CHRISTIAN SERVICE UNIVERSITY

FACULTY OF HEALTH AND ALLIED SCIENCES

DEPARTMENT OF NURSING

ANXIETY AND COPING STRATEGIES AMONG NURSING STUDENTS DURING THEIR INITIAL CLINICAL EXPERIENCE.

BY

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF NURSING OF CHRISTIAN SERVICE UNIVERSITY KUMASI, FACULTY OF HEALTH AND APPLIED SCIENCES IN PARTIAL FUFILMENT OF THE REQUIREMENT FOR THE AWARD OF BSC. IN NURSING.

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DECLARATION

We hereby declare that we have wholly undertaken the study reported herein under supervision and that this submission is our own work which, to the best of our knowledge, does not contain works or materials previously published by another author which to a substantial extent has been accepted for the award of any other degree at Christian Service University or any other educational institution, except where due acknowledgement is made in the thesis.

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ABSTRACT

Background: Anxiety during clinical placements can significantly impact nursing students' performance and overall well-being, yet it remains an underexplored area, particularly in low- and middle-income countries like Ghana.

Aim/Objectives: This study aimed to assess the levels of anxiety experienced by nursing students during their first clinical placement and to determine whether these anxiety levels varied based on age and gender.

Methods: This descriptive cross-sectional study employed a structured questionnaire, incorporating a five-point Likert scale to assess three main components of anxiety: Physical Symptoms, Cognitive Symptoms, and Behavioral Symptoms. Mean scores were categorized as follows: 4.2-5.0 as 'Severe Anxiety,' 3.4-4.19 as 'High Anxiety,' 2.60-3.39 as 'Moderate Anxiety,' 1.8-2.59 as 'Mild Anxiety,' and 1.0-1.79 as 'No Anxiety.' Data were analyzed using ANOVA and t-tests to determine significant differences based on age and gender.

Results: The overall mean anxiety score was 3.846, categorized as 'High Anxiety.' The mean scores for Physical Symptoms, Cognitive Symptoms, and Behavioural Symptoms were 4.125, 3.954, and 3.788, respectively, all indicating 'High Anxiety.' There were no statistically significant differences in anxiety levels based on age or gender.

Conclusion: Nursing students experienced high levels of anxiety during their first clinical placement, with physical symptoms being the most prominent. The findings underscore the need for targeted interventions to support nursing students in managing clinical stress effectively, regardless of age or gender.

Keywords: *clinical anxiety, nursing students, clinical placement, stress management, mental health assessment, gender differences, quantitative research.*

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TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

The clinical training of nursing students is essential for developing their skills and competencies. However, clinical settings can be intimidating due to the high-stakes environment, exposure to illness and death, and the pressure to perform under supervision (Turner & McCarthy, 2020). Research indicates that nursing students often experience anxiety during their first clinical experiences, which affects their ability to learn and interact effectively with patients and staff (Alzayyat & Al-Gamal, 2014).

Anxiety is highly prevalent among college students. The top three concerns among students are academic performance, pressure to succeed, and post-graduation plans (Beiter et al., 2015). Nursing education, in particular, has been consistently associated with high levels of anxiety. Contributing factors include heavy course loads, stringent examinations, continued pressure to attain a high-grade point average (GPA) (Chernomas & Shapiro, 2013), complex interpersonal relationships, the challenges of clinical environments (Chen, 2015), and caring for chronically and terminally ill patients (Sancar, 2018). Consequently, nursing students experience greater anxiety than students in other healthcare disciplines.

Clinical training during nursing education has been found to be more stressful than theoretical training (Labrague, 2013; John & Al-Sawad, 2015). Anxiety negatively impacts students' quality of life, education, and clinical practice (Sanad, 2019) and may even lead to program dropout (Rafati, 2017). Additionally, during epidemic or pandemic situations, nursing students face heightened stressors, such as fear of infection. For instance, during the SARS outbreak in Hong Kong (2003), nursing students perceived themselves to be at higher risk of infection (Wong et al., 2004). Similarly, during the MERS outbreak in Saudi Arabia (2016), healthcare students expressed reluctance to work in facilities with inadequate infection control policies (Elrggal et al., 2018).

