Coping strategies among novice nursing students during clinical practice: a phenomenological study

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Although clinical practice is a significant and essential component of nursing students’ education, exposure to clinical practice environment can be a source of significant stress and anxiety especially for the novice nursing students. Students often attempt to control and reduce their stress levels through using of different coping strategies. The aim of this qualitative study was to explore in depth coping strategies among novice nursing students during clinical practice. The guided research question was “What are the coping strategies among novice nursing students during their clinical practice?” A phenomenological qualitative research approach was used with a purposive sample of 12 nursing students. Data collected through face to face semi structured individual interviews. Three themes were emerged from the data analysis, they are: problem solving coping strategies; cognitive/emotion coping strategies; and searching for support. The study concluded that novice nursing students used different coping strategies to overcome stresses related to clinical practice. Based on the study findings, incorporating stress management classes into orientation activities for novice nursing students is strongly recommended.

Keywords: Coping strategies- Novice- Nursing students- Clinical practice- Phenomenological - Qualitative

INTRODUCTION

Clinical practice is the cornerstone of the nursing education; it is the main vehicle by which nursing students integrate theoretical knowledge into practical skills which becomes the art and science of nursing. In clinical practice, nursing students learn how to apply nursing knowledge; nursing skills; patient communication and professionalization; and prepare themselves for practice in future workplaces (Bigdeli et al., 2015). Although clinical practice is a significant and essential component of nursing students’ education, unfortunately, it can also be a source of significant stress and anxiety for students especially the novice nursing students. Smyth & Long (2013) mentioned that novice nursing students face a lot of anxiety producing and stressful experiences when they are exposed for the very first time to the clinical practice learning environment.

Actually, the nature of clinical practice environment presents many challenges that may cause novice nursing students to experience stress. Several studies suggested that there are many sources of stress during undergraduate nursing education and training. The most common sources of stress identified by students and faculty that relate to academics includes academic demands, assignments and examinations, high workload, and combining clinical work with academic demands (Bektas et al., 2018). Inadequate novice nursing students’ preparation prior to clinical practice, another hand posse a major challenge to both faculty and novice students as expressed by many research findings, hence, novice nursing students generally suffer from high degrees of stress during clinical practice (Suresh et al., 2012; Hamaideh et al., 2017).
Stressors associated with going out into the clinical field for the first time have been identified by many research studies as follows: the fear of making mistakes, fear of facing negative situations, doing harm to the patient, being supervised by the clinical instructor, experiencing uncertainty, lacking confidence, anxiety over possible criticisms, being able to communicate with health personnel and patients, providing care for the seriously ill or terminal patients, having the necessary technical skills, expectations of staff, maintenance of healthy relationships with instructors, and most importantly the unfamiliarity with clinical settings (Ayfer Elçigil, and Yıldırım Sari, 2011; Kapucu, and Bulut, 2011; Abu Zead et al., 2018).

Stress has a detrimental effect not only on the bio-psycho-social health of an individual but as well being as a whole. High levels of stress not only compromise the delivery of patient care but also affect the health and clinical practice of nursing students. Researchers have reported that excessive stress can be harmful to a student's academic performance, welfare, and could interfere with learning a complex, psychomotor skill. Stress could result also to inadequate coping mechanisms which could be an obstacle in dealing with the challenges of the nursing profession (Singh et al., 2011).

Furthermore, stress could result to deleterious symptoms such as sleep and eating disorders, indiscriminate use of illegal substances, suicide, absenteeism, mental health disorders, and even psychological symptoms. Although stressors and stress cannot be avoided, the ability to cope with them plays a key role in achieving success as a nurse. Nevertheless, failure to resolve stress in the long term could have potential professional and personal consequences (Singh et al., 2011).

Students often attempt to control and reduce their stress levels through coping strategies. Coping refers to the dynamic cognitive and behavioral efforts to handle or manage both external and internal stressors (Lazarus & Folkman, 1984). In fact, coping has been recognized as a stabilizing factor that may assist individuals in psychosocial adaptation during stressful events. According to Folkmans and Lazarus cognitive theory of stress and coping, coping has two functions: dealing with the problem causing stress known as problem-focused coping, and regulating emotion that known as emotion-focused coping. An individual can simultaneously deal with stressors using both types of coping: dealing with the stressors directly (action) and regulating one's feelings (emotion) (Younas, 2016). Therefore, coping behaviors play a vital part in the process of stress adjustment.

