

## Assessment of the Causes of Stress among Nursing Students in Clinical Setting

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### Abstract

**Background:** *Nursing education is thought to be a very stress full study and time demanding on the other hand all these put negative result on the mind of the trainees and also cause further harm not only the nursing students brain but also their quality of clinical practices decline and the patient care to. Clinical areas are the important platform the clinical practices for the nursing students. But, the stress created by the clinical setup cannot be denied and that stress have many causes and consequences. They have many Causes and effects. Most commonly the stress which came in to front are the unusual events like sudden (death), hemorrhages and shocks .Working with different type of new diagnostic as well as therapeutic technologies , staff and faculty incivility, generation gaps ,fear of punishment from the seniors and communication with staff, peers and patients and its bed effect on the health of students nurses, difference in the attitude and behavior of different health care personals , public dealing , cultural variations are also among all of them .Stress is a phenomena that need to be consider as it is not only cause psychological effect but the physical symptoms are also common like fatigue , exhaustion , stress also lead to the unproductively.*

**Aim:** *The purpose of the study is to evaluate the stress among nursing students their sources , causes and the effects which after word come in to front so that the stressors that are causing such problems can be minimized and the impact which fall on the nursing students and their studies and clinical practice can be discussed*

**Design:** *the study is of descriptive study design. Results: Result of the study revealed that stress that effects nursing students at the clinical areas are common and have many causes that lead to the many negative impact either they are psychological as well as physical , physical effects are fatigue , exhaustion , chasteing off moods and decline cognitive abilities and the psychological impact are minimized productivity and academic decline these two main results are inter related. These stressors are the variation in different staffs behavior, heavy work load. All this does not affect only the nursing students but the clinical trained nurses are also facing all these with their negative results are coming in front as well.*

**Suggestions:** *there is a strong need to consider nursing work environment and stress coping strategies in order to make them well prepared for the stress management nursing clinical work environment also need to be considered again so the stressors can be minimized and eradicated after word.*

**Key words:** Stress among nursing students, Sources of stress, Impact of stress on nursing students at clinical areas

## INTRODUCTION

In the 1980s New South Wales, Australia, transferred nursing education from the hospital-based apprenticeship system to the tertiary sector. The assumption underlying this transfer was that tertiary education would prepare nurses who were better able than their hospital-based colleagues to meet the challenges of nursing in the future (Perry, 1988). With this transfer universities became solely responsible for the education of student nurses and their preparation for registration. They also assumed responsibility for coordinating the education of nursing students in the clinical area (Elliott, 2002).

Stress is a common element in our lives , if we take it as a normal phenomena that is a part of life it will be settled and will not create such worsens but if the person perceptions are negative this will create problem. Stress is mostly

considered as a negative emotional psychological problem but some how it is important for the existence as mostly stress also called a vital sign which trigger sense of survival. It develop sense to face crust and tuft of life smoothly by creating the sense of motivation and by developing the cognition of achievement and healthy competition. Stress can be justify by the saying it is a imbalance between demands which create strain on the individual and demand further equilibrium. The same phenomena also came in front in the context of clinical nursing students when they have to face unusual events like deaths, and many other theory and practice gapes that all create disturbance either psychological and also physical on the other hand.

Stress cause ailment in visible alternation in the normal life patterns that further lead to the changes in the health patterns , decline in academic performance, withdrawal behavior that directly and indirectly effect the quality of patient care and nursing clinical performances. Stress can lead to ailment; changes in health pattern, poor academic performance, just because nursing students have firstly exposed to these stressors so it will be difficulty fir them to deal with all of them and maintaining balance at the same time as well.

Clinical stress arises when an imbalance occur between mindset and the clinical demand. This can be occur in any profession that can not be avoid and denied basically this make up a person to be prepare for the psychological to deal with responsibility. Work related stress is defined by the National Institute for Occupational Safety and Health Administration (NIOSH) as “the harmful physical and emotional responses that occur when the necessities of the occupation do not go with the capabilities, resources, or needs of the employee”. Stress is a person’s reaction to change. It is a physical or mental response to feeling, situations, or other people or places ” (Gregson, 2000)

If stress take positively by the nursing students in the provide greater insight that will not help them to develop a effective stress management but the effective clinical strategies also developed as this phenomena came in to front the need to discuss how nursing students are dealing with such stresses and how these stresses arise what are their causes and effects clinical areas the aim of the study also compatible with all these mentioned variables that are investigating student nurses stress experiences in their clinical areas.

