Original Research Article

Clinical Stress and Coping Strategies Among Student Nurses in a Private College of Nursing

ABSTRACT

AIMS: this study aimed to determine the relationship between clinical stress and the coping strategies employed by nursing students at a private college in iloilo city, philippines. Specifically, it sought to assess the levels of clinical stress related to patient care and academic workload, identify the utilization levels of various coping strategies (self-concept, physiological, role function, and interdependence), and test the hypothesis that no significant relationship exists between these variables.

Study design: the research utilized a descriptive-correlational research design combined with a survey methodology to objectively analyze existing phenomena without manipulating variables.

Place and duration of study: the study was conducted at a private institution in west timawa, molo, iloilo city, during the second semester of the 2025-2026 academic year, specifically from january to february 2026.

Methodology: data were gathered from 306 second- to fourth-year nursing students selected through stratified random sampling. Standardized instruments were used, including the clinical learning environment questionnaire for stress (cronbach's alpha = 0.75) and the perceived intrapersonal and interpersonal coping strategies questionnaire (cronbach's alpha = 0.82). Statistical analysis included frequency and percentage, mean and standard deviation, and spearman's rho (non-parametric) for correlational testing due to non-normal data distribution confirmed by shapiro-wilk.

Results: findings revealed that respondents experienced an average overall level of clinical stress (mean = 3.01), with "assignments and workloads" (mean = 3.53) being a higher stressor than "taking care of patients" (mean = 2.49). Conversely, students demonstrated a high overall level of coping strategies (mean = 3.68). Inferential analysis using spearman's rho showed that clinical stress, as a whole, did not significantly relate to overall coping strategies (p = 0.352), thus failing to

reject the null hypothesis at the macro level. However, specific stressors showed distinct relationships: patient care stress had a weak positive relationship with role function,($p < 0.001$), while assignment-related stress showed a negative relationship with self-concept.

Conclusion: nursing students generally experience manageable levels of stress but prioritize academic compliance (grades) over clinical immersion. The lack of a significant macro-level relationship suggests that students' coping is reactive rather than proactive, indicating a need to integrate consistent stress management and coping skills training into the nursing curriculum to enhance student well-being and educational outcomes

Keywords:Clinical Stress, Coping Strategies, Nursing Students, Academic Workload, Patient Care, Descriptive-Correlational, Iloilo City, Nursing Education

1. INTRODUCTION

The clinical environment is a cornerstone of nursing education, providing students with the essential opportunity to translate theoretical knowledge into practical skills. However, this transition from the classroom to the hospital setting often subjects students to significant psychological pressure. Nursing students frequently encounter stressors such as high academic workloads, the fear of making clinical errors, and the emotional toll of patient care. In the Philippines, where the nursing curriculum is rigorous and demanding, understanding how students navigate these pressures is vital for both their academic success and their future professional competence. The core problem addressed in this study is the potential for unmanaged clinical stress to lead to burnout, decreased academic performance, and a decline in the quality of patient care. While stress is an inherent part of nursing, the effectiveness of the coping strategies employed by students determines whether that stress becomes a catalyst for growth or a barrier to learning. Current literature suggests that while some students utilize adaptive strategies such as seeking social support or problem-solving, others may resort to maladaptive behaviors that hinder their professional development.

This research proposes to evaluate the relationship between clinical stress and coping strategies among nursing students at Iloilo Doctors' College. By identifying specific stressors ranging from "assignments and workloads" to "taking care of patients"—and correlating them with coping mechanisms like "self-concept" and "role function," the study seeks to provide a data-driven foundation for educational interventions.The scope of this work is limited to second- to fourth-year nursing students during the academic year 2025-2026. This study is justified by the need for nursing institutions to develop targeted support systems, such as enhanced guidance counseling and curriculum adjustments, that foster resilience. Ultimately, by equipping student nurses with effective coping tools, the institution can ensure the production of healthcare professionals who are not only technically proficient but also psychologically resilient in the face of the evolving demands of the global healthcare landscape.

2. MATERIAL AND METHODS

2.1 Research Design

This study utilized a descriptive-correlational research design combined with a survey methodology to objectively analyze the relationship between clinical stress and coping strategies. This non-experimental design allowed the researchers to observe existing phenomena without direct manipulation of the variables.2.2 Participants and SettingThe research was conducted at a private nursing institution in West Timawa, Molo, Iloilo City. The

target population consisted of 306 second- to fourth-year Bachelor of Science in Nursing students during the academic year 2025-2026.

