stress. **Results:** In this study, stress from clinical assignments and workload was the most stressful having by nursing students (Mean = 3.19, SD = 1.09). Among the 14 types of coping strategies, religion was the most frequently used, religion (Mean = 3.30, SD = 0.71). **Conclusion:** The results provided valuable information for nurse educators, clinical educators and clinical staff in identifying students' needs, facilitating their learning in the clinical setting and developing effective interventions to reduce the stress. Therefore it is important, especially nursing students can handle the pressure because it will affect the level of achievement in academic and thereby affecting student skills in the field of clinical nursing. And this affects the care of patients.

Keywords: *Stressors, Coping strategies, Clinical practices, Nursing students, Perceived Stress Scale (PSS)*

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Introduction

Stress is a particularly important issue in education because it has the potential to impede learning and performance (1). Empirical research supports the view that nursing students suffer stress in their clinical practice (2, 3). Without doubt, clinical practice is one of the crucial components in nursing education. However, students may face many challenges or threats in dynamic and complex clinical environments, such as how to use high-tech medical equipment, how to maintain good relationships with

clinical staff and instructors, how to manage sudden changes in a patient's condition and how to deal with the demands of patients' relatives (4). When compared to students from other health-related disciplines, nursing students have been reported to experience higher levels of stress and more physical and psychological symptoms (5, 6). Students who experienced psychological distress are more likely to experience depressive symptom (7, 8).

The purpose of the study to identify stress and coping strategies among diploma

nursing students during clinical practices in College of Nursing Kubang Kerian, Kelantan.

1. What type of stressors during clinical practices is commonly experienced by the diploma nursing students in College of Nursing Kubang Kerian, Kelantan?
2. What are the coping strategies of diploma nursing students in College of Nursing Kubang Kerian, Kelantan use to overcome their stress during clinical practices?

Literature Review

Stress has been defined as a stimulus, response, and interaction between the person and the environment, and as a transactional process (9). Situations in the college especially during the academic lives of nursing students, is considered as one of several areas for stress exposure. In this study, researcher defines stress as an emotional feeling of distraction due to specific events or situations which happened during clinical practices. Stress is experienced when there is a balance match between an individual's coping skills and the stressors. Situations in the college especially during the academic lives of nursing students, is considered as one of several areas for stress exposure. Nursing students regard clinical experience as one of the most anxiety-producing components of the nursing programme (4). Most of the stress in clinical experience led to nervousness, depression, anxiety, fear, frustration, anger, hopelessness, loneliness and feeling inferior (10). Research in the field of work stress illustrates the growing belief that coping is a basic and important factor in the relationship between stressors and distress.

Beck and Srivastava (11) conducted a descriptive correlation study and found that 94 second year, third year and fourth year undergraduate nursing students reported the clinical experience as the most stressful component of the undergraduate nursing program. Within the past 10

years, many qualitative studies report various stressors in undergraduate nursing students in the clinical practices. The most common stressors include the first clinical experiences, fear of making mistakes, performing clinical skills, faculty evaluation, lack of support by nursing personnel, and the theory gap.

Stressors Perceived by Nursing Students

Stress from Taking Care of Patients

In the clinical rotations, nursing students have to carry a high level of responsibility and accountability while dealing with patients (12). Sometimes, nursing students deal with seriously ill or dying patients. Caring for paediatric patients in general causes an increase in stress for nursing students (13, 14) and the death of a child is also a stressful event (14).

Stress from Clinical Instructors/Lecturers and Ward Staff

Previous research has proposed that the teacher also may influence the nursing students' stress in clinical practices (13). In another study, evaluations by clinical instructors rarely viewed as a formative process that would assist nursing students in improving their clinical skills (13, 15). In the study of stress and coping: junior baccalaureate nursing students in clinical settings done by Ganga Mahat (2), 45% of the sample study expressed of didn't have a good interpersonal relationship with the clinical instructor. They complained that clinical instructors were lack of understanding, were humiliating, unsupportive and made them feel unqualified to perform excellent clinical skills (2). Nursing students described negative attitudes, actions, and rude comments of the ward staff as stressful (10). In the study conducted by Evans and Kelly (14), the finding showed over 30% of nursing students who completed the questionnaire regarding stress experiences

in the clinical environment perceived the interaction with staff nurses as stressful. The stress experienced specifically focused on: staff-nurse interactions, lack of learning involvement and conflict in understanding the staff-student learning role.