Stress is an adaptable situation which anyone have to perceive, judge, understand and respond accordingly the extent to which stress act vary from mild to sever its depend upon stressors as well as stress perception of any individual of human beings which is essential part of any individual stimulation for the survival and existence, so the person can grant output as per demand of stress and face any type and any degree of stress in any walk of life without being disturbed , to a high degree, contributes to their survival, to an adequate output in their activities, and to an effective performance in many phases of life. Every person have to face stress any time or any walk of life .nursing students during their academic and clinical live also have to face this phenomena at the same degree as other any professional as nurses are more prone toward different type of stressors because of the high level of their exposure to the stressors. (Mlek 2011)

In the recent era nursing education is also on the top content along with many other health. Clinical aspects are also important as same as academics. Because of heavy burden of time table , rationalization base examination , clinical practices, heavy curriculum , nursing practices , are also considered as stressors which by director indirectly affect clinical practices and academic on the same level. All these put pressure on the nursing students especially at the level of clinical practices by inducing lack of confidence by creating different type of difficulties. As the nursing theory is nothing

without effective clinical practices all these cause hindrances. Aim of the study is to know which type of stressors are being facing by the nursing students, which are the sources that are creating such stressors and to what extent such stressors are producing result in the learning process during clinical practice. So the better strategies can be made in order to overcome all these by effectively managing teachers and clinical instructors so they will develop such plan that would minimize all these stressors and their results. So the basic thing which is coming in front like sudden events on clinical practices can also be manage and deal as well as adaptive by nursing students accordingly. (I Aedh1 Abdullah, Khalil Elfaki Nahid & Abdelraheem Mohamed . Itedal 2015)

## **LITERATURE REVIEW:**

Stress is a complicated and persistently fluctuating response between individual and the stressors either they are internal or external it can be justified by saying that it is a mismatched between individual and the environment that lead he mind to the trouble and create stressful situation. It is also defined by saying that a stress is a unbalancing state between requirement, needs demands and availabilities it can be also well said a war between all above mentioned issues. Every individual perceive it differently that is totally depended upon personal stress coping abilities as well as strategies and if at any point individual fail to cope with this battle individual develop a severe state of stress and depression on long. (Kohler et al., 2006).

Stress is the imbalance state of how the brain and body respond to any demand it can be justified by saying it is a human, mental, physical and on the same side emotional response of any individual and the factors that cause such responses called stressors. It can also be said the it is a human response that prepare a person to deal with sudden

alteration in any situation toward the worse it can be negative and positive depend upon the stressor and the person who is perceiving these stressors either positively or negatively. (Dobson and Smith 2000)

In the view of medical contents stress is a factor that cause mentally, bodily and emotionally tension. (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). as there is a mechanism in every person body that cause two type of responses that are flight to flight and fight to fight response which generate by the nervous system and endocrine system, it can be well said as defense mechanism if the stress does not deal as per demand it cause chronic neurological problems.

Acute stress is a situation which arise from imbalance between demand and requirement of near and past as well as future time: APA(2010)

A nurse has to face vast number of different type of stressors. As this profession require high level of skills and attentiveness especially at the clinical areas in the variety of different situations as the nurse is one who is responsible for the prevention, promotion and restoration of client health this put an extra pressure on the nursing staff and also act as a source of stress and the nursing services continue for 24 hours around the clock a nursing student remain under such of pressures all the time French et al. (2000) there are most common nine sub classes of the stressors which a nurse have to deal with these stressors are as follows nurse physician conflicts, deficient preparations, over burden, problem with colleague, Conflict with physicians, Inadequate preparation, Problems with peers, strict and rigid supervision, heavy treatments, uncertain situation, facing death and dying patients and also their families. All this called stress and distress depend upon the individual perception and coping mechanism. As the transition from stress to distress will depend upon an individual's stress Perceptions Further

stresses may be arose from all these sub classes as the working condition are dynamic recent years also studies all this and a variety of changes come in to the front. The structure of the United Kingdom (UK) National Health Service (NHS), in Prioritizing of services, and in the roles of nurses, as detailed in policy Documents published by the UK Department of Health (1998a, 1998b, 1998c, 1998).

Clinical practices have to be environments where students socialize professionally and learn the professional culture, yet they have been an extra burden for students as a result of the hierarchy between students and physician (Andrews et al., 2006; Dalton, 2005; Seyed fatemi et al., 2007). An environment where students are welcomed and praised will increase their self-respect and self-confidence and help them feel more powerful

Nurses clinical practices are environmental where a nursing student have to be socialize professionally which put students under extra burden like patient over loads well as hierarchical decline among physician and students also came in front which create a sense of dissatisfaction and thus leading to decline in nursing services. Working environment exert greater pressure on then nursing students and have great impact on the employee work force (McGowan 2001, Shader et al. 2001). But, the point which need to be considered is what stresses are beneficial and what are imposing negative effects a mild or moderate stress called beneficial as they create motivation and develop a sense of fighting with stress but on the other hand very high level of stress cause tension , demotivation and lack of confidence which further create decline in nursing practices and learning.

Ongoing examinations (Demerouti et al. 2000, McGowan 2001) likewise distinguished absence of Reward and move filling in as real wellsprings of misery, however these did not show up As huge stressors in prior investigations. These sources can't be considered As 'new', yet rather they seem to

have expanded in relative criticalness. Between Proficient clash likewise seems to have expanded in significance for some Medical caretakers amid the most recent 10 years or something like that (Ball et al. 2002). Interestingly, the

One of the stress faced by the nursing students is the behavior and attitude of their families as Pakistan is a developing country most of the people have lack of knowledge regarding nursing profession and the cultural limitation also important in this regard most people have negative opinion , views regarding nursing services as family role has a great importance in the students life either they are of nursing or other all this become the source of stress among nursing student.

