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

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## ABSTRACT

**AIMS:** Nursing education involves a high-pressure transition from theoretical learning to clinical practice, which often impacts student well-being. 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 cross-sectional 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

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

21

## 22 **1. INTRODUCTION**

23

24 Nursing education aims to provide nursing students with high quality learning experience to  
25 ensure that nurses provide safe and direct care to patients (Almarwani, 2022). Through clinical  
26 practice, students developed skills required to carry out procedures and techniques necessary  
27 to attain a health science degree (Felici, 2023). However, nursing education was one of the  
28 most stressful programs worldwide, emphasizing the mastery of medical concepts and  
29 application of clinical skills in patient care (Ching et al., 2020). On a Global scale, studies have  
30 reported that nursing students have high stress due to their clinical posting. Furthermore, a  
31 systematic review found that the stress level among students was 79% (Ahmed et al., 2022).  
32 For instance, a Nigeria study reported a prevalence of stress with (68.5%) for moderate level  
33 and high level of stress with (20.1%) respectively among nursing students (Bolarinwa, 2023).  
34 In addition, in a previous paper from the Philippines, the stress level was 79% and 76.8% for  
35 coping strategies among nursing students (Labrague, 2021). Stress is common in our daily  
36 lives and has become part of nurses' lives (Dziurka et al., 2022). High workload, emotional  
37 demands of caring for their patients, and pressure to meet expectations of educators and  
38 clinical staff have been identified as major (Chaabane et al., 2021). Because of this nursing  
39 students could experience much stress while training (Kivimaki et al., 2023).

40 Correspondingly, coping strategies are stable methods for helping individuals maintain  
41 psychological support during stressful events (Mariani et al., 2020). The inevitable and  
42 challenging level of stress encountered throughout their clinical training could be managed by  
43 implementing effective coping strategies, ultimately, leading to enhanced academic  
44 performance (Philips et al., 2020). On the other hand, exploring the theory-practice gap in the  
45 United Arab Emirates found that clinical stressors could decrease by preparing students for  
46 clinical education with qualified clinical faculty and supportive preceptors (Saifan et al., 2021).  
47 Understanding effective coping methods for stressors has implications for nursing students'  
48 well-being, academic learning, and transition to the work environment (Harvey et al., 2024).  
49 Thus, it was necessary to identify possible relationships of other variables with stress, in order  
50 to determine which skills must be strengthened and apply effective coping strategies (Ramos-  
51 Maquera, 2021).

52 With this, gaps remained in understanding how these clinical stressors influenced the overall  
53 performance and well-being of nursing students. These stressors not only contribute to  
54 academic difficulties but also lead to physical and emotional strain that could hinder effective

55 learning and professional growth. Moreover, there have been many studies worldwide  
56 exploring the perceived stressors and coping styles of nursing students during the clinical  
57 practicum but there is a limited study locally. Addressing these concerns was essential to  
58 design evidence-based support systems that promote resilience, enhance well-being, and  
59 lessen the impact of stress during clinical training. In line with this, the present study seeks to  
60 examine the levels of stress encountered by nursing students in the clinical setting and to  
61 identify the coping strategies they employ in managing these challenges. This study aligns  
62 with Sustainable Development Goal 3: Emphasizes the need for healthy lives and promotion  
63 of well-being for all ages (Botswana Qualifications Authority, 2022).  
64

### 65 **1.1 Statement of the Problem**

66 This study aimed to determine the relationship between Clinical Stress and Coping Strategies  
67 among Nursing Students in a selected private nursing college in Iloilo City, Philippines.  
68 Specifically, this study aimed to answer the following questions:

69 1. What is the level of clinical stress experienced by nursing student during their clinical duty  
70 in terms of:

- 71 a) Taking care of the patient
- 72 b) Assignments and Workload

73 2. What is the level of coping strategies of student nurses in terms of:

- 74 a) Self-Concept
- 75 b) Physiological
- 76 c) Role Function
- 77 d) Interdependence

78 3. Is there a significant relationship between clinical stress and the coping strategies employed  
79 by nursing students?  
80

### 81 **1.2 Hypothesis**

82 Based on the statements, the null hypothesis was tested:

83  
84 There is no significant relationship between clinical stress and the coping strategies among  
85 the student nurses.  
86

### 87 **1.3 Review of Related Literature**

#### 88 **1.3.1.Related Concepts**

##### 89 Clinical Stress

90 Clinical stress in nursing refers to the physical, emotional, and psychological strain  
91 experienced by nurses in their professional environment. (Nursing-science.com, 2024). It  
92 occurs when the demands of patient care, time management, procedures, and interactions  
93 with instructors, peers, or patients exceed an individual's perceived ability to cope (World  
94 Health Organization, 2021). This stress can manifest as anxiety, fatigue, reduced  
95 concentration, or emotional exhaustion (International Council of Nurses, 2020). Common  
96 sources include heavy workloads, unfamiliar procedures, high expectations, and balancing  
97 academic responsibilities with hands-on practice (American Nurses Association, 2022).  
98 Understanding clinical stress is important because it affects well-being, performance, and  
99 learning outcomes (International Council of Nurses, 2020). In addition, recognizing stress  
100 allows for coping strategies, self-care, and emotional support, which promote resilience,  
101 professional growth, and quality patient care.