Stress from Clinical Assignments and Workload

Students frequently identified preparing for clinical assignments as stressful. The area of particular concern was the writing of care plans. Too much responsibility was found to be stressful for nursing students while in clinical practices (14). Nursing students also perceived heavy workload as one of their clinical stressors (2).

Stress from Peers

Competition among peers in same group and dependent peers was person-environment relationships perceived by the nursing students as very stressful (10). Findings from Shipton (10) study stated that: "Sometimes my peers make me stressed, especially when they start to compare who's got this and that done. Students comparing make me very stressed". "There is so much competition among our nursing class. That's a big source of stress".

Stress from Lack of Professional Knowledge and Skills

Nursing student will usually experience anxiety when they are in the clinical field, especially for first-year nursing student. This is because they do not have the skills and knowledge to perform the procedure in the ward. This causes them to be stress effects of low self-esteem. Nursing students described implementing new procedures as "stressful", "scary", and causing "butterflies and flutters". They expressed concern about lack of experience, implementing technical skills, and the need for more time in the ward. Besides that, the reality of graduating after one more semester of clinical experiences stressed them out (10).

Stress from Clinical Environment

Many times the environment in the ward may be unfriendly, which adds to the student's sense of self-doubt and insecurity (2, 12, 16). The stressful nature of the clinical environment along with concern about own well-being elicits an appraisal by the nursing student which may result in threat or challenge. While some students might perceive a particular clinical incidence and setting to be challenging, the same clinical incidence might create fear, anxiety and related emotions for others (13).

Stress Measurement

In this study, researcher decided to use adapted Perceived Stress Scale (PSS) questionnaire which was developed by Sheu et al. (17). This instrument was developed through literature review and interview of 100 randomly selected sample (nursing students who had completed their initial clinical practice) (18). In the original PSS questionnaire, they used the 5-point Likert type scale which contained 29 items and were grouped into six factors. They labeled the six factors as stress from lack of professional knowledge and skills, stress from clinical assignments and workload, stress from taking care of patients, stress from clinical environment, stress from teachers and nursing staff, as well as stress from peers and daily life. For this study, researcher makes some modification from the original PSS questionnaire to make it clearer for sample study in order to answer the questionnaire. Researchers still used six groups of stress factors which consisted of 29 items.

Researcher decides to use adapted PSS questionnaire which was developed by Sheu et al. (17) because it was suitable to measure the stress factors or in other word, stressors of clinical practices. The items inside the questionnaire really touch and focus on stressors associated with clinical practice. The questionnaire covers all aspects which stimulate stress among nursing students during clinical practice. Most of other model

of questionnaires is suitable to measure the level of stress among nursing students. But, the PSS was designed to measure the clinical stressors perceived by the nursing students. There were a few researchers who studied on clinical practice stressors used PSS as the measurement for stress (19, 20).

Coping Strategies

Coping is the individual cognitive evaluation towards stress (21). For this study, researcher defines coping strategies as an initiative utilised by nursing students to deal with stressful event or situation in clinical practices. The top 5 coping strategies among the undergraduate nursing students were religion, used of instrumental support, acceptance, active coping and positive reframing which most of them were emotion-focus coping (22). Lazarus and Folkman (23) proposed two types of coping strategies: problem-focused and emotion-focused. Problem-focused coping is directed at managing or altering the causes of distress. Meanwhile, emotion-focused coping, on the other hand, is directed at regulating emotional response to a problem. This form of coping is more likely to be used when someone believes that nothing can be done to modify the harmful, threatening, or challenging situations (24, 25). College students used both emotional-focused and problem-focused coping strategies in order to manage stress. College students also utilised more problem-focused coping than emotional-focused coping (10).