Level of stress among nursing students also vary with the passing year as the student of first year are more prone toward stress because of their first time exposure to such stressors as well as clinical practices even also due to their lack of self confidence and self stress management coping pattern. But as the year of clinical practices passed student develop more coping strategies and also have become familiar with such type of stresses as well as also develop adaptive qualities in order to deal with stresses .The greater effect of the working environment upon the work force is un deniable (McGowan 2001, Shader et al. 2001). In this regard it is intriguing that some ongoing examinations (Demerouti et al. 2000, McGowan 2001) additionally distinguished absence of remuneration and move filling in as real wells prings of misery Stordeur et al. (2001) endeavored to rank stressors arranged by seriousness of effect, the primary ones being positioned as. Stress can act as hindrance in cognitive decline that can be judge by the lack in learning and developing Stress is particularly significant in instruction since it can possibly hinder human learning and working, and may prompt attrition (Yucha et al. 2009). Further, current examinations on nursing students' clinical instructing recommend that understudies



are overpowered in their clinical educating to the point where it could impact their wellbeing (Killam et al. 2013). Nursing understudies, at all undergrad instructive dimensions programs, (Recognition, Partners, Baccalaureate) report abnormal amounts of pressure and uneasiness inside the clinical learning condition (Carlson et al. 2003, Elliott 2002, Hayden-Miles 2002, Sharif and Masoumi 2005). Moreover, nursing understudy's experienced and revealed worry as they advanced through their nursing programs (Bremner et al. 2008, Shaban et al. 2012, Jimenez et al. 2010). This pressure is without a doubt identified with the in-strained quality and multifaceted nature of nursing programs, including the a lot of time spent learning in clinical settings (Jimenez et al. 2010). Clinical training is always integral part of nursing programs. The clinical portion of nursing education would integrate the affective (knowing) and psychometric (doing, skills) aspect of learning (Sharif & Masoumi 2005). Clinical preparing, in most nursing genius grams, is viewed as the biggest piece of training among nursing understudies. In a distinct relationship ponder by Beck and Srivastava (1991) including 94 second, third and fourth year nursing understudies; the understudies revealed that the clinical experience was by a wide margin, the most nerve-wracking some portion of the nursing program. This is consistent with an investigation by Timmins and Kaliszer (2002), which included third year understudies at the confirmation program. Stress could influence both a person's capacity to learn and their memory (Kaplan and Sadock 2000). Despite the fact that an ideal dimension of pressure can improve learning capacity (Kaplan and Sadock 2000), an excess of stress can cause physical and emotional well-being issues (Pulido-Martos et al. 2012, Deary et al. 2003, Burnard et al. 2007) and may influence the scholarly accomplishment of understudies (Choi et al. 2007, Elliot et al. 2005, Hofer 2007, Robbins et al. 2006, Trautwein et al. 2006, Was et al. 2006). It is expressed that "High pressure

and nervousness hinder focus, memory, and critical thinking capacity, which thus, antagonistically influence scholarly execution and learning" (Beddoe and Murphy 2004, P. 305)

In the study of (Aedh, A. I., Elfaki, N. K., & Mohamed, I. A. (2015).) show the Insufficient time and high amount of workload to complete clinical objectives was identified to be highly associated with stress, which is also being identified by other authors (Burnard *et al.*, 2007;Elcigil and Yildirim Sari, 2007; Salloum, 2008). In other study shows The Perceived Stress Scale was administered to this population, showing that 73.9% of the students had an average stress position.( Cestari, V. R. F., Barbosa, I. V., Florêncio, R. S., Pessoa, V. L. M. D. P., & Moreira, T. M. M. (2017).)

### **THE SIGNIFICANCE OF THE STUDY:**

This study provides baseline information about nursing students' perceived stress level and its causes in nursing students during their clinical areas. Work are quantitative in nature, although these studies identify stress factors in clinical area that influencing nursing students, for example they listed under general categories (i.e. Relationship with staff /behavior ,workload and patients death, gap between clinical and theory ,work lord and teacher expectation ) this study help us to find out the causes. It will help us to make strategies to reduce stress level and produce effective nursing students to serve the humanity effectively.

### **Problem Statement:**

As Pakistan is a developing country and as like many other developing countries we are not competing the appropriate health services decline in nursing practices is also one of the main issue as because the nurse main role is to prevent , promote and restore the health of individual this put more responsibility on the nurse as it is also well said nurses are the

back bone of any health care system but if this back bone foundation is not strong even at the fluctuating trembling state what will be the future of health care system , nursing practices and the patient health in short nursing students are the foundations of the nursing practices but unfortunately they have to face many stressors which cause them to feel stress and which then further lead to many problems not only psychological and physical for the nursing students but when the nursing practices will not be strong what then how nursing performance and patient outcome will be. Students have to face many stressors during their clinical hours which cause hindrance in their learning capabilities these results are not only confined to above mention but if such stressors not minimized poor nursing performance outcome arouse which is the main problem of today's health care system, different studies have been conduct in this regard but their result not commensurate to the today's demand this study will entailed and elaborate the stressors, stress , sources of stress , causes of stress and their results among nursing students at clinical practices.