2.2.1 Sampling Technique

Participants were selected through stratified random sampling. This method ensured that each year level (Sophomore, Junior, and Senior) was proportionally represented, minimizing bias and increasing the reliability of the comparative data.

2.3 Instrumentation

The study employed two adapted standardized instruments to measure the primary variables.

2.3.1 Clinical Learning Environment Questionnaire

This tool assessed clinical stress across two domains: "Taking Care of Patients" and "Assignments and Workload." It utilized a 5-point Likert scale

2.3.1.1 Validity and Reliability of Stress Scale

The stress instrument underwent content validation by a panel of experts, receiving a mean score of 4.48. Reliability testing yielded a Cronbach's alpha of 0.75, indicating acceptable internal consistency for the local context.

2.3.2 Perceived Intrapersonal and Interpersonal Coping Strategies

This questionnaire assessed coping mechanisms across four sub-domains: Self-Concept, Physiological, Role Function, and Interdependence.

2.3.2.1 Validity and Reliability of Coping Scale

The coping scale was validated with a mean score of 4.68. It demonstrated high reliability with a Cronbach's alpha score of 0.82.2.4 Data AnalysisData were processed using JAMOVI software. Descriptive statistics, including frequency, percentage, and mean, were used to describe the levels of stress and coping.

2.4.1 Statistical Tests

The Shapiro-Wilk test was first applied to check for normality.

2.4.1.1 Non-Parametric Testing

Because the data distribution was non-normal ($p < 0.05$), Spearman's Rho was utilized to determine the significant relationship between clinical stress and the coping strategies employed by the nursing students.

Table 1. Verbal Interpretation of Mean Scores for Stress and Coping

Range	Interpretation (Clinical Stress)	Interpretation (Coping Strategies)
4.25 – 5.00	Very High	Very High Coping Strategy
3.43 – 4.24	High	High Coping Strategy
2.82 – 3.42	Average	Moderate Coping Strategy
1.81 – 2.81	Low	Low Coping Strategy
1.00 – 1.80	Very Low	Poor Coping Strategy

3. RESULTS AND DISCUSSION

3.1 Descriptive Analysis

The descriptive analysis provides an overview of the levels of clinical stress and the coping strategies utilized by the nursing students.

3.1.1 Level of Clinical Stress

Table 2 presents the mean responses from each indicator of the clinical stress questionnaire that were assessed to evaluate the level of stress experienced by student nurses during their clinical duties. Each item is assigned a numerical value, where the higher scores reflect the greater stress. Overall the results indicated that respondents generally experienced an average level of clinical stress, with an overall mean of 3.03. In taking care of patient subdomain, the overall mean of 2.57 suggests that they experience an average level of stress while providing care to patients. The topmost indicator (M=2.93) shows that they are more worried about not being trusted or accepted by patients' families.While, communicating with patients was reported as the least stressful factor (M=2.16). Under the assignment and workload subdomain, the overall mean of 3.49 indicates that they experience stress at a relatively average level due to academic demands and workload. The topmost indicator (M=3.84) reveals that they feel most stressed about their grades, whereas the impact of clinical practice on family and social life received the lowest mean score (M=3.25).

These findings were congruent with the study in the Middle East and North Africa, where nursing students generally reported that academic workload, assignment and fear of poor performance were the main sources of stress during their clinical practice (Chaabane et al., 2021).

Table 2. Level of Clinical Stress Experienced by Student Nurses

Items	Mean	Standard Deviation
Stress from Taking Care of Patients		
Worry about not being trusted or accepted by patients' families.	2.94	1.116
Unable to reach one's expectations	2.82	0.928
Lack of experience and ability in providing nursing care and in making judgments.	2.67	0.871
Unable to provide appropriate responses to doctors', teachers', and patients' questions.	2.62	0.962
Experience difficulties in switching from the role of a student to that of a nurse.	2.55	0.968
Do not know how to help patients with physiopsycho-social problems.	2.51	0.846
Unable to provide patients with good nursing care.	2.32	1.056
Do not know how to communicate with patients.	2.16	0.984
Over all stress from taking care of patients	2.57	0.753
Stress from Assignments and Workload		
Worry about bad grades	3.85	1.063
Experience pressure from the nature and quality of clinical practice	3.60	1.001
Feel that one's performance does not meet teachers' expectations	3.38	0.982
Feel that the requirements of clinical practice exceed one's physical and emotional endurance.	3.38	0.951
Feel that dull and inflexible clinical practice affects one's family and social life	3.25	0.997
Over all stress from assignments and workloads	3.49	0.83
Over all	3.03	0.648