Nevertheless, there still need for more research on stressors related to clinical practices and use of coping strategies among the Malaysian nursing students population to fill in the gap. Thus, it is very important for researcher to explore the use of effective coping strategies in order to help nursing students overcome stress and maintain their health status at the optimum level. From the literature, most of the nursing students faced with stress during their clinical practices. Thus, it is important for researcher to explore the stressors and coping strategies during clinical practices among diploma

nursing students in College of Nursing Kubang Kerian, Kelantan. Hopefully, the findings from this study will give an idea for the faculty and clinical educators/instructors in helping diploma nursing students manage or overcome stress associated with clinical practices. Any stressful situations can be overcome by applying the accurate coping strategies.

Coping Measurement

For the coping measurement in this study, researcher used brief COPE inventory developed by Carver (26). Researchers decided to use brief COPE inventory because the items in the questionnaire distinguish amongst various coping strategies. The brief COPE is a 28 item self-report pen and paper 4-point Likert intensity scale (1 = I usually didn't do this at all; and 4 = I usually did this a lot). The questionnaire distinguishes among 14 different coping styles which are:

1. Active coping: The sub-scale measures attempts consciously used by the respondent to reduce the effect of stressors.
2. Planning: Deals with a problem purposefully.
3. Positive reinterpretation/reframing: The sub-scale measures the way an individual interprets a problem on a positive note.
4. Acceptance: The sub-scale measures the way an individual accepts a problem as a reality.
5. Humor: The sub-scale measures the way an individual applies humor to reduce the negative effects of a stressor.
6. Religion: The sub-scale measures the way an individual attempts to find meaning in religion in order to deal with a problem.
7. Emotional support: The sub-scale measures the extent to which an individual attempts to obtain social support from others in terms of moral support, sympathy and understanding.

8. Instrumental support: The sub-scale measures the degree to which an individual seeks information, assistance or advice in order to deal with a stressor.
9. Self-distraction: The sub-scale measures the degree to which an individual diverts his/her attention to other activities/work in order to deal with the problem.
10. Denial: The sub-scale measures the degree to which an individual regards a problem as unreal.
11. Venting: The sub-scale measures the way one expresses feelings and lives one's own life to counter the effect of stressor.
12. Substance use: The sub-scale determines the way an individual turns to alcohol or drugs in order to suppress the effects of a stressor.
13. Behavioural disengagement: The sub-scale measures the way an individual avoids any attempt to solve a problem.
14. Self-blame: The sub-scale measures the way an individual blame him/herself for the existence of a particular stressor.

Methodology

This study is a cross-sectional design and descriptive study. This study was conducted in College of Nursing Kubang Kerian, Kelantan, which is the place for theoretical and clinical practices of diploma nursing students' takes place. There are 103 first year students, 100 second year students, and 143 third year students. This research was including approximately half of the student in each semester. Therefore there were 346 totals of respondents for this study.

Data Collection

The researchers used Perceived Stress Scale (PSS) questionnaire adapted from Sheu et al. (17) which have six domains of stressors and Brief COPE inventory adapted from Carver (26), which consisted of 28 items which measure 14 different coping styles was used. By using Likert scale in order to measure the degree of stress for each

stressor. Higher mean score indicates higher degree of stress for PSS and higher scores on a sub-scale can be interpreted in the sense that an individual is prone to use such coping strategy more frequently.

Validity and Reliability

Validity

The perceived stress scale (PSS) questionnaire has been validated by Sheu et al. (18). The content validity index of the PSS questionnaire was 0.94, thus proved its validity. In addition, 50.7% of the total variance was accounted for by the six factors, which confirmed the construct validity of this instrument. The brief COPE inventory demonstrated fair validity indices (26, 27, 28).

Reliability

The alpha coefficients for the 14 coping styles in brief COPE inventory ranged between $\alpha = 0.83$ and 0.92 (28). The test-retest correlations suggest that the self-reports of coping tendencies measured by the brief COPE inventory are relatively stable (26, 28).

Data Analysis

All data was analysed by Statistical Package for Social Sciences (SPSS) software version 19.0. Socio-demographic data was analysed by using descriptive statistic and was summarised as mean and standard deviation (SD). Researcher was analysing the data by using mean, SD and percentage.