**Purpose/ aim of Study:**

The main purpose of this study is to identify the major sources (Academic, Clinical, personal and envir

**Research Question:**

The research questions which guided this study the following topics were used to stimulate discussion regarding clinical experience in the nursing student.

1. What are the causes of stress nursing student experiences during clinical rotations?

### **Research Purpose:**

1. The primary purpose or Aim of research study is the causes of stress nursing student experiences during clinical rotations.

### **Objectives:**

Objective of the study are following:

1. To assess the factors causing stress among nursing students at clinical settings
2. To elaborate the source of stressors that and the degree to what extent such stressors affects nursing students at clinical practices.

### **METHODOLOGY:**

#### **Study design:**

The study is a descriptive cross sectional design for the assessment of the stress among the nursing students at clinical practices. It is a simple random sampling technique use which is very easy and not cost effective method. The setting of the current study was the nursing students of private universities of Lahore, Pakistan.

#### **Setting:**

Setting of the study will be the nursing students of different private universities.

#### **Sample technique:**

Simple random sampling technique will be use .

#### **Target population:**

Target population will be the nursing students of different private universities of Lahore belonging to the different socio economical level with different demographical background. the participate will only be female.

### **Sample size:**

Data will be gathered through a self administered questionnaire and the participant will be collected by convenient and the sample size for the study will be 149 which calculated by the Solvins method .

### **Research Tool:**

Self administrative adopted questionnaire in the well divided sections (Section A) contains demographic information while(Section B) contains questions relating to the stress among nursing students .Answer will be attempt in form of Likert scale method raging from strongly disagree to strongly agree. A pilot study will be arranged and done prior floating questionnaire.

### **Data collection Plan:**

Data collection plan is the main source for the collection of any data. For this purpose self administered questionnaire will be used that contained a well structured questionnaire dividing in to 2 sections and the participant will be answer that will be close ended.

### **Data Analysis:**

SPSS version 20 will be used to assess the data which is a statistical computer software as this study is of descriptive type data will be analyzed by SPSS.

### **Sample Size Formula:**

Following is the Solvin's formula for taking sample size.

Total number of nursing students = 237

If N=Population, n=Sample size, E= Margin of error

$$n = \frac{N}{1 + (N)(E)^2}$$

$$n = \frac{237}{1 + (237)(0.05)^2}$$

$$n = \frac{237}{1 + (237)(0.0025)}$$

$$n = \frac{237}{1 + 0.5925}$$

$n=237/1.5925= 148.822$

My sample size is 149

**Statistical analysis:**

After all the questionnaires are collected from the participants, the data was analyzed by Statistical Package of Social Sciences (SPSS) version 21. This is quantitative software for data analysis which helped to develop graphs, charts, frequencies, proportions, and averages etc.

**Including Criteria:**

1. Nursing students from different private nursing universities.
2. Female and male nursing students
3. Those who well understand English
4. Those who are willingly participate

**Excluding Criteria:**

1. Non nursing students

**Time Frame work:**

Study will take approximately 2-3 months

**Informed Consent:**

Consent will be taken from all the participants and they will be given an extra freedom either to participate or to refuse or to mention their demographics or not in detail.

**Informed Consent:**

Consent will be taken from all the participant and they both will be given extra free hand to participate in the studies or refuse to participate in the studies they all will also be given free hand either to mention their name or not.

**Ethical Consideration:**

Permission to carry out study obtained from all universities. informed consent also maintained. Privacy also ensured. Participation and refusal regarded.

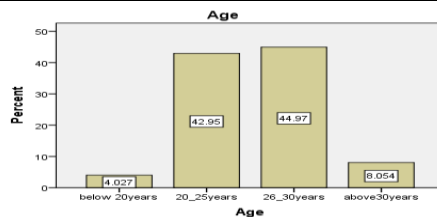
**RESULTS:**

**Demographical Analysis:**

**Table 1:**

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid below 20years	6	4.0	4.0	4.0
20_25years	64	43.0	43.0	47.0
26_30years	67	45.0	45.0	91.9
above30years	12	8.1	8.1	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	

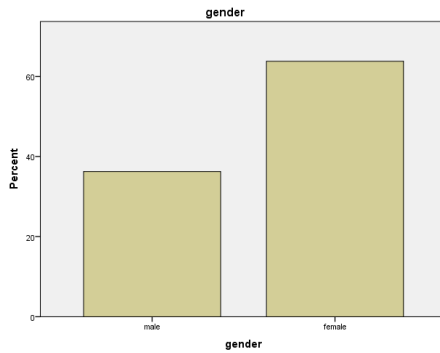


**Table no.1:** shows the result regarding the age of the respondents that 4% of the respondents were below 20years of age, 42.95% were from age of 20-25years, 44.97% were from age of 26-30years and 8.05 % were from the above 30years of age

**Table 2:**

Gender

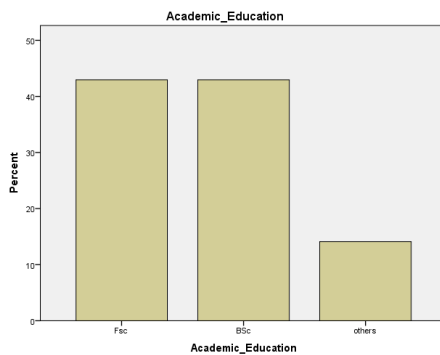
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	54	36.2	36.2	36.2
female	95	63.8	63.8	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	



**Table no.2:** shows the result regarding the gender of the respondents that 36.2% of male and the respondents were female, 63.8%.

