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Stressors in The Clinical Setting Identified by Third Year Nursing Students

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Abstract - Stress is a universal phenomenon which affects all people whether they are from different races or from different walks of life. The concept of stress is important because it provides a way of understanding the person as a being who responds in totality (mind, body, and spirit) to a variety of changes that take place in daily life. Certain groups of people are more prone to stress in comparison to the rest of the population because of the demands imposed on them which includes college students. This study was conducted in relation to the stress that affects third year nursing students zeroing on the stressors that they perceived in the clinical setting. The study was conducted using the qualitative research method. Data were gathered through accidental sampling from 15 respondents using a prepared interview guide at the Liceo de Cagayan University riverside canteen on the following dates: October 5, 6 and 8, 2010. The respondents were asked to freely enumerate the stressors they encountered in the clinical setting. Furthermore, they were asked to rank such stressors and it was found that the clinical instructor ranked 1st as the most significant source of stress followed in 2nd rank by the patients and 3rd by the requirements among the 13 identified stressors. Coping of the respondents were also determined and results show that 73%

of the respondents viewed their stressors as challenging rather than threatening while the remaining 27% were ambivalent. It was also found that majority of them utilized emotion-based coping activities. The results of the study show that nursing students in the third year level encountered a number of stressors during their clinical exposure but majority of them were able to view their stressors positively and have used several coping mechanisms to deal with their stressors.

Keywords - Stress, Stressors, Coping, Nursing, Clinical setting

INTRODUCTION

The pressures, expectations and the competitive environment brought about by the modernization of life have stimulated and challenged the individual to perform at his optimum capacity to cope with its demands. However, such situation may also threaten the health of the individual and possibly cause a deterioration of his or her function as a result of being stressed out or being unable to rise from the state of stress. Stress is a term in psychology and biology, first coined in the 1930s; it can be defined in different contexts. Generally, it refers to the consequence of the failure of an organism – human or animal – to respond appropriately to emotional or physical threats, whether actual or imagined. (http://en.wikipedia.org/wiki/Stress_ (biology), 2010) In the human biological aspect, stress is a state produced by a change in the environment that is perceived as challenging, threatening, or damaging to a person's dynamic balance or equilibrium. When a person is in a state of stress, he/she is, or feels unable to meet the demands of the new situation. (Smeltzer, 2008)

Kozier (2008) considers stress as a universal phenomenon because it affects all people whether they are from different races or from different walks of life. Stress simply is part of human existence (Birion, 2006). The concept of stress is important because it provides a way of understanding the person as a being who responds in totality (mind, body, and spirit) to a variety of changes that take place in daily life. The state of stress occurs when there is a change or stimulus that evokes it called as a stressor. The nature of the stressor is variable; an event or change that is stressful for one person may not be stressful for

another, and an event that produces stress at one time and place may not do so in another situation (Smeltzer, 2008). The state of stress has a multidimensional influence on the totality of the person; it can have physical, emotional, intellectual, social, and spiritual consequences. Usually the effects are mixed, because stress affects the whole person. Physically, stress can threaten a person's physiologic homeostasis. Emotionally, stress can produce negative or nonconstructive feelings about the self. Intellectually, stress can influence a person's perceptual and problem- solving abilities. Socially, stress can alter a person's relationships with others while spiritually, it can challenge one's beliefs and values. (Kozier, 2008)

In a more specific perspective of stress and stressors, Hamaideh (2009) noted that university students are prone to stressors due to the transitional nature of university life. Based on a national study of more than 300,000 freshmen at more than 500 colleges and universities in the U.S.A, today's college students experience more stress and are more depressed than in the past because of the growing expectations from them such as the pressure to succeed, finding employment after graduation and achieving a sense of financial stability (Santrock, 2006). Universities offer numerous programs to study and one of the most stressful programs offered is the nursing course as stated by Comeau (2009). In the nursing curriculum according to Snell (1995), students invest longer hours and have greater emotional demands than most other students. Other than the usual stress, such as paper works, tests, exams, final grades, class environment, professors and competition, nursing students experience clinical-related stress such as constantly having to deal with patient's pain, anxiety and death, as well as giving emotional support to patient's families and even the disruption of the circadian rhythms in effect of shift work (Gross, 2007). High levels of stress are believed to affect student's health as well as their academic performance that is why issues on stress should be managed. Generally, people handle stress through coping Lazarus and Folkman (1984) as constantly changing cognitive and behavioral efforts to manage external and/or internal demands that are appraised as taxing or exceeding the resources of the person. Comeau (2009) suggested that to achieve an effective nursing program, stress management workshops should be provided during the academic year, adding that implementing techniques to cope with stress in a nursing program has

an effect on retention and performance. Key benefits of learning stress coping techniques as nursing students include the promotion of these tools among clients during hospital exposure as well as in the future practice of the profession thus contributing to the care of their clients. They are essential for managing the workload of nursing students and preventing burn out, a state wherein there is a combination of emotional exhaustion, depersonalization and a reduced sense of personal accomplishment (Gross,2007). Insufficient knowledge about stress coping techniques is the primary barrier to its implementation. Implementation of these coping techniques within an academic program better prepares nursing students for a professional career.