The Likert scale questionnaire on stress was further utilized to assess the respondents' level of stress in terms of taking care of patients and assignments and workload. When categorized into different levels, findings show that the majority (60.1%) experienced an average level and close to this number (21.9%) reported having a high level, while (14.7%) experienced low stress in terms of taking care of patients and workload, However, those with the least number of respondents who manifest high levels of stress cannot be neglected, as they cover 21.9% of respondents as they may require proper guidance and emotional support during clinical exposure. Table 1b presents the detailed distribution of respondents according to their level of stress.

Table 3. ***Distribution of respondents according to Stress from Taking care of Patients, Assignments and Workload***

Clinical Stress	*f*	%
Very low	9	2.9
Low	45	14.7
Average	184	60.1
High	67	21.9
Very High	1	0.3
Total	306	100%

Legend:1.00 – 1.50 (Very Low) 1.51 – 2.50(Low)2.51 – 3.50(Average) 3.51 – 4.50 (High) 4.51 – 5.00 (Very High)

3.1.2 Level of Coping Strategies

Table 4 presents mean responses from each indicator of the Clinical Coping Strategies questionnaire that were assessed to determine the level of coping strategies among student nurses. Each indicator has a numerical equivalent that shows positive coping strategies as the total score increases. Findings show that the majority of the respondents have an overall high coping strategy, with an overall mean of 3.68.

Under the self concept, the overall mean of 3.78 indicates a high level of coping strategy. The topmost indicator(M=3.84) shows that they have a high coping strategy in Self-talking, reinforcing positive feedback. In contrast, the lowest indicator (M=3.74) indicates that they have a high coping strategy in self-awareness exercises, overcoming weaknesses through meditation. In terms of physiological, the overall mean of 3.05 indicates a moderate coping strategy. The top most indicator (M=3.29) reveals that they have a moderate coping strategy in eating meals and snacks three times a day. In contrast, the lowest rated indicator (M=2.74) suggests that they have a low coping strategy in doing exercise for at least 30 minutes. Under the role function, the overall mean of 4.21 indicates a high level of coping strategy. The topmost indicator (M=4.44) shows that they have a very high coping strategy in listening attentively during hospital orientation. In contrast, the lowest indicator (M=4.05) shows that they have a high coping strategy when formulating a plan of care for their patient and anticipate any possible events during care. Under interdependence, the overall mean of 3.68 indicates that they have a high coping strategy. The topmost indicator (M=4.00) reveals that they have a high coping strategy in expressing and sharing to their duty mates and friends. In contrast,

the lowest rated item (M=3.13) reflects their moderate coping when sharing concerns to the staff nurse.

These findings align with the literature showing that adaptive and problem-focused coping strategies reduce stress among nursing students. Active planning, support-seeking, and emotional control are associated with lower stress levels, while adaptive coping links to reduced burnout (Onieva-Zafra et al., 2020). The table 2a shows the data.

Table 4. ***Level of coping strategies of student nurses***

Coping Strategies	Mean	Standard Deviation
Intrapersonal Self-Concept		
Self-talking, reinforcing positive feedback.	3.84	1.043
Engage in recreational activities.	3.76	0.913
Self-awareness exercises and over-come my weaknesses by means of meditation	3.74	1.063
Over all Self-Concept	3.78	0.825
Intrapersonal Physiological		
Eat my meals three times a day and eat snacks	3.30	1.046
Take vitamin supplements every day	3.10	1.181
Do exercise at least 30 mins a day	2.75	1.047
Over all Physiological	3.05	0.852
Interpersonal Role Function		
Listen attentively during hospital orientation	4.44	0.754
Collaborate with my duty mates and refer endorsements accordingly	4.27	0.806
Evaluate patient's condition after the nursing interventions and medication administration	4.16	0.821
Review the concepts and practice the procedures learned before reporting duty.	4.10	0.826
Formulate a plan of care for my patient and anticipate any possible events during my care.	4.05	0.800
Over all Role Function	4.21	0.678
Interpersonal Interdependence		
Express/ share my concerns to my friends	4.01	0.944
Express/ share my concerns to my duty mates	4.00	0.836
Express/ share my concerns to my Clinical Instructor	3.66	0.970
Express/share my concerns to my family	3.63	1.086
Express/ share my concerns to the staff nurse	3.13	1.184
Over all Interdependence	3.68	0.737
Over all	3.68	0.559