**Table 3:**  
**Academic\_Education**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Fsc	64	43.0	43.0	43.0
	BSc	64	43.0	43.0	85.9
	Others	21	14.1	14.1	100.0
	Total	149	100.0	100.0	



**Table no.3:** shows the result regarding the academic education of the respondents that 43% of Fsc , the respondents were BSc , 43% were from the other , 14% of academic education .



**Professional Experience**

**Table 4:**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2_8years	99	66.4	66.4	66.4
9_14years	5	3.4	3.4	69.8
15_20years	5	3.4	3.4	73.2
No experience	40	26.8	26.8	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	

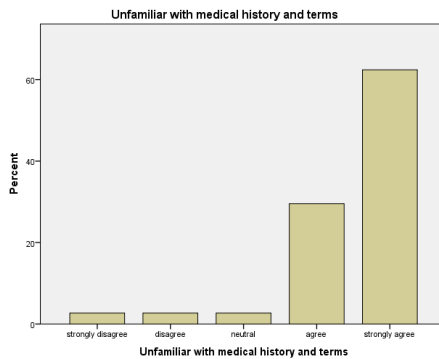


**Table no. 4:** shows the result regarding the Professional experience of the respondents that 66.4% of the respondents were experience 2-8years ,3.4 % were from 9-14years of experience , 3.4% were from 15-20years and 26.8 % were from the no experience.

**Table 5:**

**Unfamiliar with medical history and terms**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid strongly disagree	4	2.7	2.7	2.7
Disagree	4	2.7	2.7	5.4
Neutral	4	2.7	2.7	8.1
Agree	44	29.5	29.5	37.6
strongly agree	93	62.4	62.4	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	



**Table no. 5:** shows the result regarding the Q1. Of the respondents that 2.7% were strong disagree ,2.7% the respondents were disagree ,2.7 % were neutral ,29.5 % were Agree and 62.4% were Strongly agree

**Table 6:**  
Unfamiliar with professional nursing skills

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	1	.7	.7	.7
Disagree	3	2.0	2.0	2.7
Neutral	2	1.3	1.3	4.0
Agree	72	48.3	48.3	52.3
strongly agree	71	47.7	47.7	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	

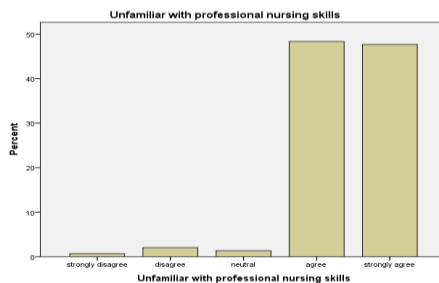


Table no.6 shows the result regarding the Q2. Of the respondents that.7% were strong disagree ,2.0% the

respondents were disagree ,1.3 % were neutral ,48.3 % were Agree and 47.7% were Strongly agree

**Table 7:**

Unfamiliar with patients' diagnoses and treatments

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	7	4.7	4.7	4.7
neutral	7	4.7	4.7	9.4
Valid Agree	82	55.0	55.0	64.4
strongly agree	53	35.6	35.6	100.0
Total	149	100.0	100.0	

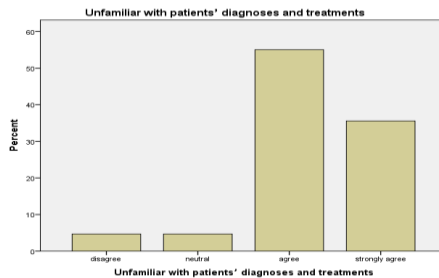


Table no.7 shows the result regarding the Q3. Of the respondents that ,4.7% the respondents were disagree ,4.7 % were neutral ,55 % were Agree and 35% were Strongly agree

**Table 8:**

Worry about poor grades

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	9	6.0	6.0	6.0
neutral	21	14.1	14.1	20.1
Valid Agree	44	29.5	29.5	49.7
strongly agree	75	50.3	50.3	100.0
Total	149	100.0	100.0	

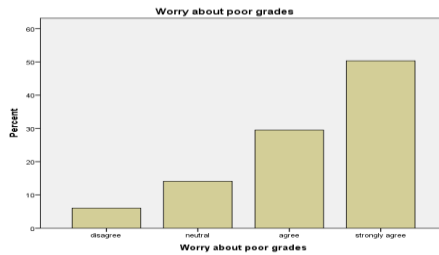


Table no.8 shows the result regarding the Q4. Of the respondents that 6% the respondents were disagree, 14.1% were neutral ,29.5% were Agree and 50.3 % were Strongly agree

