
A study on the coping strategies employed by nursing students to manage stress in clinical settings.

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INTRODUCTION

Nursing students experience higher levels of stress than students in other health sciences. The clinical part of nursing education is more stressful than the theoretical part (1). A study in Bahrain found that all nursing students experienced moderate to severe stress in the clinical setting (2). Also, it showed that various studies and one of the studies in Iran revealed that 99.3 percent of nursing students reported the level of perceived stress as moderate to high (3). The common causes of clinical stress in nursing students included the fear of unknown events, working with equipment (4), staff and faculty incivility (5, 6), theory and practice gap (7), the fear of making a mistake (8) and communication with staff, peers and patients (9). Stress can lead to disease, changes in health, poor academic performance, students withdrawal from the program (10), and can ultimately affect the quality of patient care (11). Because nursing students are not able to avoid these stressors, it is necessary for students to cope with them, if they are not able to manage their stress, it will affect their performance, health, attitude and role satisfaction as a nurse (12). In a stress-adaptive strategy, the individual's ability to coping with stress is more important than the stress itself, Suitable coping methods reduce stress-induced injuries (13). Coping is a dynamic, behavioral and cognitive effort in controlling internal and external stress. There are at least two types of coping strategies; problem-focused and emotion-focused. Each individual uses one of the strategies depending on the type of threat, previous beliefs or impermanent factors such as changing strategy based on type of feedback (14). Research has demonstrated that, nursing students employ a variety of coping strategies (15) such as; talking to friends, sports, crying, ignoring stress, feelings of sadness/misery and the use of alcohol, which may be adaptive or maladaptive (16). Some studies have pointed to problem solving as the most utilized strategy in nursing students (11). Others refer to emotion-focused coping methods, (17) while some believe that transference, optimism and problem solving are the most used strategies among nursing students (12). Since, coping strategies of nursing students affect their physical and mental health as well as the quality of care provided by them, identifying coping strategies of nursing students is important for early interventions (18). Coping must be examined in the context of dealing with a particular stress (19). Glazer and Gyuark recommend that qualitative studies be used to deeper and better understanding of coping strategies (20). Besides, the researcher's experience, as a faculty member, indicate that some students experience a lot of stress in the clinical setting that limits their learning, this problem in addition to the literature gap in this field, motivated researchers to carry out a qualitative study in order to explore nursing students' coping strategies with clinical setting stresses in C.G. The nursing undergraduate program in C.G. is a four-year-long nursing education, of which graduates will be awarded with a Bachelor's degree (BSc) certificate in nursing. During the first semester, students learn about the theoretical principles of basic nursing skills and practice clinical skills in a skill lab. Clinical training

(practice placement) starts in the first year together with theoretical education, and continues until the end of the third year. In the fourth year, students spend internship in clinical setting, and work with nurses under head nurses and faculty supervision (21, 22). Nursing students in Maharashtra are recruited according to ranking in the National Higher Education Entrance Examination, thus, students who have little or no information about nursing may be recruited. Often, they are not happy for not entering the nursing program.

KEYWORD: coping behavior , nursing students , stress ,strategies

PROBLEM STATEMENT

A qualitative study on the coping strategies employed by nursing students to manage stress in the clinical setting at a selected College of Nursing in Satara District, Maharashtra.

Study Design

This qualitative study was carried out using a content analysis method to investigate nursing students' coping strategies with clinical stresses. Qualitative studies are utilized to increase understanding and describe the world of human experience (23). Content analysis is a systematic coding and categorizing approach which includes a process of understanding, interpreting and conceptualizing the essential meanings of qualitative data (24).

Setting and Participants

Study setting Government college of Nursing **Satara district Maharashtra.** and relevant settings as hospitals in **Satara district Maharashtra** that lasted ten months in 2022. The main study population comprised of undergraduate nursing students. Purposeful sampling was employed to recruit the participants.

Inclusion criteria were: having at least a semester of clinical experience, the willingness to participate in the research and absence of previous clinical work experience. Participants with maximum variation in terms of gender, age, marital status, semester, and students' living condition (living in dormitory, with family or rented home) were selected.

Data collection: Data collection continued until data saturation was attained, which means, further interviews could not provide new information about the target concept. Data saturation was accrued after 18 interviews. Furthermore, two additional interviews were carried out to ensure data saturation.