Being part of the population of modern nursing students and recognizing the prevalence of stressors in the nursing program, the researchers through the study aim to identify thestressors that significantly affect the third year nursing students of Liceo de Cagayan University in the clinical setting. Furthermore, the study seeks to determine if these stressors have a positive or negative effect in the academic pursuit of the respondents in the nursing course. With the identification of the stressors that are taxing to the nursing students, administrators may be given insight to the plight of the students. Appropriate interventions or modifications may then be done to address the issue thus promoting a better learning environment, an essential factor for improvement in the students' academic performance.

FRAMEWORK

The study was anchored on Betty Neuman's systems model, a model based on the concept of stress and reaction to stress. This nursing theory views nursing as being responsible for developing interventions to prevent or reduce stressors on the client or to make them more bearable for the client. Neuman believes that every person develops a set of responses to stress that constitute the normal line of defense. This line of defense helps to maintain health and wellness. However, when physiological, psychological, sociocultural, developmental, or spiritual influences are unable to buffer stress, the normal line of defense is broken, and disease can result. (Perry, 2009)

The model emphasizes the importance of accuracy in assessment and interventions that promote optimal wellness using primary, secondary, and tertiary prevention strategies. According to Neuman's

theory, the goal of primary prevention is to promote client wellness by stress prevention and risk factors reduction. Secondary prevention occurs after symptoms appear. The nurse determines the meaning of the illness and stress to the client and the client's needs and resources for meeting them. Tertiary prevention begins when the client system becomes more stable and recovers. At the tertiary level of prevention the nurse supports rehabilitation processes involved in healing, moving the client back to wellness and the primary level of disease prevention. (Perry, 2009)

Basing on Neuman's goal of primary prevention, the study on the stressors in the clinical setting as identified bythird year nursing students was conducted. It is perceived to promote wellness among the students when the stressors that significantly affect them are identified thus foundation for stress prevention and management is established.

Apruebo (2005) averred stress as a chronically high level of mental and bodily tension that exceeds the individual's capacity to cope. The process of stress is initiated in reaction to stimuli or situations termed as stressors which include catastrophic events, life changes and strains, chronic stressors and daily hassles. Consequently, all of these contribute to the development of stress-related disease or an increased coping capacity. With stress existing throughout life, Birion (2006) presented the major types of stress brought about by the environmental and internal demands encountered by the individual, namely, frustrations, conflict, change, and pressure. Frustrations may be presented as failures or losses while conflict happens when the person is made to choose between two opposing or competing goals. Change can be a type of stress because it requires readjustment. Pressure occurs when an event becomes so intense that an individual can no longer adapt to it. A particular form of pressure known as overload is the most encountered problem among employees and students. This results from having too many things to be done in a very limited time.

Moreover, Birion emphasized the effects of stress. Stress may have beneficial or damaging outcomes; however, the degree of its effect depends on how a person perceived a stressor and the coping resources available. Accordingly, beneficial effects of stress encompass the development of new skills, insights, strengths, optimism, conscientiousness, self-control and resistance. On the other hand, if stress is not dealt effectively it may result to impaired task performance,

disruption of cognitive functioning, unhealthy lifestyle, psychological problems and disorders, burnout, post-traumatic stress disorders, and physical illness like common colds, gastric ulcers, asthma, headaches, skin disorders, rheumatoid arthritis, chronic back pains, hypertension, and cancer. To master, reduce, or tolerate the demands created by stress, coping is necessary. The coping strategies which involve psychological and physical relaxation vary with their adaptive value (Birion, 2006). Kozier (2008) described coping as dealing with change successfully or unsuccessfully. A coping strategy (coping mechanism) is a natural or learned way of responding to a changing environment or specific problem or situation. However overuse of coping mechanisms (such as avoiding problems or working obsessively) may exacerbate one's problem rather than remedy it. There are three primary styles of coping with problems such as stress: Action-based or problem-focused, emotion-based or emotion-focused and harmful coping methods. Action-based coping involves actually dealing with a problem that is causing stress which includes planning, suppression of competing activities, confrontation, self-control, and restraint. Emotion-based coping skills reduce the symptoms of stress without addressing the source of the stress. Sleeping or discussing the stress with a friend is all emotion-based coping strategies. Other examples include denial, rationalization, repression, wishful thinking, distraction, relaxation, reappraisal, and humor. There are both positive and negative coping methods. Although an emotion-based coping skill may not directly address the source of stress, it can calm down the distressed person enough to allow them to use an action-based coping skill more effectively. Some coping methods are more like habits than skills, and can be harmful. Overused, they may actually worsen one's condition. Alcohol, smoking, cocaine and other drugs may provide temporary escape from one's problems, but, with excess use, ultimately result in greater problems. Other less extreme cases involve skin biting, nail biting, and hair pulling. (http://en.wikipedia.org/wiki/Coping_skill). Moreover, Kozier (2008) further discussed coping strategies as long term or short term. Long-term coping strategies can be constructive and realistic such as a change in lifestyle patterns, balancing leisure time with working, or using problem solving in decision making instead of anger or other nonconstructive responses. On the other hand, short-term coping strategies can reduce stress to a tolerable limit

temporarily but are ineffective ways to permanently deal with reality. They may even have a destructive or detrimental effect on the person. Examples of short-term strategies are using alcoholic beverages or drugs, daydreaming, fantasizing, relying on the belief that everything will work out, and giving in to others to avoid anger. Similarly, coping can also be viewed as adaptive or maladaptive. Adaptive coping or effective coping helps person to deal effectively with stressful events and minimizes distress associated with them. Maladaptive coping or ineffective coping can result in unnecessary distress for the person and others associated with the person or stressful event.