**Table 9:**

**Feelings that performance does not meet teachers' expectations**

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	1	.7	.7	.7
Disagree	9	6.0	6.0	6.7
Neutral	9	6.0	6.0	12.8
Agree	53	35.6	35.6	48.3
strongly agree	77	51.7	51.7	100.0
Total	149	100.0	100.0	

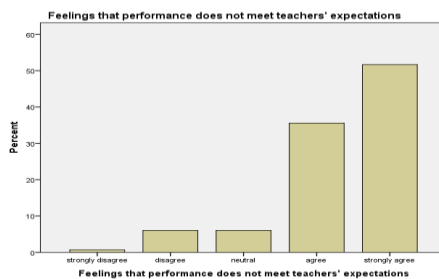


Table no.9 shows the result regarding the Q5. Of the respondents that .7% were strong disagree ,6% the respondents were disagree ,6 % were neutral ,35.6 % were Agree and 51.7 % were Strongly agree

**Table 10:**

**Feelings that dull and inflexible clinical practice affect family/social life**

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	10	6.7	6.7	6.7
neutral	9	6.0	6.0	12.8
Valid Agree	61	40.9	40.9	53.7
strongly agree	69	46.3	46.3	100.0
Total	149	100.0	100.0	

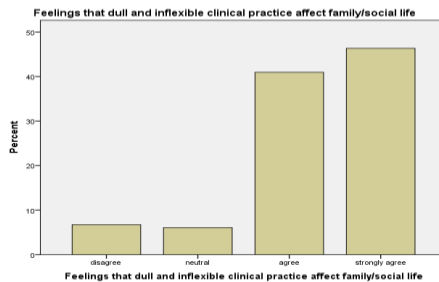


Table no.10 shows the result regarding the Q6. Of the respondents that 6.7 % the respondents were disagree ,6 % were neutral ,41% were Agree and 46.3 % were Strongly agree

**Table11:**

**Feelings that the demands of clinical practice exceed physical and emotional endurance**

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	10	6.7	6.7	6.7
Neutral	25	16.8	16.8	23.5
Valid Agree	77	51.7	51.7	75.2
strongly agree	37	24.8	24.8	100.0
Total	149	100.0	100.0	

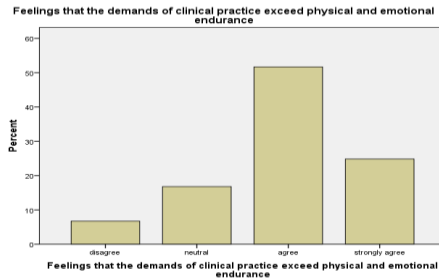


Table no.11 shows the result regarding the Q7. Of the respondents that 6.7 % the respondents were disagree 16.8 % were neutral, 51.7 % were Agree and 24.8 % were strongly agree

Table 12:  
Feelings of stress in the environment where clinical practice takes place

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	3	2.0	2.0	2.0
Disagree	20	13.4	13.4	15.4
Neutral	15	10.1	10.1	25.5
Agree	66	44.3	44.3	69.8
strongly agree	45	30.2	30.2	100.0
Total	149	100.0	100.0	



Table no.12 shows the result regarding the Q8. Of the respondents that 2% were strong disagree ,13.4% the respondents were disagree ,10.1 % were neutral ,44.3% were Agree and 30% were Strongly agree.

**Table 13:**

Unfamiliarity with ward facilities.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	3	2.0	2.0	2.0
Disagree	18	12.1	12.1	14.1
Neutral	11	7.4	7.4	21.5
Agree	73	49.0	49.0	70.5
strongly agree	44	29.5	29.5	100.0
Total	149	100.0	100.0	

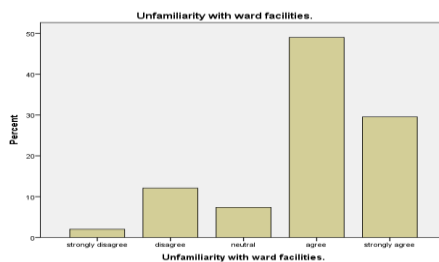


Table no.13 shows the result regarding the Q9. Of the respondents that 2% were strong disagree ,12.1% the respondents were disagree ,7.4 % were neutral , 49% were Agree and 29.5% were Strongly agree

**Table 14:**

Feelings of stress from rapid changes in a patient's condition

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	3	2.0	2.0	2.0
Disagree	24	16.1	16.1	18.1
Neutral	14	9.4	9.4	27.5
Agree	57	38.3	38.3	65.8
strongly agree	51	34.2	34.2	100.0
Total	149	100.0	100.0	