Research on stress levels among healthcare professionals is an ongoing concern (Thimmapuram et al., 2017). In nursing, stress continues to be a widely studied topic (Adriaenssens et al., 2017). Practical training is reported to be more stressful than academic learning, with perceived lack of knowledge and skills being a major stressor for many students (Yildiz et al., 2014). While nursing students generally do not bear the same level of responsibility for patient care as registered nurses, they are exposed to similar stressors, such as professional relationships, hierarchical structures in hospitals, difficult patient care situations, and interactions with family members, as well as the emotional toll of experiencing patient deaths (Watson et al., 2013).

Anxiety, described as the brain's and body's reaction to demands, can have both positive and negative effects on health and well-being (Fava, 2016). Effective coping strategies are crucial for managing stress and turning highly stressful situations into manageable ones (Chan, 2009; Rowe, 2006). Identified coping strategies include family problem-solving, social support, spiritual practices, self-reliance, transference, avoidance, denial, and substance use (Seyedfatemi et al., 2007; Chan, 2009; Kirkland, 1998).

In Ghana and other parts of Africa, nursing students face unique challenges due to limited resources, cultural expectations, and varying levels of institutional support. In Western countries, despite better resources, students encounter anxiety due to high expectations, patient diversity, and ethical dilemmas (Watson, 2019). Understanding how nursing students cope with anxiety can help educators and institutions develop interventions to enhance the clinical learning experience. Despite the available literature on stress and coping mechanisms, there is a lack of research on

clinical practice-related stress and coping mechanisms among nursing students in Africa, where healthcare resources are limited. The nurse-to-patient ratio in Ghana, reported as 1:1,587 (MoH, 2007), may further influence the clinical experiences of nursing students.

1.2 Problem Statement

Anxiety during the initial clinical experiences of nursing students is a prevalent concern that can significantly impact their professional growth and overall well-being. Elevated anxiety levels may result in impaired decision-making, diminished self-confidence, and compromised patient care outcomes (Jimenez et al., 2020). Despite its widespread nature, limited research has been conducted to compare anxiety and coping strategies among nursing students across diverse cultural and geographical contexts, such as Ghana. This study seeks to address this gap by examining the level of anxiety and the coping mechanisms employed by nursing students in Ghana.

1.3 Objectives of the Study

The objective of this study was to assess the levels of anxiety and the coping strategies employed by nursing students in Ghana during their initial clinical experiences.

1.4 Research Questions

1. What is the level of anxiety among nursing students during their first clinical placement?
2. What are the coping strategies utilized by nursing students during the first clinical placement?
3. Is there a significant relationship between the level of anxiety and coping strategies among nursing students?

1.5 Significance of the Study

This study was significant as it provides insights into the psychological challenges faced by nursing students during clinical training, a critical phase of their education. By identifying the sources of anxiety and coping strategies, this research can inform educators, policymakers, and healthcare institutions on how to support nursing students in Ghana. Additionally, the study's findings could contribute to the development of tailored interventions that address the specific needs of nursing students in Ghana, Africa, and the Western world.

1.6 Limitations of the Study

The study relied on self-reported data, which may introduce bias as students might underreport or exaggerate their levels of anxiety and coping strategies. The study was conducted within a limited timeframe, which may have affected the depth of data collection and analysis, particularly in exploring long-term coping strategies.

1.7 Organization of the Study

This project was grouped into five chapters: Chapter One provided the introduction, background, problem statement, objectives, research questions, significance, scope, limitations, and organization of the study. Chapter Two reviewed existing literature on anxiety and coping strategies among nursing students. Chapter Three discussed the research methodology, including the research design, sampling techniques, data collection, and analysis methods. Chapter Four presented the findings and analysis of the study. Chapter Five offered a summary of findings, conclusions, recommendations, and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Nursing Students and the Clinical Setting

Nursing is a practice-based profession that requires student nurses to be placed in clinical settings to develop their clinical competencies. Dunn and Burnett (2000) describe the clinical learning placement as an interaction of different forces that influences the student's clinical learning outcomes such as the student and ward staff relationships, patient relationships, ward management skills and professional hierarchy and ritual.

Anxiety is increasingly pervasive in college students. The American College Health Association (ACHA) National College Health Assessment (NCHS) monitors trends in student health behaviours, habits, and perceptions. In 2011, when the NCHS began assessing anxiety and its impact, 19.9% of students reported anxiety impacted their academic performance. By 2019, this number had increased to 27.8%. Similarly, in 2011, 49.9% of college students reporting having felt overwhelming anxiety in the past 12 months.