Coping is said to be influenced by several factors. According to a study by Roohafza (2009), coping strategies are highly influenced by socioeconomic status and life-style factors. It was found that low socioeconomic status has been indirectly associated with poor mental health outcomes through the inability to adopt a suitable coping style. It has been shown that multiple variables, including low educational level, low income, and emotional distress, are associated with attaining a maladaptive coping style. Furthermore, Roohhafza's study included sociodemographic characteristics, including age, years of education, occupation, marital status, and life-style behaviors, including leisure time physical activity and smoking status. Pearson correlation test showed that there was a negative correlation between adaptive and maladaptive coping skills in men ($r = -0.302$, $P < 0.001$) and women ($r = -0.308$, $P < 0.001$). Moreover, high educational level, being a non-smoker, and more leisure time, physical activity were predictors of using adaptive coping skills in women, and non-manual job, higher education level, not smoking, and more leisure time physical activity were predictors of using adaptive coping skills in men. Hobfoll (1994) added that women were more prosocial than men in their coping, but no less active. Men were more likely to use antisocial and aggressive, but less assertive coping strategies than women. More prosocial, action coping strategies were also more likely to be related to greater sense of mastery and more liberal gender-role orientation. Antisocial and passive strategies tended to be related to lower mastery and more traditional gender-role orientation. Active coping was related to lower emotional distress for men and women, but both prosocial and antisocial coping were related to greater emotional distress for men, suggesting that men may have a narrower band of beneficial coping

strategies than do women. In relation to age, Aldwin (1991) emphasized that the elderly often feel a decreased sense of control over their lives because of the physical and environmental limitations that aging can cause. The natural extension of these findings is that the elderly would be more passive in coping with stressful situations and would try to avoid such situations. However, most studies have not supported this view. They have found the elderly use fewer avoidant strategies when faced with stressful situations than do younger people and are just as aggressive in facing problems as are younger people. In Aldwin's study, she found that elderly respondents were less depressed by a stressful situation such as a health problem and less likely to use avoidance strategies to cope with the situation. They were equally as likely as younger respondents to use instrumental action or face the problem directly. Avoidance strategies or escapism were more likely to be used for more stressful situations. People that felt less responsible for their problems were more likely to use avoidance strategies than those that felt more responsible. These results indicate that although a decreased sense of control and responsibility toward stressful situations is associated with aging, other factors such as experience tend to balance these out and explain why the elderly do not use more passive and avoidant coping strategies than younger adults. The elderly might be more effective at coping because they have greater experience and wisdom to draw upon. Bersabe (2004) recommended stress management to resist and cope with stress as follows: satisfying relationships/ social network, humor, hobbies, strong sense of self and optimism, consulting a specialist (psychiatrist, support group), and physical health and good health habits.

Larsen and Buss (2002) presented stressors as extreme, uncontrollable stimuli which produce opposing tendencies, highlighting the fact that stress is the subjective response to an event. However, according to psychologist Lazarus in order for stress to be evoked, primary and secondary appraisal must occur. These cognitive processes involve perception of an event as threat to personal goals and the absence of coping resources. People may have different reaction to stressors; some individuals are more sensitive or prone to some stressors than others. In addition, Barling and Associates (2005) said that personality may moderate or alter the effects of stressors so that sometimes role stressors lead to strains more strongly than other times. Simon and

Associates (1994) stressed two important candidates of personality factors in stress. These are Type-A behavior pattern and hardiness. Type-A behavior pattern has the characteristics of being excessively competitive, hard-driven, impatient and hostile which are thought to be related to the incidence of heart disease due to intense physiological reactions to stress. Contrary to this, hardiness is a personality style characterized by a sense of commitment, control and a perception of problems as challenges rather than threats.

Another factor that may aggravate the effect of stress is role overload; this is when the stimuli are so intense that an individual can no longer cope with them. Role overload is considered to be caused by too much work, time pressures and deadlines (Sofer, 1970) and lack of personal resources needed to fulfill duties, commitments and responsibilities (Peterson et al., 1995). In other words, it is an incompatibility between work demands and time available to satisfy the demands (Bacharach et al., 1990; French and Caplan, 1973).

Overload can lead to burnout. This environmental factor in stress is a hopeless, helpless feeling brought on by relentless work-related stress. Burnout leaves its sufferers in a state of physical and emotional exhaustion that includes chronic fatigue and low energy. Simon and Associates (1994) reported that burnout as a result of overload affects up to 25 percent of college students and is the most frequent reason students leave school before accomplishing their degrees. More so based on the survey conducted among community health nurses in Wales, it was found out that burnout from overwork, struggling with too much paperwork and administration, having too many clients and having serious concerns about their client groups is the major cause of stress (Gross and Kinnison, 2007). Adianse (1991) purported that in comparison to teachers, physicians, nonhealth professionals and the general population, nurses form a heavy smoking (e.i., cigarette consumption) profession, possibly because of the high task-oriented work assignments placed on them in a male-dominated organization and the low social support they received (cited in Barling, et al., 2005). Carson et al. believed that nurses with high self-esteem will have lower levels of stress and burnout and better coping skills than those with low self-esteem (cited in Gross and Kinnison, 2007).