##### 102 Coping Strategies

103 Coping strategies are techniques people employ to deal with stress and challenging  
104 circumstances (Sharma, 2024). Research indicates that coping strategies encompass  
105 behavioral and cognitive efforts to reduce stress and maintain emotional stability, such as  
106 addressing problems, reaching out for social support, and taking part in activities that enhance  
107 mental health. Moreover, problem-focused coping involves actively addressing stressors, for  
108 instance, through planning, time management, and consulting instructors or peers for  
109 guidance. Furthermore, emotion-focused coping emphasizes regulating emotional responses  
110 to stress, such as practicing relaxation techniques, reframing situations positively or seeking  
111 emotional support from others. Similarly, it emphasizes that effective coping strategies involve  
112 intentional actions aimed at handling stress and preventing burnout in demanding  
113 environments (American Psychological Association, 2024).

### 114 **1.3.1.Related Studies**

#### 115 *Clinical Stress and Its Attributes*

116 Nursing students experiencing high levels of stress during clinical duties can lead to anxiety,  
117 lowered self-confidence, emotional fatigue, and even burnout if not properly addressed (Liu et  
118 al., 2022). In addition, nursing students often experience increased stress from duties,  
119 educational requirements, and coursework, especially during hospital rotations. Many  
120 students experience mixed emotions during their initial clinical exposure, with more than half  
121 reporting feelings of excitement and anxiety (Mohamed et al., 2024). Moreover, 72.6% feared  
122 committing errors, and 61.1% expressed concern about harming patients, both of which were  
123 major sources of stress. Similarly, the study emphasized that a large portion of nursing  
124 students, approximately 63.5% to 81.2% experienced moderate to high levels of stress during  
125 their clinical training (Bodys-Cupak et al., 2022). Research on clinical stress in nursing  
126 students has increasingly emphasized the role of academic workload, patient interactions, and  
127 preparedness for the clinical setting in contributing to the stress they encounter during their  
128 training (Toqan et al., 2023).

#### 129 *Coping Strategies and Their Influencing Factors*

130 Among college students, learning stress is positively correlated with learning burnout, while  
131 psychological resilience is negatively correlated (Gong et al., 2023). Adaptive coping  
132 strategies were found to reduce stress and burnout, while emotion-focused and avoidant  
133 coping were positively correlated. The study highlighted that psychological resilience plays a  
134 key role in learning stress and burnout, meaning that when students strengthen their  
135 resilience, they are less likely to experience high levels of learning burnout. Research in  
136 international health science students experienced significant mental health challenges during  
137 the COVID-19 pandemic, emphasizing the importance of understanding how coping strategies  
138 supported their well-being (Rahman, 2023). The results showed that students who used  
139 problem-focused coping demonstrated better psychological outcomes compared to those who  
140 relied on emotion-focused or social support coping. This finding highlights the importance of  
141 proactive coping approaches in mitigating psychological distress and maintaining academic  
142 performance, especially during times of crisis and uncertainty. In connection with this, a study  
143 on coping strategies among school-going adolescents in Uganda (Batte et al., 2024). Findings  
144 revealed that students used adaptive coping, negative-emotion coping, and avoidant coping,  
145 with social support and positive emotional regulation as the most common strategies. The  
146 study focused on adolescents, leaving a gap in the exploration of coping strategies among  
147 nursing students in clinical and academic environments.

#### 148 *Relationship between Clinical Stressors and Coping Mechanisms*

149 Clinical placements often expose nursing students to psychological stress and anxiety,  
150 prompting the need to understand how coping strategies influence their emotional well-being  
151 (Onieva-Zafra et al., 2020). Results show that nursing students in Spain experience moderate  
152 levels of stress, where problem-focused coping links with lower stress and emotion-focused  
153 or avoidant coping links with higher stress. The study conducted in a university setting with  
154 undergraduate nursing students concludes that adaptive coping strategies strengthen  
155 emotional regulation and improve overall psychological well-being during academic and  
156 clinical activities. The transition to clinical training presented significant challenges for  
157 undergraduate nursing students in China, where students reported moderate stress mainly  
158 due to limited skills and knowledge (Zhao et al., 2022). Gender, motivation, and environmental  
159 factors influenced coping behaviors, as positive coping promoted better emotional regulation  
160 and adaptability. Moreover, the study did not examine the long-term impact or development of  
161 coping strategies throughout the nursing program. A study conducted with nursing  
162 undergraduates in Saudi Arabia showed that the main sources of stress were clinical practice,  
163 academic workload, and social factors, with clinical duties perceived as the most stressful  
164 (Aljohani et al., 2021). These clinical demands were found to be more stressful than academic  
165 requirements or social concerns. In addition, the study reported that students who used  
166 problem-focused coping such as asking instructors for help, practicing skills in advance, and  
167 discussing clinical tasks with classmates showed better emotional control and greater  
168 confidence during clinical duties.