This number increased to 65.7% of students in 2019 (ACHS NCHA, 2011 & 2019). While stress and anxiety continue to be prevalent in college students, an even higher level of these phenomena in nursing students has been supported in the literature for over 40 years (Moots, 2019). In fact, Stecker (2004) found that levels of stress and anxiety in nursing students exceed that of students in other health profession programs, including pharmacy, physical therapy, and even medicine. Anxiety can be crippling for nursing students, with impact on their physical and mental health as

well as academic and clinical performance. (Yaari, & Margalith, 2004). Memory, concentration, and ability to problem solve can all be negatively affected by stress, fear, and anxiety (Shaban, Khater, & Akhu-Zaheya, 2012).

Additionally, these phenomena can have devastating effects on student's ability to communicate with patients, families, peers, and other health professionals and can impair skill performance, all of which threaten patient safety (Myers, 2017). A number of factors can contribute to anxiety in nursing students, but time and again clinical experiences/the clinical environment have been identified as a significant source of stress and anxiety (Melo, Williams, & Ross, 2010; Moscaritolo, 2009; Simpson & Sawatzky, 2020). In the clinical setting, students must think critically and apply clinical judgment in real time, often for patients who are acutely ill and in high-stakes situations. Students at all levels were pulled from clinical, often abruptly, and clinical experiences were replaced with a variety of patient-care activities to try to meet course objectives (Simpson & Sawatzky, 2020). While many faculties have worked tirelessly to provide sound clinical-like experiences for their students, this change in clinical learning is certain to cause additional stress for students, especially when they return to the clinical setting. They will have had less exposure to patients, less time to develop therapeutic communication, and less opportunities to practice key assessments and skills—all of which can contribute to fear and anxiety related to clinical experiences.

The first step to addressing student anxiety related to their clinical placement is understanding it. Simpson & Sawatzky (2020) studied the concept and defined clinical placement anxiety as: a vague perceived threat to a student's goals or expectations in clinical practice, due to the presence

of stressors, including unfamiliar environments or situations, resulting in psychological, physiological, and behavioral responses, and which, in turn may have a negative impact on the student's clinical outcomes. The contextual considerations which contribute to clinical placement anxiety can vary by the stage of education.

2.1 Clinical Placement in Ghana

Papastavrou et al (2016) study asserted that it was paramount that students had positive learning experiences during clinical placement. In another study conducted in Ghana by Atakro & Gross, (2019), it was found that nursing students had the opportunity to see varieties of clinical conditions and used complex medical equipment which made their experiences positive during clinical placement.

In contrast, Adjei et al (2018) in a study to determine the experiences of students' nurses regarding intra-semester clinical placement in Ghana, found out that clinical placement was stressful, and this affected students' academic performance. Asirifi et al, (2017) commented that to ensure patient safety and build competency levels of student nurses it was paramount to facilitate effective clinical supervision and teaching to meet the needs of the students. There is the need for institution and hospital-based partnership approach for clinical teaching to enhance readiness of nursing graduates to work after schooling (Patterson, Boyd & Mnatzaganian, 2017).

University nursing lecturer s, clinical instructors and clinical preceptors need to continue to give practical teaching support to students and to clinical nursing staff involved in clinical practice

teaching (Leonard, McCutcheon & Rogers, 2016). Grealish and Smale (2011) claim that there is greater chance of nursing students having positive learning experiences during clinical placement if there is an effective collaboration between all stakeholders in nursing education. Gaining insight into the content of assessment during clinical placement is very important for students because student learning process is highly dependent on feedback and students' ability to own their learning (Vae, Engstrom, Martensson & Lofmark, 2018).

Feedback to students are supposed to be constructive and supportive (Vae, Engström, Mårtensson, & Löfmark, 2018). Existing literature on student nurses' experiences with clinical placement has shown both positive and negative experiences. Atakro & Gross (2019) found that nursing students who had the opportunity to see varieties of clinical conditions and used complex medical equipment made their experiences positive during clinical placement.

Some negative experiences reported during clinical placement include stress, lack of professional knowledge and skills during clinical practice, anxiety due to fear, self-doubt, poor teacher behaviour, theory-practice gap, inadequate clinical supervision, lack of clarity with professional role and emotional challenges with certain types of nursing care (Weurlander et al, 2018; Jamshidi, Molazem et al, 2016). To ensure patient safety and build competency levels of student nurses, it is paramount to facilitate effective clinical supervision and teaching to meet their learning needs (Weurlander et al, 2018).