Since nursing is a stressful program to study. Comeau (2009) suggested coping techniques such as time management, better sleeping

habits, general health improvement, support system with family and friends, and stress management within the nursing curriculum. Academic institutions can institute stress management techniques like massage therapy, meditation, yoga, dance and art therapy activities within their orientation program. With these strategies retention of nurses in academic and professional fields is at hand.

In the study conducted by Braña, M. et. al. (2005), the researchers focused on determining the stress handling techniques among selected nursing students of Liceo de Cagayan University. Findings of the said study revealed that there was no significant difference in the extent of stress handling techniques utilized by the respondents when they were grouped according to age, gender and place of origin. However, a significant difference existed in terms of academic classification. The respondents were found to utilize imagery, physical relaxation, socialization, rest and sleep as stress handling techniques with socialization reported to be used at all times.

Another local study in relation to stress was done by Bayogos, S. et. al. (2007) which was on the level of stress experienced by third year student nurses on their first clinical exposure, it was found that the respondents during their first clinical exposure seldom experienced personal-related, hospital facilities- related, peer-related and family-related stresses. They were only fairly affected by academic-related stress during the same period. Correlating the respondents' quantity point average (QPA) in their AHSE and NCM200 subjects with academic-related, peer-related, hospital facilities- related and personal-related stresses, only small correlation coefficients were derived, indicating negligible relation between correlated variables. However, a higher coefficient of correlation was derived when both the QPAs in the AHSE and NCM200 subjects were correlated with family-related stress indicating a low/slight relationship. Such results led the researchers to conclude that the QPAs in both AHSE and NCM200 subjects have a significant relationship with family-related stress, but not with academic-related, peer-related, hospital facilities- related and personal-related stresses.

Recognizing that stress in the University level is high and significantly affects students, Hamaideh (2009), a nursing faculty from Jordan, conducted a study entitled "Stressors and reactions to stressors among university students". The study aimed to identify

stressors and reactions to stressors among university students, and to examine the correlations between student stressors and study variables. A correlational descriptive design was used. Student-life Stress Inventory (SSI) was used to measure the stressors and reactions to stressors. Stratified random sampling was employed to recruit the participants. The final sample consisted of 877 participants (students). Results of the study indicated that the highest groups of stressors experienced by students were 'self-imposed' stressors followed by 'pressures'. Cognitive responses were found to be the highest responses to stressors experienced by students. Negative correlations were found with student's perception of health, and father's and mother's level of education. This study revealed that stressors among university students come from 'self-imposed' stressors and 'pressures'. Furthermore, the researcher recommended that stress management, assertiveness skills, time management and counseling sessions will be effective in reducing stress experienced by students.

Studies specifically focused on nursing students were also conducted. Timmins, F. and M. Kaliszer (2002) determined the aspects of nurse education programmes that frequently cause stress to nursing students in Ireland through a fact-finding sample survey. Their study examined reported stress in 12 areas commonly reported to cause stress to nursing students. A questionnaire was distributed to 110 third-year nursing students, and the results indicate that stress exists for students in both the clinical and academic aspects of the programme. Financial constraints and academic-related concerns emerged as the most stressful areas for the students. A third of the students reported that relationships with teachers and staff on the ward cause some degree of stress. Factor analysis revealed that five factors emerged as sources of stress. Firstly, 'academic' stress factors. The second and third components concern relationships, the former involving teaching-related staff, and the latter involving the clinical experience. The last two components suggest that finance and death of patients are independent sources of stress. With their findings, the researchers recommended that educators include adequate support structures for clinical areas, preceptorship programmes and to ensure the availability of student counseling services.

Anchoring on the belief that high levels of stress affect students' health and academic functions and that if the stress is not dealt

with effectively, feelings of loneliness, nervousness, sleeplessness and worrying may result, Seyedfatemi,N. et al. (2007) conducted a study entitled "Experienced stressors and coping strategies among Iranian nursing students". Their descriptive cross-sectional study was performed to determine sources of stress and coping strategies in nursing students studying at the Iran Faculty of Nursing & Midwifery. All undergraduate nursing students enrolled in years 1-4 during academic year 2004-2005 were included in this study, with a total of 366 questionnaires fully completed by the students. The Student Stress Survey and the Adolescent Coping Orientation for Problem Experiences Inventory (ACOPE) were used for data collection.

Results of the study pointed out that most students reported "finding new friends" (76.2%), "working with people they did not know" (63.4%) as interpersonal sources of stress, "new responsibilities" (72.1%), "started college" (65.8%) as intrapersonal sources of stress more than others. The most frequent academic source of stress was "increased class workload" (66.9%) and the most frequent environmental sources of stress were being "placed in unfamiliar situations" (64.2%) and "waiting in long lines" (60.4%). Interpersonal and environmental sources of stress were reported more frequently than intrapersonal and academic sources. Mean interpersonal (P=0.04) and environmental (P=0.04) sources of stress were significantly greater in first year than in fourth year students. The researchers then concluded that first year nursing students are exposed to a variety of stressors with the recommendation of establishing a student support system during the first year and improving it throughout nursing school as a necessary technique to equip nursing students with effective coping skills. Effective coping strategies facilitate the return to a balanced state, reducing the negative effects of stress.