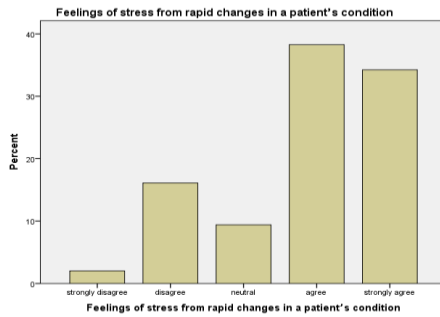


Table no.14 shows the result regarding the Q10. Of the respondents that 2% were strong disagree ,16% the respondents were disagree , 9.4% were neutral ,38.3 % were Agree and 34.2% were Strongly agree

**Table 15:**

**Lack of confidence and inability to decision making enhance stress.**

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	22	14.8	14.8	14.8
neutral	16	10.7	10.7	25.5
Valid Agree	68	45.6	45.6	71.1
strongly agree	43	28.9	28.9	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	

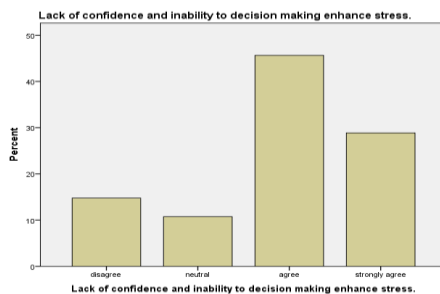


Table no.15 shows the result regarding the Q11. Of the respondents that 14.8 % the respondents were disagree , 10.7% were neutral ,45.6 % were Agree and 28.9 % were Strongly agree



**Table 16:**

Lack of recreational facilities/activities during semester is a source of stress.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	2	1.3	1.3	1.3
Disagree	31	20.8	20.8	22.1
Neutral	21	14.1	14.1	36.2
Agree	44	29.5	29.5	65.8
strongly agree	51	34.2	34.2	100.0
Total	149	100.0	100.0	

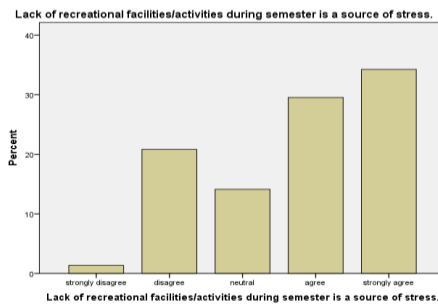


Table no.16 shows the result regarding the Q12. Of the respondents that 1.3 % were strong disagree ,20.8% the respondents were disagree ,14.1 % were neutral ,29.5 % were Agree and 34.2 % were Strongly agree

**Table 17:**

Difficulties with transportation also source of stress.

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	18	12.1	12.1	12.1
neutral	23	15.4	15.4	27.5
Agree	53	35.6	35.6	63.1
strongly agree	55	36.9	36.9	100.0
Total	149	100.0	100.0	

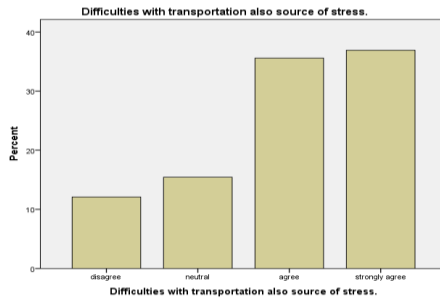


Table no.17 shows the result regarding the Q13. Of the respondents that 12.1 % the respondents were disagree , 15.4% were neutral ,35.6 % were Agree and 36.9 % were Strongly agree

**Table 18:**

**Not enough leisure time creates frustration.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Disagree	11	7.4	7.4	7.4
Neutral	24	16.1	16.1	23.5
Valid Agree	65	43.6	43.6	67.1
strongly agree	49	32.9	32.9	100.0
Total	149	100.0	100.0	



Table no.18 shows the result regarding the Q14. Of the respondents that 7.4% the respondents were disagree ,16.1 % were neutral , 43.6% were Agree and 32.9% were Strongly agree

**Table 19:**

Absence of calm and quite environment in class increases stress level.

	Frequency	Percent	Valid Percent	Cumulative Percent
disagree	22	14.8	14.8	14.8
neutral	17	11.4	11.4	26.2
Valid Agree	70	47.0	47.0	73.2
strongly agree	40	26.8	26.8	100.0
Total	149	100.0	100.0	

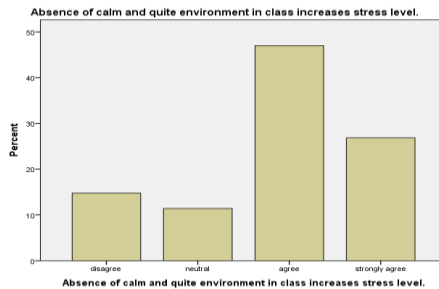


Table no.19 show the result regarding the Q15. Of the respondents that 14.8 % the respondents were disagree 11.4, % were neutral ,47 % were Agree and 26.8 % were Strongly agree

**Table 20:**

Congested clinical class room creates anxiety.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	6	4.0	4.0	4.0
Disagree	26	17.4	17.4	21.5
Neutral	17	11.4	11.4	32.9
Valid Agree	51	34.2	34.2	67.1
strongly agree	49	32.9	32.9	100.0
Total	149	100.0	100.0	

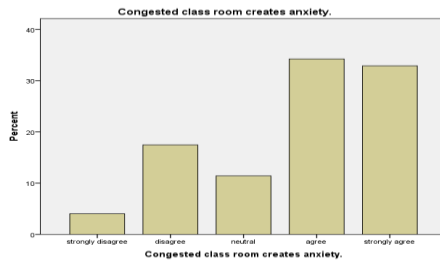


Table no.20 shows the result regarding the Q16. Of the respondents that 4 % were strong disagree ,17.4% the respondents were disagree ,11.4 % were neutral ,34.2 % were Agree and 32.9% were Strongly agree

Table 21:

Congested class room creates anxiety.