169 In the local setting, a study with a total of 149 third-year nursing students from the  
170 College of Nursing in Cagayan de Oro City, Philippines, was selected using a stratified random  
171 sampling method (Amante AJE et al., 2025). Results revealed that there were no statistically  
172 significant differences in coping strategies based on sex, birth order, or family income.  
173 Furthermore, it concluded that personality traits, particularly the judging versus perceiving  
174 types, significantly influence Filipino nursing students' stress coping strategies.

### 175 **1.3.3Synthesis**

176 Clinical stress and coping strategies among nursing students were affected by multiple  
177 factors arising from both academic and clinical settings (Liu et al., 2022; Mohamed et al.,  
178 2024). Additionally, elevated stress experienced during clinical placements resulted in feelings  
179 of anxiety, lowered self-confidence, emotional fatigue, and fear of harming patients, especially  
180 among students who were new to the clinical environment. The academic workload,  
181 interactions with patients, and readiness for clinical responsibilities exacerbated stress levels,  
182 resulting in many students experiencing moderate to intense stress throughout their training  
183 (Bodys-Cupak et al., 2022; Toqan et al., 2023). Research showed that boosting psychological  
184 resilience and supporting adaptive, problem-focused coping lowered stress and burnout  
185 (Gong et al., 2023; Onieva-Zafra et al., 2020). On the other hand, emotion-focused and  
186 avoidant coping make people more likely to experience distress. Exposure to clinical practice,  
187 when paired with sufficient skills and support, enhanced students' emotional regulation and  
188 coping abilities, although stress remained prominent in settings with high demands or limited  
189 guidance (Zhao et al., 2022; Aljohani et al., 2021). However, students who are not ready, used  
190 avoidance techniques, or had too high clinical expectations typically showed more anxiety and  
191 less confidence when performing clinical tasks. This demonstrated that nursing education had  
192 to include specific coping mechanisms. The lack of thorough research that concurrently  
193 examined clinical stress and coping strategies among nursing students throughout their  
194 clinical rotations was a significant gap identified in earlier studies. Although many studies  
195 explored stress or coping separately, there was limited evidence showing how specific coping  
196 strategies directly influenced clinical stress levels in nursing trainees. Another gap arose from  
197 the variation in study populations, as several investigations focused on general students or  
198 adolescents rather than nursing students, limiting meaningful comparisons due to differences

199 in academic workloads, clinical exposure, and training environments. Additionally, there were  
200 differences in the studies that discussed the factors affecting coping. Some studies focused  
201 on resilience, drive, and environmental conditions, while others focused on personality traits  
202 or demographics. The absence of longitudinal research also created a gap in understanding  
203 how coping strategies develop throughout the nursing program. Lastly, local research within  
204 the Philippine context remained limited, with available findings differing from international  
205 studies. Consequently, this research sought to address these gaps by examining the  
206 correlation between nursing students' coping methods and their experiences of clinical stress,  
207 including both international research and local contexts, to provide a more comprehensive  
208 knowledge of the relationship between these factors.

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## 210 **2. MATERIAL AND METHODS**

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### 212 **2.1 Research Design**

213 In this study, researchers used a descriptive-correlational research design and a survey  
214 methodology to analyze the situation and determine the relationship between clinical stress  
215 (related to patient care, assignments, and workload) and coping strategies (self-concept,  
216 physiological responses, role function, and interdependence) among student nurses at a  
217 private nursing college in Iloilo. A descriptive-correlational design describes a group or  
218 phenomenon without manipulating variables (Creswell, 2022). Correlational research  
219 examined the relationship between two or more variables that had been found in theories or  
220 observed in practice (Sutherland, 2021).

221 This design allowed the researchers to objectively measure, describe, and analyze existing  
222 phenomena without manipulating any variables. Clinical stress and coping strategies were  
223 naturally occurring constructs that could not be experimentally controlled or altered; thus, this  
224 design facilitated an accurate and ethical exploration of their interrelationship. Moreover, this  
225 design offered a clear framework for understanding how one variable related to another. It  
226 enabled the researchers to determine the relationship between the level of clinical stress and  
227 the coping strategies of student nurses in a private college.

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#### 229 **2.1.1 Participants and Setting**

230 The study was conducted in a private institution at West Timawa Molo, Iloilo City which offers  
231 a comprehensive nursing program. The institution is situated in an urban area and provides  
232 an ideal environment for the study as it comprises a diverse population of nursing students  
233 who regularly engaged in clinical duties and managed demanding academic requirements.

234 The study population comprised 1,470 student nurses from the second, third, and  
235 fourth years who were enrolled in a private college of nursing, meeting the following inclusion  
236 criteria:

- 237 1. Bonafide student for the second semester, AY 2025-2026
- 238 2. 2nd, 3rd and 4th year students.
- 239 3. Those who signed the consent.

240 Exclusion criteria:

241 The participants that were not included in this research were the following:

- 242 1. Pilot study respondents.
- 243 2. Students who were irregular.
- 244 3. First year students.