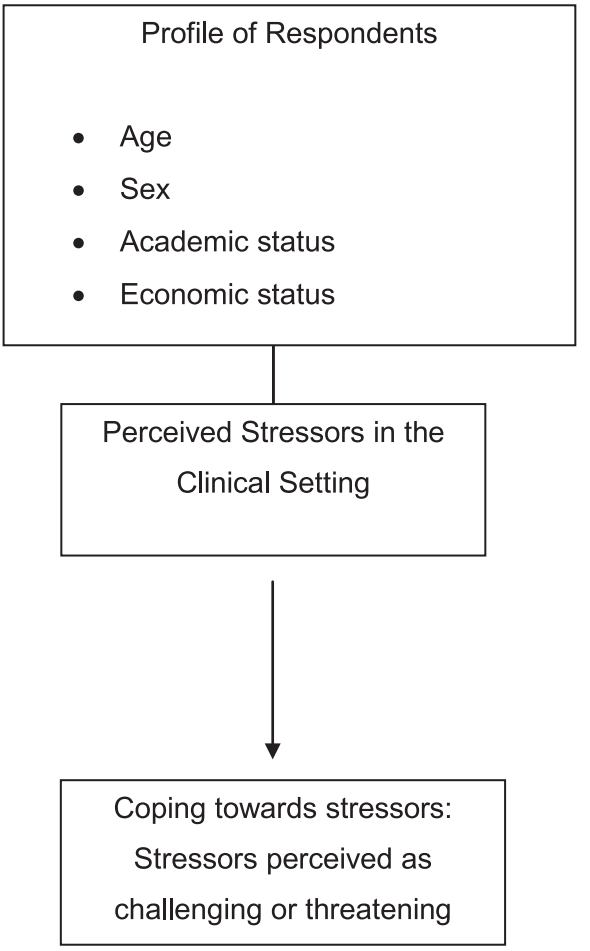
OBJECTIVES OF THE STUDY

This study sought to identify the stressors perceived by the third year nursing students in the clinical setting, specifically it pursued the following objectives:

1. To determine the profile of the respondents in terms of: age, sex, academic status, economic status and preparation for study;
2. To determine and rank the identified stressors; and

3. To identify the coping mechanisms whether the stressors are perceived by the respondents as challenges or threats.

RESEARCH FLOW



SIGNIFICANCE OF THE STUDY

The findings of the investigation would be beneficial to the following:

With the result of the study, the **dean and coordinators** will become

more aware of the sources of stress of the NCM501202 students in the clinical setting and thereby have a significant basis to come up with appropriate interventions to properly manage the stress experienced by the students thus promoting better performance.

The **clinical instructors** are the ones who primarily handle the students in the clinical area, thus with the findings of the study they will be able to understand the state of their students better and devise ways to manage them effectively despite the stress the exposure to the area entails.

The study will enable the **students** to assess the stressors they encounter in the clinical setting thus stimulating them to develop positive coping mechanisms towards those stressors.

The result of the study will give the **parents** some insight to the stressors their children experience in the clinical setting or during duty hours. This could facilitate a deeper sense of understanding on their part thus allowing them to extend encouragement and support to their children.

The study will provide the **future researchers** baseline data as they conduct further investigations on the stressors that nursing students encounter.

SCOPE AND LIMITATIONS OF THE STUDY

The study focused on stressors as perceived by nursing students in the clinical setting. Stressors from other aspects such as from the academic/classroom setting or from interpersonal relationships (family or peer-related) were not considered in the study. The respondents were thethird year nursing students officially enrolled in the second semester of school year 2009-2010 at Liceo de Cagayan University. There werefiteen (15) respondents chosen randomly.

MATERIALS AND METHODS

As a non-experimental research, this study utilized the qualitative method of research in identifying the stressors in the clinical setting. The study was conducted at the Liceo riverside canteen of Liceo de Cagayan University located at Rodolfo Neri Pelaez Boulevard, Kauswagan Cagayan de Oro City. The respondents of the study

were third year nursing students of school year 2009-2010 of Liceo de Cagayan University. An accidental sampling design with quota of fifteen students was used in the process of selecting a representative portion of the population to represent the entire population. This ensured the quality of data that was gathered.

In conducting the study, the researchers were guided by the ethical principles of research. The researchers fully informed the participants about the nature, purposes, and benefits of the study. The rights of the prospective respondents to refuse or voluntarily participate in the study were respected by the researchers. Moreover the researchers assured the anonymity of the respondents and confidentiality of the gathered data from them.

The researchers constructed an interview guide that was used in conducting (one-on-one) interviews with the fifteen respondents. This tool facilitated the collection of the needed data.

The researchers made a letter requesting for permission from the Dean of the College of Nursing to conduct the study. Upon its approval, the researchers conducted the interviews for data gathering on the following dates: October 5, 6 and 8, 2010 in the afternoon. The data gathered was then compiled and analyzed.

RESULTS AND DISCUSSION

Three days were allotted for gathering data which was held on the following dates: October 5, 6 and 8, 2010 in the afternoon at the Liceo riverside canteen. Data was gathered using the prepared interview guide and are presented below in accordance to the objectives of the study.

Objective #1: To determine the profile of the respondents in terms of: age, sex, academic status, economic status and preparation for study.