Emotion-focused coping, or cognitive coping strategy, changes only the interpretation of a threat as it involves thinking rather than acting. Emotion-focused coping is used more often when an individual feels that the stressor is something that must be endured. It involves: seeking social support for emotional reasons (getting moral support, understanding, or sympathy); positive reinterpretation and growth; acceptance; turning to religion; focusing on and venting of emotions; denial; behavioral disengagement; mental disengagement (i.e. daydreaming, escaping through sleep, immersion in computer, TV); alcohol and drug disengagement (Melk, 2011).

Otherwise, problem-focused coping involves action which addresses the perceived problem or "doing something to alter the source of stress" and therefore it helps one manage the situation which causes the distress. Problem-focused coping is used more often when the person thinks that something constructive can be done about the situation. It involves actions such as: taking action to remove stressor; planning how to confront stressor; suppressing competing activities (putting other projects aside in order to deal with the stressor); restraint coping (Jeong, 2015).

Khater et al., (2014) in their study about sources of stress and coping behaviors in clinical practice among nursing students disclosed coping methods which student nurses can use to manage the stressful events related to clinical practice as follows: (a) seeking relaxation such as music therapy, trying to relax, relaxation exercises, focusing, and regrouping self; (b) venting such as humor, crying, screaming, complaining, exercising, over eating; (c) escaping such as isolating self, sleeping; (d) seeking support such as prayer, looking for support; and (e) taking action such as planning action, organizing, confronting, prioritizing.

Mwai, (2014) denoted that positive coping strategies were the source of learning development for the nursing students. Students declared on turning to someone they trust as a big source of coping strategy. Sharing what experience they had with fellow classmates, friends or family was viewed like a relief factor and as a way to lessen stress and look for motivation to stay focused and able to learn. Talking to classmates or someone else who were going through the same experience or even different experience helped the student nurses during their...
problems. Moreover, families brought great support both mentally and emotionally. They not only gave the students’ advice but also helped the students’ talk and focus on something else.

Exploration of novice nursing students’ coping strategies during clinical practice gives insight into the educational teaching and learning process of the clinical areas and allows nurse teachers to enhance students’ opportunities for learning. Understanding in depth nursing student’s behaviors during clinical practice through the findings of the current study might establish evidence based data that may provide greater insight to develop an effective clinical teaching – learning strategy which prepares the student nurses to work independently and care of patient in a quality manner.

On the other hand, exploring novice nursing students’ coping strategies could provide essential and useful information for nurse educators in understanding novice students’ behaviors during clinical practice and consequently, plan effective interventions and strategies to reduce the stress of clinical education and direct students for proper adjustment. Thus, definitely will help in retaining students in the nursing profession.

Aim of the Study
The aim of the current study was to explore in depth coping strategies among novice nursing students during clinical practice.

Research Question
“What are the coping strategies among novice nursing students during their clinical practice?”

MATERIALS AND METHODS

Research Design
A phenomenological qualitative research design was used to explore the novice nursing students coping strategies during their clinical practice.

Participants
A purposive sample of 12 second level, medical surgical nursing students, constituted the study sample. Students who are repeating the course and foreign students were excluded from the study.

Setting
Current study was conducted at one of the Faculty of Nursing, Medical Surgical Nursing Department.

Tools of data collection
The current study data were collected using the following two tools: (a) Personal Information Sheet which was designed by the researcher and included data related to: student's age, gender, marital status, place of residence, high school grades, etc, (b) Semi-structured Individual Interviews using digital voice recording.

Procedure for Data Collection
The researcher proceeded with the data collection after permission was granted to proceed with the proposed study. Nursing students who met the inclusion criteria of the study were recruited. Direct face to face contact was initiated through individual interviews; every participant was interviewed individually at least three times. The first individual interview session included verbal explanation of the nature and purpose of the study as well as obtaining written informed consent for voluntary participation and using the digital voice recording from the participant.

The second interview started with opening questions such as: how do you feel about being a nurse? Why did you choose nursing profession? Following this, the researcher continued with the study main question. During the interview sessions, the researcher uses minimal probes to help participants to concentrate; and monitor the effect of the interview on the participants. While, the third interview started with summarizing the previous interview information and continued with the related question. By the end of third interview the researcher informed each participant that they will be contacted after the completion of data analysis to review the data interpretation (member check). A fourth interview was done for most of the participants for gaining feedback and member check. All interviews were conducted on the available quiet places to ensure full cooperation of the participants as well as to protect anonymity and confidentiality.