The Likert scale questionnaire on coping strategies was further utilized to assess their level of coping strategies in terms of self-concept, physiological, role function, and interdependence. When categorized into different levels, findings revealed that the majority (61.9%) demonstrated a high level and close to this number (30.5%) reported a moderate level of coping strategy. However, those with the least number of respondents who manifest low coping strategy cannot be neglected, as they cover 5.6% of respondents as they need extra help and support during clinical duties.Table 2b presents the detailed distribution according to their level of coping strategies.

Table 5.*Distribution of mean responses on Coping Strategies,specific indicators*

Coping Strategies	*f*	%
Poor Coping Strategy		
Low Coping Strategy	17	5.6%
Moderate Coping Strategy	92	30.5%
High Coping Strategy	191	61.9%
Very High Coping Strategy	6	2.0%
Total	306	100

Legend: Very High Coping Strategy (4.25-5.00), High Coping Strategy (3.43-4.24), Moderate Coping Strategy (2.82-3.42), Low Coping Strategy (1.81-2.81), Poor Coping Strategy (1.00-1.80)

3.2 Inferential Analysis

To test the normality of data, the Shapiro-Wilk and Kolmogorov-Smirnov tests were conducted. These tests are essential because they provide a statistical basis for choosing the appropriate correlation analysis; specifically, they identify whether the data follow a normal (bell-shaped) distribution. The Shapiro-Wilk test is particularly effective for assessing normality in small to moderate sample sizes, while the Kolmogorov-Smirnov test serves as a robust complementary measure to compare the sample distribution against a theoretical normal distribution. The Spearman's rank-order correlation was utilized to assess the relationship between clinical stress and coping strategies among nursing students since the data did not meet the assumptions of normality.

3.2.1 Relationship between Clinical Stress and Coping Strategies

The findings revealed variations in the relationship between clinical stress and coping strategies. Stress from patient care showed statistically significant relationships, leading to the rejection of the null hypothesis for these areas ($p< 0.00$). Specifically, patient care stress had a weak negative relationship ($rs = -0.277$,), interpersonal role function, interpersonal interdependence ($rs=-0.199$) indicating that as stress increases, student confidence and social reliance tend to decrease. In contrast, it showed a moderate positive relationship with interpersonal role function ($rs= 0.305$) suggesting that students lean more heavily on professional protocols and duties when facing patient-related stress.Finally, there was no significant relationship found between patient care stress and intrapersonal physiological coping ($p=0.396$), resulting in a failure to reject the null hypothesis for this dimension.

For assignment and workload stress, weak significant relationships were found with intrapersonal self-concept ($rs=-0.121$, $p = 0.035$) and intrapersonal psychological coping ($rs=-0.121$, $p = 0.035$) , as well as interpersonal interdependence ($rs=-0.121$, $p = 0.048$), leading to partial rejection of the null hypothesis. No significant relationships were observed with interpersonal role function and overall coping strategies ($p>0.05$).

When clinical stress was considered overall, no statistically significant relationships were identified with any coping dimensions ($p>0.05$), Consequently, the researchers failed to

reject the null hypothesis for the overall relationship between clinical stress and coping strategies.

These findings are supported by Lazarus and Folkman's Transactional Model of Stress and Coping, which suggests that nursing students' responses depend on their primary appraisal of patient-care demands as a threat and their secondary appraisal of available resources. The significant relationships found in this study indicate that when students perceive clinical situations as highly demanding, they actively adjust their coping efforts specifically leaning on professional protocols (Role Function). These results are consistent with previous studies showing that clinical stressors often have a more profound impact on student adaptation than purely academic stressors (Obbarius, 2021; Scribner, 2020). This emphasizes the need for targeted interventions, such as simulation-based training and psychological support, to improve coping outcomes in the clinical setting.Table 3 shows the

Table 6. Relationship between Clinical Stress and Coping Strategies employed by nursing students