Table 1.1 shows the profile of the 15 respondents. According to age, 14 out of 15 respondents, 93%, fall in the range of 19-23 years old while only one respondent, 7%, fall in the age range of 29-33 years old. It is reflected that among the 15 randomly sampled respondents, 53% were males while 47% were females. Majority of the group, 73%, are

first coursers and regular students; 13% are irregular first coursers; there is only one shiftee and one second courser representing 7% of the total sample size each. The table also shows the economic status of the students through their families' monthly income. As shown in the table, 40% of the respondents have a family monthly income above P50,000, 26% in the range of P10,001-P20,000, 20% in the range of P20,001-P30,000, and 7% in both the ranges of P30,001- P40,000 and P40,001-P50,000.

Table1.1. Profile of Respondents

	Frequency	Percentage
Age		
19-23	14	93%
24-28	0	0%
29-33	1	7%
Total	15	100%
Sex		
Male	8	53%
Female	7	47%
Total	15	100%
Academic Status		
First Course		
Regular	11	73%
Irregular	2	13%
Shiftee	0	0%
Transferee	1	7%
Second Course	1	7%
Total	15	100%
Economic Status		
less than Php10,000	0	0%
Php10,001- Php20,000	4	26%
Php20,001- Php30,000	3	20%
Php30,001- Php40,000	1	7%
Php40,001- Php50,000	1	7%
Above Php50,001	6	40%
Total	15	100

The students' preparations for duty were determined in three aspects: the physical,mental and emotional aspect as shown in table 1.2. In the physical aspect, seven activities were mentioned and among the seven activities, the preparation of paraphernalia was the most frequently mentioned garnering 73% followed by the making of requirements which has 60%. The activity that was least mentioned was that of performing deep breathing exercises as a means to prepare the body for duty with only 7%.

In terms of mental preparation, the respondents basically mentioned reading before duty with their responses classified according to the type of reading material they read. As shown in the table, most of the respondents, 87%, who read books in preparation for duty read references on the concept during the duty, on the disease condition of their clients which they were not familiar with-basically medical-surgical (MS) books. As for the least mentioned reading material referred to, nursing care plan books and MS notes both tie with only 7% each.

The third and last aspect of preparation considered in the study was that of emotional preparation wherein six activities were mentioned. Among the six activities named, mind setting or goal setting ranked highest with 47% of the respondents performing it, most of them emphasizing that it is important to condition the mind for duty to become emotionally prepared. Second in line, with 33% is that of performing relaxation techniques such as emptying the mind and focusing. Coming in third with 27% is prayer, the respondents mentioned that saying a prayer and asking for God's guidance before duty helped them prepare emotionally.

Table 1.2 also shows the number of hours the respondents consume in getting themselves prepared for duty in the three aspects previously mentioned as well as the number of hours of sleep they have before duty and the quality of their sleep. Two respondents (13%) belonged in the categorical range of less than an hour of preparation, six respondents (40%) each in the categorical ranges of 1-4 hours preparation and 5-8 hours of preparation and only one respondent (7%) belonged in the categorical range of 33-36 hours. In terms of hours of sleep, most of the respondents (67%) had a range of 4-6 hours of sleep before duty, 13% both in the range of 1-3 and 7-9 hours and 7%in the range of 10-12 hours. Basing on the values derived, it could be seen that most of the

respondents were not able to comply with the recommended amount of sleep for young adults which is 7-9 hours as indicated by the National Sleep Foundation (Kozier, 2008). According to some respondents the cause of such lack of sleep was the preparation time for duty. In terms of the quality of sleep, eight, 53%, of the respondents described their sleep as uninterrupted while the remaining 47% described their sleep as interrupted. Uninterrupted sleep meant to the respondents as being able to sleep without constantly waking up every few hours, in other words, being able to attain deep sleep and feeling well rested after waking. Uninterrupted sleep was described as unrestful sleep due to constant awakening due to a state of anxiety or worry about the incoming duty. It is however interesting to note that some respondents had only a few hours of sleep, below the recommended amount, but still described their sleep as being uninterrupted and sufficient.

Table 1.2. Students' Preparation for Clinical Duty

	Frequency	**Percentage**
a. Physical:		
Deep breathing exercises	1	7%
Eating enough food, drinking Vitamins	4	27%
Getting enough sleep or rest	7	47%
Making of requirements	9	60%
Preparation of paraphernalia	11	73%
Preparation of uniform (laundry, ironing, cleaning of shoes)	7	47%
Proper grooming (bathing,haircut,shaving)	6	40%
b. Mental:		
Reading of the ff:		
Books on Nursing Procedures, Skills	3	20%
Drugbook	2	13%
Medical-Surgical Notes	1	7%
Nursing Care Plan books	1	7%
Reference on concept/disease condition/ case (MS books)	13	87%
c. Emotional		

Mind setting (goal setting)	7	47%
Positive self-talk	1	7%
Prayer	4	27%
Relaxation techniques and focusing	5	33%
Talking to someone	1	7%
Thinking of significant others (Parents)	1	7%
Hours of Preparation (hr.)		
Less than 1	2	13%
1-4	6	40%
5-8	6	40%
9-12	0	0%
13-16	0	0%
17-20	0	0%
21-24	0	0%
25-28	0	0%
29-32	0	0%
33-36	1	7%
Total	15	100%
Hours of Sleep (hr.)		
1-3	2	13%
4-6	10	67%
7-9	2	13%
10-12	1	7%
Total	15	100%
Quality of Sleep		
Uninterrupted	8	53%
Interrupted	7	47%
Total	15	100%

Objective #2: To determine and rank the identified stressors.