2.2 Anxiety among students during clinical placement

Some student nurses experience higher levels of stress during clinical placement experiences as compared to learning during classroom or lab experiences (Shipton, 2002). Anxiety is a major obstacle to learning in the clinical setting (Becker and Neuwirth, 2002) that may result in students being unable to perform (Schmeiser and Yehle, 2001) and impairs cognition while trying to perform in the clinical training (Meisenhelder, 1987).

It is well-known that anxiety has a negative impact on one's health and well-being (American Psychiatric Association, 2013). Nursing students experience an enormous amount of stress and anxiety during their academic studies (Macauley et al., 2018). Students affected by anxiety are at increased risk for poor academic and clinical performance outcomes, as well as decreased well-being (Chernomas and Shapiro, 2013; Macauley et al., 2018).

Moreover, several researchers have found that most anxiety experienced by nursing students is attributed to their clinical placement experiences (Chernomas and Shapiro, 2013; Kleehammer et al., 1990; Nolan, 1998). Sharif and Armitage (2004) found that most participants experienced clinical anxiety. Benner et al. (2009) identified several challenges that students face when exposed to new or unfamiliar clinical settings.

For example, a student's focus may shift from gaining clinical experience to concerns about personal insufficiencies. Feeling incompetent or overwhelmed by the clinical placement may result in incapacitating anxiety (Benner et al., 2009). Therefore, it is essential to understand the factors that influence clinical placement anxiety and to develop strategies to reduce these factors so that

students can successfully integrate into the nursing profession and become proficient novice nurses.

2.3 Anxiety

In lay terms, while Merriam-Webster's dictionary (2019) defines anxiety generically as: "apprehensive, uneasiness or nervousness usually over an impending or anticipated ill" (para. 1), the Oxford University Press (2019) uses the terms of worry, nervousness, and unease, as well as the notion of uncertain outcome to define anxiety. In medical terms, Stedman (2005) defines anxiety as "Apprehension of danger and dread accompanied by restlessness, tension, tachycardia, and dyspnea. Anxiety, a form of stress, is a prominent issue in undergraduate education. The evidence of anxiety impeding learning and performance among students is well-documented in the literature (Jimenez et al., 2010).

In particular, nursing students show significantly higher levels of anxiety and more psychological and physical symptoms than their cohorts in other health-related disciplines and in the general population (Jimenez et al., 2010; Wedgeworth, 2016). Integral to the nursing education curriculum, clinical practicum experiences prepare students to transition into the professional nurse role as they acquire nursing practice competence by employing skills, knowledge and judgment learned from the classroom. Students are often rotated through a variety of settings in different organizations throughout their academic careers.

However, due to the complexity of the clinical environment, numerous studies have reported that nursing students regard the practicum experience as one of the most anxiety-inducing aspects of

the nursing curriculum (Jimenez et al., 2010; Melo et al., 2010). This is of particular concern because practicum-associated anxiety can lead to not only ineffective learning, performance, and health outcomes, but also increased burnout and attrition rates in nursing schools (Cogburn et al., 2015; Melo et al., 2010).

It is well-documented in the literature that nursing students experience high levels of anxiety as they must not only manage academic, social, and personal challenges related to attending university, but also need to deal with additional demands associated with clinical practicums (Chernomas and Shapiro, 2013; Timmins et al., 2011).

2.4 Factors causing anxiety in clinical placement

High-pressure situations in nursing clinical placements can significantly affect students' performance and mental well-being. McGann, S., & Barlow, J. (2018) indicates that research indicates that the transition from classroom learning to real-world clinical environments often leads to increased anxiety and stress due to the demands of patient care and the fast-paced nature of healthcare settings.

According to Ben Natan., et al (2015) One study highlights the importance of developing coping strategies to manage stress effectively. Techniques such as mindfulness, time management, and

seeking support from peers and mentors can help students navigate these challenging situations. Another article emphasizes the role of simulation training, which allows students to practice skills in a controlled environment, thereby boosting their confidence and preparedness for real clinical encounters (McCarthy, V. L., & Murphy, M. (2010).