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246 Primary participants in this study consisted of all accessible second-year to fourth-year nursing  
247 students enrolled in a private college in Iloilo City during the second semester of the 2025-  
248 2026 academic year. The sample size was determined using the Raosoft Sample Size  
249 Calculator, providing dependable outcomes with a 95% confidence level and a 5% margin of

250 error. The calculation determined a minimum requirement of 305 respondents. However, a  
251 total of 306 respondents were successfully reached and included in the final analysis. Stratified  
252 random sampling was employed to accurately represent each year level, and the slightly larger  
253 sample size was maintained to ensure greater data precision and to strengthen the statistical  
254 power of the study (Creswell & Creswell, 2018).

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### 256 **2.2.2.Scope and limitations**

257 The study had several limitations that may have influenced the findings. Beginning with its  
258 focus on a single institution which restricts the generalizability of the results to other colleges  
259 or geographic regions. This narrow scope is further compounded by the exclusion of first year  
260 students, as the research only captured the experiences of those in their second to fourth  
261 years. Additionally, the reliance on self-administered online questionnaires introduces the  
262 possibility of response bias or data inconsistencies. Finally, the research concentrated  
263 exclusively on clinical stress and coping strategies, leaving out critical variables such as  
264 academic performance, socioeconomic status, and mental health history that would have  
265 provided a more comprehensive understanding of the participants' experiences. Future  
266 studies could include multiple institutions to improve generalizability, employ mixed-methods  
267 designs for deeper insights, and incorporate additional variables to better understand the  
268 factors influencing stress and coping among nursing students. Nevertheless, the study aimed  
269 to offer a baseline of data for the creation of a support system designed to alleviate stress and  
270 enhance the well-being of nursing students.

### 271 **2.2.3 Sampling Technique**

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

### 275 **2.3 Instrumentation**

276 To gather the needed data, an adopted questionnaire was utilized. The instrument was divided  
277 into three (3):

278 **Part 1. Demographic Profile of Student Nurses.** This was composed of demographic  
279 information of the students' nurses, which includes name,age,gender and year level.

280 **Part 2. Questionnaires on Clinical Stress.** To assess the level of stress among nursing  
281 students in the clinical learning environment in terms of taking care of the patients and  
282 assignments and workloads. Additionally, this was a five-point Likert scale with a total of 13  
283 that measured the respondents' levels of stress during their clinical exposure, adopted from  
284 (Sheu et al., 2002). Moreover , the tools explored the type and levels of stress that occurred  
285 in the clinical setting. The result indicated that the higher the mean score, the higher the level  
286 of stress, lack of experience in terms of taking care of patients, and academic workload in the  
287 clinical environment,using the following scale: (1) Never, (2) Rarely, (3) Sometimes, (4) Often,  
288 and (5) Always. This was interpreted as 1.00 - 1.50 (Very Low), 1.51 - 2.50 (Low),2.51 - 3.50  
289 (Average), 3.52 - 4.50 (High) 4.51- 5.00 (Very High).

290 This was composed of the following subdomains:

291 Taking Care of Patients. This was the part where the student could practice their skills and  
292 handling their patients, providing care and performing clinical procedures.This was made of 8  
293 positive indicators with the following verbal and numerical interpretation: (1) Never, (2) Rarely,  
294 (3) Sometimes,(4) Often and (5) Always.

295 Assignments and Workload. This was the part where stress arises from different factors, like  
296 assignments, documents and case requirements. This was made of 5 positive indicators with

297 the following verbal and numerical interpretation: (1) Never, (2) Rarely, (3) Sometimes, (4)  
298 Often and (5) Always.

299 **Part 3. Questionnaire on Clinical Coping Strategies.** To assess the perceived intrapersonal  
300 and interpersonal coping strategies of nursing students during RLE adopted from (Ridad et  
301 al., 2024). Two indicators on self-concept and physiological were omitted due to poor  
302 psychometric performance revealed in the pilot study. The items from self-concept are praying  
303 before starting my day and before going to sleep and crying whenever I feel burned out/tired  
304 due to stress, and the items from physiological are sleeping adequately, taking naps daily and  
305 taking breaks during my vacant time. This modification was emailed to the author and  
306 approved. This was a five-point Likert scale with a total of 16 indicators clustered into four  
307 categories. The self-concept, physiological, role function and interdependence according to  
308 Roy's adaptation Model (Roy, 2009). The results indicated that the higher the mean score, the  
309 higher the coping strategies of nursing students using the following scale:(1) Never, (2) Almost  
310 Never, (3) Sometimes, (4) Most of the time, (5) Always. This was interpreted as a Very High  
311 Coping Strategy (4.25-5.00), High Coping Strategy (3.43-4.24), Moderate Coping Strategy  
312 (2.82-3.42), Low Coping Strategy (1.81-2.81) or Poor Coping Strategy (1.00-1.80).

313 Self-concept.This part was about how nursing students evaluate their own abilities in terms of  
314 coping with clinical stress and challenges during clinical exposure.This was made up of 3  
315 positively stated indicators with the following verbal and numerical interpretation:(1) Never,  
316 (2)Almost Never, (3) Sometimes, (4) Most of the time, and (5) Always.

317 Physiological.This part was about how nursing students manage physical stress and tension  
318 during clinical exposure. This was made up of 3 positively stated indicators with the following  
319 verbal and numerical interpretation:(1) Never, (2) Almost Never, (3) Sometimes, (4) Most of  
320 the time, and (5) Always.