Clinical Stress	Coping Strategies				
	Self Concept	Physiological	Role function	Interdependence	Coping Strategies Overall
Taking care of patients	rs = -0.277* p < 0.001	rs = -0.049 p = 0.396	rs = 0.305* p < 0.001	rs = -0.199* p <0.001	rs = -0.274* p < 0.001
Assignments and Workloads	rs = -0.121** p = 0.035	rs = -0.121** p = 0.035	rs = 0.107 p = 0.063	rs = 0.114** p = 0.048	rs = 0.083 p = 0.152
Stress Over all	rs = -0.066 p = 0.253	rs = -0.101 p = 0.079	rs = -0.095 p = 0.099	rs = -0.035 p = 0.544	rs = -0.090 p = 0.118

*p 0.01-0.05
**p<0.01

CONCLUSIONS

Based on the findings of the study, it is concluded that nursing students generally experience an average level of clinical stress, indicating that while stressors are present, they are not perceived as overwhelming. Academic demands, and performance expectations specifically concerns regarding grades, serve as the primary contributors to student stress.There is a clear tendency among the current generation of students to prioritize cramming and meeting specific requirements over building deep, independent clinical understanding. Because students often rely heavily on the constant guidance of their Clinical Instructors (CIs), they frequently lack the personal initiative to seek out independent sources of information or solve complex clinical problems on their own. Despite these stressors, student nurses demonstrate a high level of coping strategies, suggesting that they actively utilize various mechanisms to manage challenges encountered during clinical duties. Students predominantly rely on role-related and problem-focused coping strategies, such as staying attentive, fulfilling responsibilities, and collaborating with peers. The findings further indicate that while students are emotionally and socially resilient utilizing positive self-talk and strong peer support they often neglect physiological self-care, such as exercise and diet, under the pressure of clinical duties.

Finally, the study concludes that a student's ability to cope is determined not by the total volume of stress, but by the specific source of that pressure. While nursing students demonstrate resilience against evaluative demands, this grade-focused culture encourages a reactive mindset that hinders deep clinical understanding. Because students rely heavily on constant guidance from their clinical instructors, they often lack the initiative to resolve complex clinical issues autonomously. In contrast, the emotional demands of direct patient care significantly weaken a student's coping capacity, proving that interpersonal challenges at the bedside pose a greater threat to stability than standard curricular requirements. Since the current environment fosters a dependency on instructors that stifles professional growth, the nursing curriculum must shift its focus away from chasing grades to foster a mindset of independent inquiry, professional autonomy, and proactive, evidence-based decision-making.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

INFORMED CONSENT

All authors declare that written informed consent was obtained from all participants (nursing students) prior to the commencement of the study. The consent process clearly outlined the purpose of the research, the voluntary nature of participation, the right to withdraw at any time without penalty, and the measures taken to ensure the confidentiality and anonymity of their responses.

ETHICAL APPROVAL

All authors hereby declare that all experiments and procedures involving human participants in this study have been examined and approved by the Iloilo Doctors' College Research Ethics Committee (IDREC) under Study Protocol Number IDREC-2025.0I_237. The research has therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. The study adhered to the principles of

informed consent, autonomy, and confidentiality, ensuring that the rights and privacy of the nursing students were protected throughout the data collection and analysis process.

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DEFINITIONS, ACRONYMS, ABBREVIATIONS

Assignments and Workloads: Refers to the clinical requirements imposed on students, including case studies, nursing care plans (NCPs), journals, and other academic documentation required during clinical rotations.
Clinical Stress: The psychological and physiological strain experienced by nursing students resulting from exposure to the clinical learning environment and the demands of patient care.
Coping Strategies: The specific efforts, both psychological and behavioral, that students employ to master, tolerate, reduce, or minimize stressful events.
IDC: Iloilo Doctors' College.
Interdependence: A coping domain focusing on the balance of social support, seeking help from peers, instructors, or family, and maintaining healthy social relationships.
Intrapersonal and Interpersonal Coping: Strategies categorized by whether they occur within the individual's own mind and body (intrapersonal) or through interaction with others (interpersonal).
IDREC: Iloilo Doctors' College Research Ethics Committee.
Patient Care: A stress domain involving direct interaction with patients, performing clinical procedures, and the fear of committing medical errors.
Physiological Coping: Coping mechanisms related to physical health and bodily maintenance, such as sleep patterns, nutrition, and exercise.
Role Function: A coping domain involving the performance of duties according to the expectations of a student nurse, including reviewing clinical concepts and following hospital protocols.
Self-Concept: A coping domain involving the individual's perception of themselves, including self-esteem, self-talk, and internal confidence.
Spearman's Rho (r_s): A non-parametric statistical measure used to determine the strength and direction of the relationship between two ranked variables.