The stressors in the clinical setting identified by the respondents are reflected in table 2 with their corresponding frequency, points garnered and overall rank. The respondents were allowed to freely identify their sources of stress in the clinical/hospital setting and rank them according to the most stressful to the least stressful. The individual rankings done by each respondent were then subjected to a point

system (please refer to appendix D) established by the researchers. There were thirteen stressors identified by the respondents and among these, the clinical instructor ranked first with a frequency of 13 and total points of 410. The second ranked stressor is the patient which was mentioned 11 times with total points of 305. The third rank belongs to the requirements which would include the making of the problem oriented nursing record (PONR), Kardex, learning feedback diary (LFD) and case study. The requirements were mentioned 8 times with a total point of 255. As for the least stressful stressors; the performance of procedures and the transition from one area to another both ranked twelfth with twenty points each.

The respondents further elaborated on their basis and reasons in the ranking of their perceived stressors. According to them, the clinical instructor is the most significant source of stress because of many reasons. Even before the start of duty, some respondents mentioned that they already perceived the CI as a stressor because of the negative endorsements they received from the other nursing students that were previously handled by such CI as well as the high expectations that were set by the CI. During duty, it was the attitude of the instructors that stressed the respondents. According to the respondents, some instructors were moody, unapproachable, demanding and inconsiderate to the plight of the students (like their being inexperienced in some procedures and the fact that it was their first exposure to the area in a new concept). Furthermore, some instructors were said to be insulting, too strict, unwilling to teach and reprimanding; traits which left a negative mark on them. Patients were considered as another significant source of stress in the clinical setting because some of them had a negative attitude, were uncooperative in their care, unapproachable and unhygienic. Also, the critical condition of some patients worried and instilled fear in some respondents. They worried about what they would do if ever complications arose during their care of the patient and feared that because of their inexperience, they might commit mistakes and possibly cause more harm to their client than actually help. Being assigned with numerous patients and witnessing the death of a patient were also mentioned as reasons why patients are a source of stress for the respondents. The third most significant source of stress is the requirements needed to be submitted during duty hours in relation to the RLE subject such as the PONR,

Kardex and LFD. The respondents found the requirements stressful because they find it as a distraction, stating that instead of focusing on caring for the patient, they become preoccupied with the task of completing ther equirements to avoid being given extension duty. Some also mentioned that there's too many requirements needed to be passed and the time given for making them is too short. Furthermore, they stated that due to the limited time, the requirements are passed half-baked or lacking some data because there was no more time to retrieve the said data.

Other stressors in the clinical setting mentioned by the respondents are as follows: the area, group mates, making of the nurses' notes or charting, regulation of the intravenous fluid (IVF), the administration of medications to the patients specifically when there is a need to do some calculations to arrive with the right amount to be given, self, staff, time, procedures and the transition from one area to another.

The area or the hospital setting was considered as a stressor by the respondents because they find some hospitals uncomfortable and non-conducive for learning due to the heat, poor ventilation, poor sanitation and the foul smell. In addition, one respondent stated that there are hospitals which started really early in terms of shifting. Group mates were at times also a source of stress because of the different personalities that sometimes clashed. The respondents found it stressful when fights or misunderstandings arose during duty. The nursing staff in the area of clinical duty were also considered as stressors by some respondents because some of them are unapproachable and would respond negatively when asked questions. The making of the nurses' notes and charting were also considered stressful because of the time pressure it entailed and the high level of accuracy that must be maintained, a little mistake meant hours of extension. One respondent further elaborated that he had some difficulty with the nurse's notes since he was not able to do to charting in his lower year levels so it was a new experience for him. The regulation of the patient's IVF stressed the respondents fearing getting an extension if it is delayed or infused too fast. The administration of medications stressed some respondents because there are times that there is a need to do some calculations which confounded them. One respondent pointed out herself as a stressor; self-induced stress because of her self-expectations. Time or the pressure that it gives because it is limited is a stressor to one

respondent. Lastly, the transition from one area to the next, like having duty at the surgical ward at a hospital for two weeks then having the next duty at the community for two weeks then back to the medical ward at another hospital for another two weeks. It was considered as a stressor by one respondent because it necessitated adjustment on her part.

Table 2. Perceived stressors during clinical duty

Identified Perceived Stressors	Frequency	Total Points	Ranking
Clinical Instructor	13	410	1st
Patient	11	305	2nd
Requirement (PONR; Case Study; LFD; Kardex)	8	255	3rd
Area	6	140	4th
Group mates	4	75	5th
Staff	3	70	6th
Charting/ Nurse's Notes	3	65	7th
IVF regulation	2	55	8th
Medications	2	40	9th
Self	1	30	10th
Time	1	25	11th
Procedures	1	20	12th
Transition (From one area to another)	1	20	12th

Objective #3:To identify the coping mechanism whether the stressors are perceived by the respondents as challenges or threats.