Barlow (2018) states that, the fear of making mistakes is prevalent among nursing students during their initial clinical placements, often leading to heightened anxiety and stress. Studies have shown that this fear can stem from various factors, including the pressure to perform well in hands-on situations, the responsibility of patient care, and the expectations set by educators and peers. For instance, research by McGann and Barlow (2018) indicates that this fear can negatively impact students' learning experiences, leading to avoidance behaviors and reduced engagement in clinical activities. To address this fear, several coping strategies have been identified.

One effective approach is the use of simulation training, which allows students to practice clinical skills in a controlled environment without the fear of real-life consequences. Ben Natan et al. (2015) highlight that simulation provides a valuable opportunity for students to make mistakes, learn from them, and build their confidence before entering actual clinical settings. This

experiential learning can significantly reduce anxiety and enhance students' preparedness for real patient interactions.

Moreover, fostering a supportive educational environment is crucial for alleviating fears associated with clinical placements. Open communication between students and instructors can create a safe space for discussing concerns and seeking guidance. Research by McCarthy and Murphy (2010) emphasizes the importance of mentorship and support in helping students navigate their fears, ultimately promoting a more positive and effective learning experience.

The pressure to perform well in clinical settings is a significant concern for nursing students, particularly during their initial placements. This pressure often arises from the dual expectations of instructors and patients, creating a challenging environment for students who are still developing their clinical skills. According to research by Smith et al. (2019), students frequently report feeling anxious about demonstrating competence in front of instructors, fearing negative evaluations that could impact their academic and professional futures.

The implications of this pressure can be profound. Studies indicate that high levels of stress can hinder students' ability to learn and apply clinical skills effectively. For instance, a study by Jones and Brown (2020) found that students who perceived high performance pressure were more likely

to experience anxiety, which in turn affected their confidence and willingness to engage in patient care activities. This cycle of anxiety and avoidance can lead to a reduced learning experience and impact overall clinical competence.

To mitigate the effects of performance pressure, several strategies have been suggested. Creating a supportive learning environment where instructors provide constructive feedback rather than punitive evaluations can help reduce anxiety. Additionally, incorporating peer support systems and mentorship programs can foster a sense of community and shared learning among students. Research by Taylor and Hudson (2021) emphasizes the importance of these supportive measures in enhancing students' confidence and performance in clinical settings.

2.5 Anxiety in Nursing Students

Anxiety is a common psychological response among nursing students, especially during their initial clinical experiences. Clinical settings are often unfamiliar and intense, exposing students to complex and high-stakes situations for the first time. Research has shown that nursing students experience heightened anxiety during clinical placements due to factors such as fear of making mistakes, dealing with patients, and interacting with experienced healthcare professionals (Jimenez et al., 2020). This anxiety can stem from multiple factors, such as fear of making

mistakes, unfamiliarity with medical equipment, and concerns about interacting with patients (Smith et al., 2020). Studies suggest that anxiety can have both psychological and physical manifestations, including increased heart rate, sweating, and feelings of dread (Brown & Johnson, 2019).

According to a study by Taylor et al. (2021), about 60% of nursing students report experiencing moderate to severe anxiety during their initial clinical experiences. A startup in the University of Oxford, United Kingdom, reports that anxiety disorders affect 3.8% of the world population, approximately 284 million people (*Dattani & Ritchie, 2021),* and for this reason, anxiety disorders are considered the disease of the 21st century (*McNaughton, 2019).* Anxiety is highly prevalent among college students. The top three concerns among students are academic performance, pressure to succeed, and post-graduation plans (Beiter et al., 2015).

Nursing education has consistently been associated with anxiety among students. Heavy course loads, stringent examinations, continued pressure to attain a high grade point average (Chernomas & Shapiro, 2013), complex interpersonal relationships, challenges of the clinical environment ((Chen, 2015), caring for chronic and terminally ill patients (Sancar et al., 2018) result in greater anxiety among nursing students than among students from any of the other healthcare disciplines. Furthermore, it has been found that the clinical training taking place during nursing education is more stressful than the theoretical aspect (Labrague, 2013). Anxiety has a negative effect on the

quality of students' life, their education and clinical practice (Sanad, 2019) and may cause drop out from the nursing program (Rafati, 2017).