321 Role Function. This part was about how nursing students perform different clinical  
322 responsibilities effectively under stress.This was made of 5 positively stated indicators with  
323 the following verbal and numerical interpretation: (1) Never, (2) Almost Never, (3) Sometimes,  
324 (4) Most of the time, and (5) Always.

325 Interdependence. This part was about how nursing students seek support from family, friends,  
326 instructors and duty mates. This was made of 5 positively stated indicators with the following  
327 verbal and numerical interpretation:(1) Never, (2) Almost Never, (3) Sometimes, (4) Most of  
328 the time, and (5) Always.

### 329 **2.3.1 Data Gathering**

330 Prior to data collection, the researchers secured an approval from the Dean of the  
331 College of Nursing and the Research Ethics Committee. A formal request letter was  
332 submitted along with the study proposal and all research instruments, to ensure that the  
333 ethical standards and institutional guidelines were followed. Upon approval, the researchers  
334 coordinated with class advisers and clinical instructors to plan the schedule of data  
335 collection. The survey was administered at a time that did not interfere with ongoing lectures,  
336 examinations, or clinical duties, so that participation did not disrupt academic  
337 responsibilities.

338 On the day of data collection, an online platform was utilized, while students  
339 remained in their classrooms. Before distributing the questionnaire through a Google Form  
340 link, to establish rapport and ensure transparency, the researchers conducted a brief  
341 orientation in an online group chat with the section presidents and the students. They  
342 clarified the study's purpose, procedure, and participants' rights, emphasizing that  
343 participation was voluntary and confidential. The survey was distributed via a google form  
344 link. The form began with an Informed Consent section where students had to select Yes to

345 proceed. To ensure data integrity and to avoid missing questions, the required field setting  
 346 was enabled for all items, preventing the submission of incomplete forms. Additionally, they  
 347 are informed that they could withdraw at any time without penalty.

348 Students were given 5-10 minutes to complete the survey. The researchers  
 349 remained in the room to address questions about the instructions but did not influence any  
 350 responses. Once completed, the responses were checked for completeness. All  
 351 accomplished Google Forms were securely stored on Google's servers and were protected  
 352 by advanced encryption during transmission and while at rest. The data were accessible  
 353 only to the research team. No identifying information appeared in the final results. After data  
 354 collection, the responses were coded, organized, and prepared for statistical analysis.

### 355 **2.3.2 Data Analysis**

356 Following data collection, all information was systematically encoded into google  
 357 spreadsheet software and was subjected to both descriptive and inferential analysis  
 358 employing statistical tools. To ensure accurate analysis and uniform data input, researchers  
 359 developed a coding manual for each variable. The data were coded as follows:

360 Table 1. Coding Manual for Study Variables

Variable	Category	Code	Type of Data
Clinical Stress	Never	1	Ordinal
	Rarely	2	
	Sometimes	3	
	Often	4	
	Always	5	
Coping Strategies	Never	1	Ordinal
	Rarely	2	
	Sometimes	3	
	Often	4	
	Always	5	

361 The total score for the clinical stress questionnaire will be obtained and categorized  
 362 as follows:  
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Clinical Stress	Level	Score range
	Very Low	1.00 - 1.50
	Low	1.51 - 2.50
	Average	2.51 - 3.50
	High	3.52 - 4.50
	Very High	4.51- 5.00

364 The total score for the coping strategies questionnaire will be obtained and  
 365 categorized as follows:  
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Coping Strategies	Level	Score range
	Poor Coping Strategy	1.00-1.80
	Low Coping Strategy	1.81-2.81
	Moderate Coping Strategy	2.82-3.42

High Coping Strategy

3.43-4.24

Very High Coping Strategy

4.25-5.00

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### **Ethical Consideration**

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This study was submitted to Iloilo Doctors Research Ethics Committee (IDREC) and was granted ethical clearance (IDIREC-2025.01\_237) prior to data collection. Informed Consent, with absolute assurances of anonymity and confidentiality, was solicited from respondents before data gathering occurred. The purpose, procedure, possible risks, and benefits of the study were clearly explained, and respondents' freedom to withdraw at any time was assured. All personal information was kept private.

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Benefits. This study benefited the nursing students, clinical instructors, and academic administrations by providing evidence-based insights into stressors and coping strategies experienced by student nurses. These results guided the development of the student support systems and mental health programs designed to enhance students' academic performance and well-being.

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Risk Assessment. This research posed minimal risk to participants as it only involved answering standardized questionnaires regarding personal experiences of stress and coping mechanisms. As a precautionary measure, participants were instructed that they were free to omit any questions that made them uncomfortable and they were free to withdraw from the study at any time without penalty.

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Informed Consent. The purpose, procedures, potential risks and benefits participants were fully explained to the respondents via a consent section at the beginning of the digital platform. Consent was obtained electronically before the questionnaires were distributed. The researchers emphasized that participation was strictly voluntary and that participants could withdraw from the study at any point in time with no consequences.