After the identification of stressors in the clinical setting, the respondents were then asked about their coping towards their stressors. They were asked to identify whether they see their stressors as challenges or threats. They were also asked to share about the activities they do when they're in a stressful situation or in a state of stress in relation to their duty. The enumerated activities by the respondents were then classified according to the different types of coping mechanisms as shown in table 3. As shown in the results,

majority, 73% of the respondents perceived their stressors as challenges while the remaining 27% of the respondents were ambivalent.

Three types of coping mechanisms were considered in this study namely, action-based or problem-focused coping, emotion based or emotion focused coping and lastly harmful coping. The majority, 23, of the several activities mentioned by the respondents are considered under emotion-based coping wherein thoughts and actions are geared towards relieving or reducing the symptoms of stress without addressing the source of the stress. Emotion based coping does not improve the situation but it allows the affected person to feel better (Kozier, 2008). Among the emotion based coping activities done by the respondents, eating and drinking was the most frequently mentioned with 53% of the respondents resorting to such coping mechanism followed by sleeping with 40%.

In the action-based or problem-focused type of coping, only 6 activities were mentioned by the respondents with studying and reading leading the list with 20%. In this type of coping the respondents are exerting efforts to improve a situation by making changes or taking some action; it involves actually dealing with a problem that is causing stress. Other activities mentioned under this type of coping are adjusting to the environment, allotting ample time to prepare, bringing of references during duty, confronting the patient, and observing time management. Some of the respondents were also able to mention some activities that belong in the third type of coping, the harmful ways of coping with stress namely drinking of alcohol, ignoring or escaping from the problem, self-pity and smoking. These coping methods are more like habits than skills, and can be harmful. Overused, they may actually worsen one's condition. It may provide temporary escape from one's problems, but, with excess use, ultimately result in greater problems (http://en.wikipedia.org/wiki/Coping_skill, 2010).

As shown in the results, only a small percentage of the respondents are adapting the ideal way of coping with stress that is the action-based or problem-focused coping despite the fact that majority of them find their stressors as challenges. A bigger percentage of the respondents dwell on emotion-based coping methods. Although it is also notable that most of the respondents did not stick to only one method or one type of coping mechanism to deal with their stress, they used a variety

of the coping mechanism at the same time. Some used all the three types of coping mechanism according to their convenience and the situation which they were in.

Table 3. Coping towards perceived Stressors during Clinical Duty

Coping Category	Frequency	Percentage
Challenging	11	73%
Threatening	-	0%
Ambivalent	4	27%
Total	15	100%
Type of Coping Mechanism Used:		
A. Action-based		
Adjust to the environment or situation	1	7%
Allotting ample time to prepare	2	13%
Bring guide or reference for use during duty	1	7%
Confronting the patient first	1	7%
Study, reading, being more knowledgeable	3	20%
Time management	1	7%
B. Emotion-based		
Accepting situation	1	7%
Bathing	2	13%
Being patient	1	7%
Doing laundry	1	7%
Eating/Drinking	8	53%
Elevation of feet	1	7%
Expression of feelings	3	20%
Going out (Malling/Partying)	2	13%
Going to a spa, getting a massage	1	7%
Internet surfing	2	13%
Laughing	1	7%
Listening to Music	2	13%
Positive thinking	2	13%
Reading comics	1	7%

Reflecting	3	20%
Relaxation (emptying mind)	1	7%
Shopping	2	13%
Singing	1	7%
Sleeping	6	40%
Texting	1	7%
Turning to friends	3	20%
Watching TV	1	7%
Writing in LFD	1	7%
C. Harmful		
Drinking alcohol	1	7%
Ignoring/ escaping	2	13%
Self-pity	1	7%
Smoking	1	7%

CONCLUSIONS

Majority of the respondents were aged between 19-23 years old, 53% were males and 47% were females. Majority was regular first coursers and had family monthly incomes above P50, 001.00. In the preparation for duty, the respondents mostly prepared their paraphernalia, read references relevant to the concept during duty or the case of their patient and practiced mind setting. Most of them took time to get prepared for duty between 1-8 hours and slept for 4-6 hours. Majority, 53% reported that they had uninterrupted sleep before going on duty.

Stressors were determined and it was found that in the clinical setting, the clinical instructor ranked 1st among 13 stressors perceived and is therefore considered as the most significant source of stress for the respondents followed by patients and requirements on the 2nd and 3rd rank respectively. In terms of coping, 73% perceived their stressors as challenging while the 27% were ambivalent. Most of the respondents utilized several coping mechanisms to cope up with their state of stress but among the three types of coping mechanism, the emotion-based type of coping dominated.

The results of the study showed that nursing students in the third year level encountered a number of stressors during their clinical exposure but most of them were able to view their stressors positively

and were able to use several coping mechanisms to deal with it.

RECOMMENDATIONS

1. For the nursing administration, should dynamically assess the quality of instruction that they provide like evaluating the number requirements as an effective tool to promote the students' learning in the clinical area as well as the evaluation of the quality of instructorsif they are effective in imparting the necessary knowledge and skills to the students.

2. For the nursing student body, should consider including in their plan of activities in every school year the conduction of seminars or workshops on stress and healthy coping for nursing students.

3. For future researchers, to consider a bigger sample size to further support the findings of this study and to consider correlation between the socio-economic (profile) of the respondents and the different coping mechanisms used. Relation between the academic performance of the respondents and coping may also be investigated. Having the clinical instructors as respondents is another aspect that may be considered in their future studies.

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