Results

Demographic

A total of 346 respondents were participated in this study giving a response rate of 100%. A summary of the demographics is displayed in Table 1. The majority of the respondents involved in this study were Malay (n = 328,

94.8%), Indian (n = 11, 3.2%), Chinese (n = 4, 1.2%) and followed by other only (n = 3, 0.9%). The age of the respondents ranged from 18–25 years old. The majority of respondents belonged to the age group of 18–21 years was 275 (79.5%), meanwhile group of 22–25 years was 71 (20.5%). In religion, the majority of the respondents were Islam (n = 330, 95.4%), Christian (n = 5, 1.4%), and Hindu (n = 11, 3.2%). About 130 (37.6%) were from Year 1, 137 (39.6%) from Year 2 and only 79 (22.8%) from Year 3. The number of students interest in nursing was 310 (89.6%) and 36 (10.4%) was not interest in nursing.

Table 1: Participants' demographic (N = 346)

Characteristics	n	%
Race		
Malay	328	94.8
Indian	11	3.2
Chinese	4	1.2
Others	3	0.9
Age (years)		
18–21	275	79.5
22–25	71	20.5
Religion		
Islam	330	95.4
Christian	5	1.4
Hindu	11	3.2
Year of study		
Year 1	103	29.8
Year 2	100	28.9
Year 3	143	41.3
Interest in nursing		
Yes	310	89.6
No	36	10.4

Clinical Stressors Perceived by the Undergraduate Nursing Students

Clinical stressors perceived by the undergraduate nursing students were shown in Table 2. The most common type of stressor perceived by students was (1) Stress from clinical assignments and workload

(mean = 3.19, SD = 1.09), followed by (2) Stress from clinical educators/instructors and ward staff (mean = 3.02, SD = 1.18), (3) Stress from the clinical environment (mean = 2.91, SD = 1.13), (4) Stress from peers and nursing students from other college (mean = 2.85, SD = 1.05), (5) Stress from taking care of patients (mean = 2.52, SD = 1.04) and (6) Stress from lack of professional knowledge and skills (mean = 2.48, SD = 1.07).

Coping Strategies Frequently Used by Undergraduate Students to Relieve Stress during Clinical Practices

Coping strategies commonly used by nursing students during clinical practice and their effectiveness are presented in Table 3. The most frequent coping strategies was religion (mean = 3.30, SD = 0.81), for example, I've been trying to find comfort in my religion or spiritual beliefs; I've been praying or meditating. Then, followed by use of instrumental support (mean = 3.09, SD = 1.79), planning (mean = 2.98, SD = 0.75), positive reframing (mean = 2.90, SD = 0.82), active coping (mean = 2.87, SD = 0.85), acceptance (mean = 2.83, SD = 0.82), use of emotional support (mean = 2.72, SD = 0.91), self-distraction (mean = 2.72, SD = 0.95), venting (mean = 2.41, SD = 0.97), self-blame (mean = 2.34, SD = 0.89), humor (mean = 1.84, SD = 0.82), denial (mean = 1.82, SD = 0.81), behavioural disengagement (mean = 1.80, SD = 1.32) and substance abuse (mean = 1.18, SD = 0.76).

Discussion

Level of Stress and Types of Stressors

Stress in nursing students is an area of growing concern and it may result in psychological distress, physical complaints, behaviour problem and poor academic performance. The findings of study done by Ganga Mahat (2) shows that nursing students also perceived heavy workload

Table 2: Stressors perceived by nursing students (N = 346)