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Participant Selection. Participants were selected through stratified random sampling among second-year to fourth-year Bachelor of Science in Nursing students at a Private college students who had clinical duty experience during the academic year 2025-2026. Only those who voluntarily agreed and provided informed consent were included in the final sample.

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Privacy and Confidentiality. All personal information from participants remained strictly confidential. The questionnaires did not require names, and each participant was assigned a code number. All data collected was stored securely in an encrypted form on Google servers, with access limited to authorized personnel only, and it was not retained longer than necessary for the purpose of this research.

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Incentives. No financial compensation or material incentives were provided to the participants. Participation in this study was purely voluntary and was motivated by the respondents desire to contribute to the improvement of nursing research and education.

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Data Storage and Disposal. Data collected was stored securely online using encrypted cloud storage services with access restricted solely to the researchers including the research adviser. In accordance with the protocol, data was set to be retained for a period of two years after completion of the study, after which they could be permanently deleted.

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Community Contribution. This study contributed to the nursing community by improving awareness of mental health, building resilience, and applying positive coping strategies among

408 student nurses. These findings informed nursing educators in developing a supportive learning  
409 environment that promotes students' well-being and, eventually, enhances the quality of future  
410 nursing professionals in the community.

411 Conflict of Interest. The researchers disclosed that no financial interest or personal  
412 relationship existed that appropriately might have influenced the outcome or interpretation of  
413 the research. Guided by the principles of justice, fairness, and social value, the researchers  
414 ensured that the participants were treated equally, bias was avoided, and any outcomes  
415 contributed towards the benefit of all groups concerned.

416 AI Disclosure. Researchers utilized Grammarly to edit the grammar and phrasing of the  
417 manuscript. Perplexity AI and Google Gemini were used to assist in gathering relevant  
418 literature and supporting information. The researchers verified and ensured the accuracy,  
419 originality, and integrity of all content included in the study.

#### 420 Dissemination Plan

421 The findings of this study were submitted to the academic institution in order to  
422 partially complete the requirements for the Bachelor of Science in Nursing program. This study  
423 was presented in accordance with the institutional ethical guidelines and may possibly  
424 presented at nursing conferences or research forums for wider distribution.

#### 425 **2.3.4 Questionnaires on Clinical Stress**

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

#### 428 **2.3.5 Validity and Reliability of Stress Scale**

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

#### 432 **2.3.6 Perceived Intrapersonal and Interpersonal Coping Strategies**

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

#### 435 **2.3.6.1 Validity and Reliability of Coping Scale**

436 The coping scale was validated with a mean score of 4.68. It demonstrated high reliability with  
437 a Cronbach's alpha score of 0.82. 2.4 Data Analysis Data were processed using JAMOV  
438 software. Descriptive statistics, including frequency, percentage, and mean, were used to  
439 describe the levels of stress and coping.

#### 440 **2.4.1 Statistical Tests**

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

#### 442 **2.4.1.1 Non-Parametric Testing**

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

### 447 **3. RESULTS AND DISCUSSION**

#### 448 **3.1 Descriptive Analysis**

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

#### 451 **3.1.1 Level of Clinical Stress**

453 Table 2 presents the mean responses from each indicator of the clinical stress questionnaire  
454 that were assessed to evaluate the level of stress experienced by student nurses during their

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

466 These findings were congruent with the study in the Middle East and North Africa, where  
 467 nursing students generally reported that academic workload, assignment and fear of poor  
 468 performance were the main sources of stress during their clinical practice (Chaabane et al.,  
 469 2021).

470  
 471 **Table 2. Level of Clinical Stress Experienced by Student Nurses**

Items	Mean	Standard Deviation
<b>Stress from Taking Care of Patients</b>		
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 physiopsychosocial 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
<i>Over all stress from taking care of patients</i>	2.57	0.753
<b>Stress from Assignments and Workload</b>		
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
<i>Over all stress from assignments and workloads</i>	3.49	0.83
Over all	3.03	0.648

472  
 473 The Likert scale questionnaire on stress was further utilized to assess the respondents' level  
 474 of stress in terms of taking care of patients and assignments and workload. When  
 475 categorized into different levels, findings show that the majority (60.1%) experienced an  
 476 average level and close to this number (21.9%) reported having a high level, while (14.7%)  
 477 experienced low stress in terms of taking care of patients and workload. However, those with  
 478 the least number of respondents who manifest high levels of stress cannot be neglected, as

479 they cover 21.9% of respondents as they may require proper guidance and emotional  
 480 support during clinical exposure. Table 1b presents the detailed distribution of respondents  
 481 according to their level of stress.  
 482

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

Clinical Stress	<i>f</i>	%
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%

485 *Legend: 1.00 – 1.50 (Very Low) 1.51 – 2.50(Low) 2.51 – 3.50(Average) 3.51 – 4.50 (High)*  
 486 *4.51 – 5.00 (Very High)*  
 487