Ethical Consideration

All participants were informed about the research's purpose and methodology. Prior to each interview, written informed consent was obtained from every participant. They were made aware that their participation in the study was entirely voluntary and that they could withdraw at any time. Additionally, participants were assured of the study's commitment to maintaining their anonymity and confidentiality.

Data Collection

Participants were initially contacted either in person or by phone, and after explaining the purpose of the study, the time and place for each interview were arranged. All interviews were conducted with the participants' consent at the government nursing college in Satara district, Maharashtra. Data were collected through face-to-face, in-depth interviews using

semi-structured questions. The interviews focused on exploring clinical stressors and the coping strategies participants used to address them.

At the beginning of the interviews, the interviewer (the first author, who was not involved in teaching or evaluating the participants) started with general questions and gradually transitioned to more specific topics. Questions included: "Tell me about your clinical experience," "What are your experiences with clinical stressors?" and "How do you deal with them?" Based on the responses, probing questions such as "Could you explain more?" were asked to gain deeper insights. Each interview lasted between 45 and 75 minutes and was audio-recorded with the participants' consent.

RESULTS

A total of 20 participants (12 females and 8 males) aged between 18 and 35 years, with a mean age of 23 years ($SD \pm 3.5$), participated in the study. Among them, 6 were married, and 14 were single. Through data analysis, one main theme and three categories—*Active confrontation with stress*, *Mastering the mind and body*, and *Avoidance*—along with 15 subcategories, were identified.

The main theme, *Seeking well-being*, emerged from the data, highlighting that participants employed a variety of coping strategies aimed at achieving well-being. All coping strategies reported by participants focused on reducing the physical and mental symptoms of stress and attaining a sense of well-being. The theme encapsulated the three categories, reflecting the diverse approaches participants used to manage stress in clinical settings.

DISCUSSION:

In this study, a few students employed techniques such as deep breathing, relaxation, and drinking water to alleviate the physiological symptoms of stress. This suggests that many students are unfamiliar with such methods, highlighting the need to teach nursing students non-pharmacological techniques for stress management. The literature supports the effectiveness of specialized breathing exercises in reducing stress, anxiety, and insomnia symptoms (32). Additionally, releasing stress-related emotions through conversations with others has been validated by previous studies (6, 15, 26).

Peers and instructors, as accessible sources of social support, can play a more proactive role in helping nursing students cope with stress. The study also found that a few participants resorted to prayer in stressful situations. This might indicate that their experiences were not intense enough to require spirituality as a coping mechanism. The role of prayer and spirituality in stress management has been affirmed in other Asian countries (12, 15).

Avoidance and escaping from stressful situations emerged as the most frequently used strategy for managing clinical stress. This aligns with findings by O'Mara et al. (25), but contrasts with studies by Shaban et al. (11) and Zhao et al. (12), which found avoidance to be the least utilized strategy. These discrepancies may stem from differences in participants, cultural contexts, or research methods. While avoidance can temporarily reduce stress, it is not a sustainable solution, and instructors should discourage overreliance on this approach in nursing students.

When students are unable to find a solution to their problems, they may give up and accept the situation. This behavior could be linked to a lack of meaningful personal relationships in the clinical environment, leading to dependency behaviors such as unquestioning agreement with others' decisions and passive acceptance.

The study's limitations include the small number of participants, the selection of participants from a single university, and the inherent constraints of the research design, which may affect the generalizability of the findings.

CONCLUSIONS

This qualitative study revealed that nursing students utilize various coping strategies based on the contextual conditions they face. To address stressors, they often actively confronted the sources of stress. At times, they sought ways to alleviate the physical, psychological, and cognitive symptoms caused by stress. However, in situations where they perceived the stressors as beyond their control, they resorted to avoidance or acceptance.

The findings suggest that implementing structured training for nursing students to adopt active coping strategies, promoting positive methods to reduce stress symptoms, and discouraging maladaptive strategies such as substance use and avoidance could be effective in enhancing their ability to cope with clinical stress. Instructors and administrators should take proactive measures to address these needs.

Future research could benefit from action research and quantitative studies to further explore and refine interventions for improving nursing students' coping strategies in clinical settings.

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