Trustworthiness of Data
Trust worthiness of data analysis was assured using the following proceedings: all the participants were asked the same questions and interviewed till the point of data saturation; prolonged engagement with the participants to obtain more in-depth data;; large sample used; participants member check and feedback; thick description of the methodology and the data analysis process; findings were compared and contrasted with existing relevant literature and researches; and finally all interview materials,
transcriptions, documents, findings, and recommendations were kept available for the purpose of conducting an audit trial.

**Ethical Considerations**

An information sheet detailing the aim of the study and the study process was given to all participants; they were also given the opportunity to ask questions about the research; and were fully assured that they could withdraw from the study at any time without any negative consequences. Participant informed consent was secured prior to commencement of data collection. Anonymity and confidentiality of personal recorded data were assured through coding as well as keeping the recorded data in a safe locked place accessible only to the researcher. Participants were also assured that their personal data will not be used for other research purposes without their permission.

**Data Analysis**

Data analysis for the current study comprised two phases as follows: (a) first phase: in which, transcribed data were read many times using different reading strategies with the purpose of gaining a general impression of their content and sustains engaging with the transcribe texts. In this phase, the researcher listened repeatedly to the recording of the interviews in order to assure consistency of the transcripts; (b) second phase: during this phase the texts was coded to identify constructs and meaning units which brought together and grouped into themes and subthemes.

**RESULTS**

**Profile of the Participants**

Participants were 12 single nursing students, 7 females and 5 males. Participants’ age ranged between 20 and 23 years. Most of the participants are from metropolitan nearby areas and all are living in the university dormitory. All of them graduated from national governmental schools, furthermore, participants’ grade point average (GPA) in secondary school ranged between 85% and 95%. Moreover, two participants only were interested in joining nursing profession.

**Themes and Subthemes**

Actually multiple coping strategies were used by all the participants in the current study in order to decrease the anxiety and stress related to clinical practice. Even, every participant used more than one type of coping strategy on a time. Three main themes were emerged from the current study data analysis and each theme has got subtheme/s. Themes and subthemes are presented in the following section:

**Theme 1: Problem solving coping strategies**

The majority of the participants tried to overcome their initial clinical practice stresses by using problem solving strategy of coping. The only subtheme emerged was self-direction and training.

1.1- **Self direction and training**

One of the study participant for example explored using self-direction by trying to find solutions to get rid of the fear from other people and tried to face fear and question self "why I am afraid?" and tried then to calm self and decrease that kind of fear, "I try to overcome my fear, I try to know the reason so as to avoid it.". Some other participants expressed how they were autonomous and tried to train themselves. Two participants worked in different hospitals to get more opportunity to practice skills even without any financial reimbursement, "I started working in other hospitals to overcome my fear of practice" "I went to other hospitals for training without pay". A third participant settled for early up, "I began to wake up early, eat my breakfast, and come to clinical...". One of the participants tried to teach self by watching videos and read more in books, "I was watching educational videos in the YouTube". Other participants explored training self to accept other's way of dealing, "I began to tell myself after all he is just a patient, it does not matter whether a man or a woman", "As for people in the clinical, I realize I need to be politicized.”

**Theme 2: Cognitive/Emotion coping strategies**

Almost two third of the participants explored using cognitive coping strategies such as avoidance, negligence, manipulation, and escape as methods for overcoming the initial clinical practice stressors. On the other hand, participants explained how they sometimes used cognitive/ emotion coping strategies in either positive or negative ways in order to unwind.

**Avoidance and negligence**

Some participants used avoidance and negligence as a mean to handle anxiety and
stress. They used to avoid the staff nurses, instructors, or even patients that might make them anxious, "..... I started to avoid the ward nurse, who is not good", "I totally stay away from stressful situations". Moreover, participants considered neglecting clinical instructors' questions and requests a successful way of dealing with their stress, "sometimes I get stubborn or careless, I know the answer but the way the clinical instructor dealing with us, makes me say, I don't know," "I don't let anything bother me whether good or bad".

**Manipulation and Escape**

Another coping strategy the participants of the current study navigate is manipulation and escape. One participant mentioned doing the work as long as the instructors present, but as soon as the instructor is gone, open face book, "I kept standing with the patient and opened the face book, till the doctor come I close it". Another participant mentioned falsifying patient's assessment, record and plan because of time constrains, "I write my papers or even get it fabricated". Other participants used escape strategy with opposite gender and a complex patients, "I stay away from female patients", "I take easy patient and not complaining or fanaticism", "I take sleeping patient".