488 **3.1.2 Level of Coping Strategies**

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

494 Under the self concept, the overall mean of 3.78 indicates a high level of coping strategy.  
 495 The topmost indicator(M=3.84) shows that they have a high coping strategy in Self-talking,  
 496 reinforcing positive feedback. In contrast, the lowest indicator (M=3.74) indicates that they  
 497 have a high coping strategy in self-awareness exercises, overcoming weaknesses through  
 498 meditation. In terms of physiological, the overall mean of 3.05 indicates a moderate coping  
 499 strategy. The top most indicator (M=3.29) reveals that they have a moderate coping strategy  
 500 in eating meals and snacks three times a day. In contrast, the lowest rated indicator (M=2.74)  
 501 suggests that they have a low coping strategy in doing exercise for at least 30 minutes. Under  
 502 the role function, the overall mean of 4.21 indicates a high level of coping strategy. The  
 503 topmost indicator (M=4.44 ) shows that they have a very high coping strategy in listening  
 504 attentively during hospital orientation. In contrast, the lowest indicator (M=4.05) shows that  
 505 they have a high coping strategy when formulating a plan of care for their patient and anticipate  
 506 any possible events during care. Under interdependence, the overall mean of 3.68 indicates  
 507 that they have a high coping strategy. The topmost indicator (M=4.00) reveals that they have  
 508 a high coping strategy in expressing and sharing to their duty mates and friends. In contrast,  
 509 the lowest rated item (M=3.13) reflects their moderate coping when sharing concerns to the  
 510 staff nurse.

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

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

Coping Strategies	Mean	Standard Deviation
<b>Intrapersonal Self-Concept</b>		
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
<i>Over all Self-Concept</i>	3.78	0.825
<b>Intrapersonal Physiological</b>		
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
<i>Over all Physiological</i>	3.05	0.852
<b>Interpersonal Role Function</b>		
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
<i>Over all Role Function</i>	4.21	0.678
<b>Interpersonal Interdependence</b>		
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
<i>Over all Interdependence</i>	3.68	0.737
<i>Over all</i>	3.68	0.559

516 The Likert scale questionnaire on coping strategies was further utilized to assess  
517 their level of coping strategies in terms of self-concept, physiological, role function, and  
518 interdependence. When categorized into different levels, findings revealed that the majority  
519 (61.9%) demonstrated a high level and close to this number (30.5%) reported a moderate  
520 level of coping strategy. However, those with the least number of respondents who manifest  
521 low coping strategy cannot be neglected, as they cover 5.6% of respondents as they need  
522 extra help and support during clinical duties. Table 2b presents the detailed distribution  
523 according to their level of coping strategies.

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

Coping Strategies	<i>f</i>	%
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

526 *Legend: Very High Coping Strategy (4.25-5.00), High Coping Strategy (3.43-4.24), Moderate*  
527 *Coping Strategy (2.82-3.42), Low Coping Strategy (1.81-2.81), Poor Coping Strategy (1.00-*  
528 *1.80)*

### 530 **3.2 Inferential Analysis**

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

#### 540 **3.2.1 Relationship between Clinical Stress and Coping Strategies**

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

551 For assignment and workload stress, weak significant relationships were found with  
552 intrapersonal self-concept ( $r_s = -0.121$ ,  $p = 0.035$ ) and intrapersonal psychological coping ( $r_s = -$   
553  $0.121$ ,  $p = 0.035$ ), as well as interpersonal interdependence ( $r_s = -0.121$ ,  $p = 0.048$ ), leading  
554 to partial rejection of the null hypothesis. No significant relationships were observed with  
555 interpersonal role function and overall coping strategies ( $p > 0.05$ ).

556 When clinical stress was considered overall, no statistically significant relationships  
557 were identified with any coping dimensions ( $p > 0.05$ ). Consequently, the researchers failed to  
558 reject the null hypothesis for the overall relationship between clinical stress and coping  
559 strategies.

560 These findings are supported by Lazarus and Folkman's Transactional Model of  
561 Stress and Coping, which suggests that nursing students' responses depend on their  
562 primary appraisal of patient-care demands as a threat and their secondary appraisal of  
563 available resources. The significant relationships found in this study indicate that when  
564 students perceive clinical situations as highly demanding, they actively adjust their coping  
565 efforts specifically leaning on professional protocols (Role Function). These results are  
566 consistent with previous studies showing that clinical stressors often have a more profound  
567 impact on student adaptation than purely academic stressors (Obbarius, 2021; Scribner,  
568 2020). This emphasizes the need for targeted interventions, such as simulation-based

569 training and psychological support, to improve coping outcomes in the clinical setting. Table 3  
 570 shows the

571

572 **Table 6. Relationship between Clinical Stress and Coping Strategies employed**  
 573 **by nursing students**  
 574

Clinical Stress	Coping Strategies				Coping Strategies Overall
	Self Concept	Physiological	Role function	Interdependence	
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

575 \*p 0.01-0.05

576 \*\*p<0.01

577

578 **MAJOR FINDINGS**

579 In terms of the level of clinical stress, the results revealed that the respondents  
 580 experienced an average level of stress overall. Stress related to assignments and workloads  
 581 was more evident compared to stress from taking care of patients. Among identified indicators,  
 582 worrying about bad grades emerged as the most reported source of stress, while difficulty in  
 583 communicating with patients was the least stressful factor. This suggests a generational shift  
 584 where students feel technically competent or comfortable in social clinical environments, yet  
 585 experience high performance anxiety. This grade-centric stress reflects a tendency among the  
 586 current generation of students to prioritize academic compliance and validation over the  
 587 clinical experience itself, often resulting in cramming behaviors to meet theoretical  
 588 requirements.