Stressors	Rank	Mean	SD
1. Stress from clinical assignments and workload	1		
Worry about low marks/poor grades.		3.190	1.094
Feel that my performance does not meet clinical educators/instructors' expectations.		2.763	1.025
Feel that the requirements of clinical practice exceed my ability.		2.317	1.031
Excessive amount of clinical assignments.		2.462	1.027
Date for the clinical assignments submission is too soon (not given enough time to complete the assignments).		2.682	1.112
2. Stress from clinical educators/instructors and ward staff	2		
Do not know how to explain/discuss patients' illness with clinical educators/instructors, medical and nursing personnel.		2.422	.945
Ward staff like to pass their responsibilities to nursing students.		3.020	1.180
Clinical instructors/educators scold/comment me in front of the patients.		2.979	1.216
Medical personnel lack empathy and are not willing to help.		2.693	1.128
Ward staff underestimate my ability to perform clinical skills.		2.526	.998
Lack of care and guidance from clinical instructors/educators and ward staff.		2.404	1.037
Feel that clinical educators/instructors are unfair in evaluation on students.		2.352	1.094
3. Stress from the clinical environment	3		
Feel stressed with the hospital environment where clinical practice takes place.		2.106	.982
Unfamiliar with the ward facilities.		2.089	.963
Feel stressed due to rapid/sudden changes in patient's condition.		2.598	1.053
Feel stress due to a gap between theory in lectures and real situation in the clinical practices.		2.913	1.133
4. Stress from peers and nursing students from other college	4		
Possibility of making an error (e.g. error medication or assessment of patient).		2.852	1.059
Experience competition from peers in same group and nursing students from other college.		2.534	1.060
Cannot get along with the peers in the same group.		2.326	1.129
Feel pressure from clinical educators/instructors who evaluate students' performance by comparison		2.401	1.081
5. Stress from taking care of patients	5		
Lack of experience and ability in providing holistic nursing care and in making judgements.		2.375	.863
Condition of patients (dying, chronic illness, contagious disease and etc.).		2.404	1.006

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Table 2: (continued)

Stressors	Rank	Mean	SD
Worried about not being trusted or accepted by patients and/or patients' family.		2.430	.964
Poor of communication skills with the patients.		2.095	1.009
Evaluation of my performance by patient(s).		2.242	.971
Feel difficult in changing from the role of a student to that of a nurse.		2.526	1.044
6. Stress from lack of professional knowledge and skills	6		
Unfamiliar with professional nursing skills.		2.485	1.071
Unfamiliar with medical history and terms.		2.482	1.010
Unfamiliar with patients' diagnoses and treatments.		2.346	.939

Table 3: Mean and SD of coping strategies used by undergraduate students (N = 346)

Coping strategies/item	Strategy ranking	Item ranking	Mean	SD
Self distraction	8	8		
1. I've been turning to work or other activities to take my mind off things			2.257	0.827
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.			2.722	0.950
Active coping	4	5		
2. I've been concentrating my efforts on doing something about the situation I'm in.			2.745	0.812
7. I've been taking action to try to make the situation better.			2.878	0.856
Denial	13	12		
3. I've been saying to myself "this isn't real."			1.526	0.722
8. I've been refusing to believe that it has happened.			1.823	0.816
Substance abuse	14	14		
4. I've been using alcohol or other drugs to make myself feel better.			1.187	0.762
11. I've been using alcohol or other drugs to help me get through it.			1.265	0.896
Use of emotional support	6	7		
5. I've been getting emotional support from others.			2.725	0.915
15. I've been getting comfort and understanding from someone.			2.685	1.423
Use of instrumental support	2	2		
10. I've been getting help and advice from other people.			2.829	0.886
23. I've been trying to get advice or help from other people about what to do.			3.095	1.793

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Table 3: (continued)

Coping strategies/item	Strategy ranking	Item ranking	Mean	SD
Behavioural disengagement	12	13		
6. I've been giving up trying to deal with it.			1.800	1.324
16. I've been giving up the attempt to cope.			1.728	0.754
Venting	9	9		
9. I've been saying things to let my unpleasant feelings escape.			2.419	0.972
21. I've been expressing my negative feelings.			2.393	0.914
Positive reframing	5	4		
12. I've been trying to see it in a different light, to make it seem more positive.			2.901	0.828
17. I've been looking for something good in what is happening.			2.864	0.810
Planning	7	3		
14. I've been trying to come up with a strategy about what to do.			2.732	0.749
25. I've been thinking hard about what steps to take.			2.985	0.755
Humor	11	11		
18. I've been making jokes about it.			1.849	0.827
28. I've been making fun of the situation.			1.378	0.635
Acceptance	3	6		
20. I've been accepting the reality of the fact that it has happened.			2.763	0.848
24. I've been learning to live with it.			2.835	0.829
Religion	1	1		
22. I've been trying to find comfort in my religion or spiritual beliefs.			3.309	0.819
27. I've been praying or meditating.			3.306	0.815
Self-blame	10	10		
13. I've been criticising myself.			2.343	0.894
26. I've been blaming myself for things that happened.			2.216	0.872