Some participants had to postpone one term or even the whole year because of the stress, "I postponed the semester because of pressure", "I have postponed study for one year". One Participant used to cry to get rid of stress, "I used to sit down cry and cry". While another participant had depression and a suicidal trial, "I was about to throw myself out of the window".

**Theme 3: Searching for Support**

**Peer Support**

Peer help and support was announced by the majority of the participants as the most positive influence in overcoming clinical practice stresses. Participants further explored the role of seeking peer support in encouraging them to continue and to pass through the initial tough training period and plan for their future. Participants addressed that presence of colleague while dealing with patients especially during initial patient contact gave them support, strength, and sense of security. Moreover, colleagues were helping them in doing certain tasks that they could not do themselves.

One participant mentioned that she used to take a colleague while assessing patients, "I used to take one of my colleagues to the patient, especially if the patient is a male". Participants mentioned also that they get benefit from each other and from senior colleagues' experiences. In fact, expert colleague -as novice student called them- sometimes took over the instructor's role and was teaching them the procedure that they need to learn. Participants further described how they exchange their experience with each other, "We were helping each other", "I ask my friends who are older than me", " Our colleagues give us great support, if the instructor is busy, my colleague teaches me"

**Family Support**

The current study participants admitted the favorable effect of family support on overcoming stress during the initial clinical practice, "my mother keeps making the faculty and studying plausible to me.", "my father gives me his experience", "my father and mother are guiding me and encouraging me.", "my mother always telling me that this is your work and your future".

**DISCUSSION**

Novice nursing students' coping in clinical practice was explored in depth by the current study participants. Three themes were emerged as follows: problem solving coping strategies; cognitive coping strategies; and searching for support. In fact, participants of the current study used a variety of coping strategies; almost every participant has used more than one coping strategy in order to get over the initial clinical practice difficulties and stresses. Findings of the current study reflect that student nurses used all types of coping strategies and show also the great effect of peer and family support in helping them to deal with stresses related to their initial clinical practice. These findings is congruence with the majority of studies as Younas, 2016; Khater et al., 2014; and Mlek, 2011 all reported that student nurses used a variety of coping methods when dealing with stress related to clinical practice. However, former researchers addressed that participants used more positive coping strategies than negative strategies. The most common positive coping strategies in the two later studies were problem-solving, transference, optimism, seeking family and professional support, and leisure activities.

Contrary the study findings which assert that novice students used self training; avoidance and negligence; and escape and manipulation as
means for coping strategies to overcome clinical practice stresses, Mlek, 2011 identified exercise and physical activity as the most beneficial used coping strategies among his study participants. Some of Mlek's participants used alcohol or smoked cigarettes more than usual. Others withdrew, cried, complained or used distractions such as TV, music, or computers. Two of the Mlek's participants used professional counseling services. While one who described her clinical experiences as extremely stressful turned to sleep when feeling overwhelmed.

Most of Mlek's participants turned to family or friends for emotional support. In fact, most of the related researches explored the positive effects of family and friends for emotional support and this findings support the current study findings that reflects the effect of culture on coping among nursing students.

Unsupportive clinical environment combined with lack of novice nursing students' knowledge and skills probably contributed to using different coping strategies mainly the cognitive/emotion coping strategies such as avoidance, neglecting, manipulation, and escapes. In addition to being novice to and inexperienced in nursing, coming from conservative communities could possibly contribute to seeking peers and family support in order to pass the initial clinical experience difficulties.

CONCLUSION
Nursing students experience varying degrees of stress during clinical practice. Nevertheless, novice nursing students consistently report that their clinical practice experiences are stressful. The current study findings has revealed various coping strategies been used by novice nursing students during their clinical practice education. Problem solving coping strategies, cognitive coping strategies, searching for support were the main themes emerged from data analysis. Findings of the current study support the need for stress management programs specifically tailored to the needs of novice nursing students. Therefore, incorporating stress management and effective coping strategies training into orientation activities for novice nursing students is obviously recommended.

CONFLICT OF INTEREST
The authors declare that there is no conflict of interest.

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AUTHOR CONTRIBUTIONS
MMA, conceptualization of the study idea; collection and analysis of data; writing preliminary discussion; and writing the manuscript. BOA & ASE, methodology revision, and finalizing discussion. BOA, revision of the final manuscript for intellectual content. All authors have approved the final version.

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