	Frequency	Percent	Valid Percent	Cumulative Percent
strongly disagree	6	4.0	4.0	4.0
Disagree	26	17.4	17.4	21.5
Neutral	17	11.4	11.4	32.9
Agree	51	34.2	34.2	67.1
strongly agree	49	32.9	32.9	100.0
<b>Total</b>	<b>149</b>	<b>100.0</b>	<b>100.0</b>	

## DISCUSSION:

The results of this study were in support of the previous researches findings. In this study it was found lack of professional knowledge and skills were assess in different statements and responded are 63.9% and in clinical environment shoes 51.7% this support to the study of (Aedh, A. I., Elfaki, N. K., & Mohamed, I. A. (2015).) show the most stressful clinical settings perceived by nursing students were displayed. The four most stressful clinical settings were: (1) Intensive care unit (ICU) at a rate of (32%), followed by emergency room (ER) (27.5%), and the third stressful area was the surgical units (22.0%), while the least stressful area was

the medical units (18.5 %).stress due to clinical instructor and staffs behavior has great effects 44.3% and co curricular activates has significant effects 43.6% in the study of (Kausar, T., Ali, T. S., & Gul, R. B. (2014) Insufficient time and high amount of workload to complete clinical objectives was identified to be highly associated with stress, which is also being identified by other authors (Burnard *et al.*, 2007; Elcigil and Yildirim Sari, 2007; Salloum, 2008).

In other study shows The Perceived Stress Scale was administered to this population, showing that 73.9% of the students had an average stress position.( Cestari, V. R. F., Barbosa, I. V., Florêncio, R. S., Pessoa, V. L. M. D. P., & Moreira, T. M. M. (2017).)

## **CONCLUSION AND RECOMMENDATIONS:**

This study investigated that there are many causes that can lead stress among nurse's students in clinical areas. Questions were asked from the nurse's students and results were found that the most leading causes of stress are Stress from lack of professional knowledge and skills, Stress from assignments and workload, Stress from clinical environment and Stress from teachers and nursing staff.

Study shows that less frequent causes of stress among nursing students in clinical setting are distraction due to environmental conditions, large variety of new drugs or machines, poor physical environment, poor communication between care team members and uncooperative relationship between manager and nurses students. It is important for the university or colleges to maintain well balanced academic environment conducive for better learning, with the focus on the students' personal needs and consulting teams who analysis the stress levels and make strategies to reduce it.

### **Limitations:**

As a student of BSN and first research experience, there are many weaknesses. Lack of time, limited resources and limited command on research process lead to fewer participants and one setting or college. Causes of stress among nurses students in clinical setting is a very vital issue which needs to be studied by comparing the causes of stress among nurses students of different colleges in private setting and Government . Strategies should be made to reduce the occurrence of stress among nursing students.

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**Questionnaire:**

**Topic:** ASSESSES THE CAUSES OF STRESS' NURSING STUDENTS IN CLINICAL SETTING

Gender \_\_\_\_\_ Age \_\_\_\_\_

Profession \_\_\_\_\_ Institute name \_\_\_\_\_ Date \_\_\_\_\_

The research on "ASSESSES THE CAUSES OF STRESS' NURSING STUDENTS IN CLINICAL SETTING

Your feedback is very important when you fill this questionnaire. All feedback is regarded as confidentially and the process for handing this feedback ensure that confidentiality when I will write up the project report.

You may use all or parts of the questionnaire but no change without permits

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

S#No	Statements	1	2	3	4	5
1.	Unfamiliar with medical history and terms					
2.	Unfamiliar with professional nursing skills					
3.	Unfamiliar with patients' diagnoses and treatments					
4.	Worry about poor grades					
5.	Feelings that performance does not meet teachers' expectations					
6.	Feelings that dull and inflexible clinical practice affect family/social life					
7.	Feelings that the demands of clinical practice exceed physical and emotional					
8.	Feelings of stress in the environment where clinical practice takes place					
9.	Unfamiliarity with ward facilities.					
10	Feelings of stress from rapid changes in a patient's condition					
11	Lack of confidence and inability to decision making enhance stress.					
12	Lack of recreational facilities/activities during semester is a source of stress.					
13	Difficulties with transportation also source of stress.					
14	Not enough leisure time creates frustration.					
15	Absence of calm and quite environment in class increases stress level.					
16	Congested clinical class room creates anxiety					