as one of their clinical stressors. In this study, stress from clinical assignments and workload was the most stressful having by nursing students. This finding is similar with Shipton (10), stated that the significant amount of time students spent on writing these assignments was described as stressful. One student in the study done by Shipton (10) stated: "Care plan in general have been

very stressful for me. It takes me forever to write up care plans. It is good but it takes too much time". Another student stated: "Just having too much to do. I don't have adequate time to get it done. A lot of times I don't have time to do anything for myself. No me time". Recent studies (29) in which supernumerary status was incorporated during the education of nursing students,

found that excessive responsibility do not produce stress (14). Students frequently identified preparing for clinical assignments as stressful especially in writing of care plans.

However, contrast finding study done by Mahat (30); Ashmore & Banks (31); Sheu et al. (18) the most commonest stressors were stress from lack of professional knowledge and skills (such as did not read or prepare before their clinical practicum; time tabled to attend lectures in early part of the week, followed by clinical experience for the rest of the week) and stress from taking care of patients (such as inexperienced in taking care of patients with multiple health problems and handling unexpected circumstances in the clinical setting, afraid of making mistakes and lack confidence in taking care of patients).

Common Used of Coping Strategies

Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, reduce tolerate or minimise stressful events. Coping with stress for a student nurse is a dynamic and ongoing process, aimed at survival, growth and maintenance of the individual integrity. In this study, the most frequent coping strategies were religion. Then, followed by use of instrumental support, planning, positive reframing, active coping, acceptance, use of emotional support, self distraction, venting, self blame, humor, denial, behavioural disengagement and substance abuse. According World Health Organization/European Hematology Association (WHO/EHA) guidelines have stated that there are no standard for coping strategies; rather they were depending on socio-economic factors. Finding in this study also show majority of student nurse tend to use more of healthy coping strategies as compared to negative or unhealthy ones. However, this finding was inconsistent with the finding by Hsiao et al. (20) stated that the most frequently used coping strategies were seeking social support (62.25%),

problem solving (23.73%) and accepting responsibility (8.47%) among nursing students at Chiang Mai University.

Research Limitation

This study used simple random sampling and limited data collection to only one college of nursing in Malaysia; it may not represent all nursing students in Malaysian population. The cross-sectional design of this study provided information about the intensity of stress at only one point in time.

Research Recommendations

1. Nurse educators and curriculum planners should make a positive contribution towards minimising the stress of student nurses.
2. Nurse educators should adequately prepare students before clinical practice and give fully orientation to them regarding hospital environments, staff and policies of the clinical training places.
3. Nurse educator and clinical nurses must have knowledge in dealing with stress among nursing students and they must serve as a good role model to the students.
4. Provide stress management and coping skills workshops to students especially in orientation week to make sure students can adapt the coping strategies.
5. The nursing curriculum should be proactive in equipping student's nurses with effective coping skills, which can be called upon in their future nursing careers.
6. Implement teaching strategies such as using concept mapping as a teaching method whereby student nurses can be empowered to promote a positive intrapersonal and interpersonal skill and retain personal identity and self awareness skills.
7. A further research include qualitative research is needed to analyse and

to assess the coping strategies used by student nurses and assess its effectiveness in reducing their stressors. Future studies should incorporate a longitudinal design and use a larger and more representative sample to show the results of a comprehensive and well-

Conclusion

Stress has become a chronic and pervasive condition in the world today. Every person experiences different forms of stress throughout their life, therefore a student nurse is no exception as she has to adjust to an entirely new environment on joining a training course in nursing. Detection of potential depression among nursing students is crucial since depression can lead to low productivity, minimised quality of life, and suicidal ideas. Clinical environment is an important part of any undergraduate nursing curriculum. In this study, the most common stressor was stress from clinical assignments and workload. Among the 14 types of coping strategies, religion was the most frequently used. The results provided valuable information for nurse educators, clinical educators and clinical staff in identifying students' needs, facilitating their learning in the clinical setting and developing effective interventions to reduce the stress. Implementing techniques to cope with stress in a nursing program has an effect on retention and performance. Therefore it is important, especially nursing students can handle the pressure because it will affect the level of achievement in academic and thereby affecting student skills in the field of clinical nursing. And this affects the care of patients.

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