589 With regard to coping strategies, the findings showed that the respondents demonstrated a  
 590 high overall level of coping. The subdomains of intrapersonal self-concept, interpersonal role  
 591 function, and interpersonal interdependence were rated as high, whereas intrapersonal  
 592 physiological coping was rated at an average level. Under intrapersonal self-concept, self-talk  
 593 and reinforcing positive feedback obtained the highest rating, while self-awareness exercises  
 594 through meditation received the lowest, likely because the action-oriented culture of nursing  
 595 training makes the stillness of meditation feel unproductive or time-consuming compared to  
 596 immediate task completion. For intrapersonal physiological coping, eating meals regularly was  
 597 the highest-rated practice, while exercising for at least 30 minutes a day was the lowest. In  
 598 the area of interpersonal role function, listening attentively during hospital orientation received  
 599 the highest rating, whereas formulating a plan of care obtained the lowest. Lastly, under  
 600 interpersonal interdependence, expressing concerns to duty mates and friends was the  
 601 highest-rated practice, while expressing concerns to the staff nurse received the lowest rating.

602 Finally, the inferential analysis revealed that clinical stress, when viewed as a whole, did not  
 603 significantly relate to overall coping strategies. However, specific stressors told a different  
 604 story. Stress from patient care had a weak positive relationship with role function (rs=0.305),  
 605 suggesting that when faced with a patient, students step up into their professional role.  
 606 Conversely, stress from assignments showed negative relationships with self-concept. This  
 607 indicates that while the clinical aspect of nursing feels manageable, the study pressure actively

608 drapes their self-esteem. The lack of a significant relationship on the macro level suggests  
609 that students' coping is reactive rather than proactive; they manage the immediate task at  
610 hand but lack a consistent, independent strategy to balance the heavy workload of the nursing  
611 curriculum.

## 612 **CONCLUSIONS**

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

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

## 639 **RECOMMENDATIONS**

640 Based on the conclusions, it is recommended that Student nurses should prioritize  
641 physiological self-care, specifically regular exercise and balanced nutrition, to effectively  
642 balance the high demands of professional coping. Beyond physical health, it is recommended  
643 that they participate in structured debriefing sessions and resilience workshops to protect their  
644 self-concept when facing stressful patient-care situations. Furthermore, students should  
645 cultivate a professional mindset even during rest by prioritizing medical-related media over  
646 recreational K-dramas. To foster a collaborative learning environment, students should  
647 embrace a tiered mentorship model where Level 4 students mentor Level 3 students during  
648 duty hours, provided this remains under the direct supervision of Clinical Instructors.

649 For Clinical Instructors, they should move beyond technical assessment by implementing  
650 reflective clinical conferences and mentorship programs that emphasize emotional support. It  
651 is essential that CIs are assigned to specific areas of specialization to ensure expert guidance,  
652 and they must provide consistent positive reinforcement during patient interactions to help  
653 students maintain confidence and a strong professional identity. Furthermore, CIs are

654 responsible for overseeing the hands-on care provided by students, ensuring that the Level 4  
655 to Level 3 mentorship process is safe, structured, and clinically sound.

656 Guidance Counselors should develop institutional wellness initiatives and ensure balanced  
657 workloads to prevent student burnout. Policies should be created to foster a supportive  
658 environment, such as providing adequate breaks and wellness spaces during clinical rotations.

659 And for Future Researchers, to address the limitations of this study, they should use a mixed-  
660 methods approach (adding interviews) to explore the "why" behind patient-care stress. It is  
661 also recommended to conduct longitudinal studies across different year levels and clinical  
662 settings to see how coping evolves over time.

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676

### 677 **COMPETING INTERESTS**

678 Authors have declared that no competing interests exist.

679

### 680 **AUTHORS' CONTRIBUTIONS**

681 This work was carried out in collaboration among all authors. Authors Alcalde, Barcenas, and  
682 Atanaso designed the study, wrote the protocol, and managed the literature searches. Authors  
683 Bugante and Caraso managed the data collection process and the initial analyses of the study.  
684 Author Balsomo performed the final statistical analysis, wrote the first draft, and finalized the  
685 manuscript. All authors read and approved the final manuscript.

686

### 687 **INFORMED CONSENT (WHERE EVER APPLICABLE)**

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

693

### 694 **ETHICAL APPROVAL (WHERE EVER APPLICABLE)**

695 All authors hereby declare that all experiments and procedures involving human participants  
696 in this study have been examined and approved by the Iloilo Doctors' College Research Ethics  
697 Committee (IDREC) under Study Protocol Number IDREC-2025.01 237. The research has  
698 therefore been performed in accordance with the ethical standards laid down in the 1964  
699 Declaration of Helsinki and its later amendments. The study adhered to the principles of

700 informed consent, autonomy, and confidentiality, ensuring that the rights and privacy of the  
701 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 :** A non-parametric statistical measure used to determine the strength and direction of the relationship between two ranked variables.