During an epidemic/pandemic state, nursing students are exposed to additional stressful factors, such as fear of being infected. A study conducted among nursing students during the Severe acute respiratory syndrome (SARS*)* outbreak in Hong-Kong showed that nursing students perceived themselves to be at higher risk of infection (Wong, 2004). Similarly, in a study from Saudi-Arabia during the Middle East respiratory syndrome (MERS) outbreak (2016), healthcare students expressed their reluctance to work in healthcare facilities with inadequate MERS infection control isolation policies (Elrggal, 2018).

Higher stress level during the MERS outbreak in South Korea was found to be negatively associated with intention to provide care for patients with a newly emerging infectious disease in the future (Oh et al., 2017). Coping with anxiety and stress is extremely important regarding the influence anxiety and stress will have on health. During the SARS outbreak in 2003 in Taiwan, nurses involved with the care of SARS patients suffered from a high incidence of depression (39%), insomnia (37%), and post-traumatic stress (33%), while a positive attitude toward taking care of patients with SARS was a protective factor against acute stress (Su et al., 2007).

The psychological problems experienced by nursing students may have negative impacts on their quality of life, learning, academic performance, and clinical practice performance (Chernomas, 2013). The psychological problems experienced by nursing students may have negative impacts on their quality of life, learning, academic performance, and clinical practice performance

2.6 Causes of Anxiety in Initial Clinical Experiences

Anxiety is a common response experienced by both healthcare professionals and patients within clinical settings. Understanding the causes of anxiety in clinical experiences is crucial for developing effective interventions and support mechanisms. The following sections outline various factors contributing to anxiety in clinical practice, citing relevant literature.

Fear of Failure. Many students worry about making mistakes or failing to meet the expectations of their supervisors and mentors, which can significantly increase anxiety levels (Smith & Jones, 2019). The high-pressure environment of clinical practice can lead to concerns about competence, which may impact decision-making and overall job satisfaction (Murray et al., 2019). In the clinical environments, the possibility of making an error, especially when dealing with critically ill patients, can create intense anxiety.

Studies have shown that healthcare professionals, particularly those early in their careers, fear the repercussions of mistakes, including harm to patients, damage to their professional reputation, and potential legal consequences (Vanderboom et al., 2020). This fear is often compounded by the complexity of clinical decision-making and the fast-paced nature of healthcare (Huang et al., 2020). A study by Dyrbyte et al. (2017) found that medical and nursing students frequently report anxiety stemming from self-doubt and feelings of incompetence.

The transition from theory to practice in clinical settings can be overwhelming, as students are expected to apply their knowledge in real-life scenarios under the supervision of experienced professionals. This performance pressure often triggers anxiety (Kötter et al., 2016).

Perfectionism is another factor that contributes to the fear of failure in clinical experiences. Healthcare providers and students often set unrealistic standards for themselves, striving for perfection in every task. When these expectations are not met, it can lead to feelings of failure and increased anxiety (Henning et al., 2015).

Frequent assessments, such as clinical rotations, practical exams, and supervisor feedback, can create anxiety about not meeting the required standards (Shaban et al., 2012). The fear of being judged by peers and supervisors can exacerbate these feelings, leading to a sense of inadequacy and failure (Huang et al., 2020). Chronic anxiety related to fear of failure can lead to burnout, depression, and reduced job satisfaction. Research shows that healthcare professionals who experience high levels of anxiety are more likely to suffer from emotional exhaustion and disengagement from their work (Murray et al., 2019).

Patients may experience anxiety due to fear of the unknown regarding their diagnosis, treatment options, and potential outcomes. Similarly, healthcare providers may feel anxious about their ability to communicate effectively with patients, especially in high-stakes situations (López et al., 2019). Miscommunication can exacerbate patient anxiety and hinder the therapeutic relationship (McCarthy et al., 2018).

Unfamiliar Environment. Students are often anxious about navigating a new environment with unfamiliar equipment and procedures. The pressure to adapt quickly can be overwhelming (Brown et al., 2021). The clinical environment can significantly influence anxiety levels. Factors such as noise, overcrowding, and lack of privacy can create a stressful atmosphere for both patients and healthcare providers. For example, studies have shown that high levels of noise in hospitals can lead to increased anxiety and stress among patients, impacting their overall experience and recovery (Miller et al., 2016).

The fear of making mistakes in a high-stakes environment, where patient lives are directly affected by their actions, can intensify anxiety. This pressure to perform competently while adjusting to unfamiliar surroundings is a significant source of stress for many students (Murray et al., 2019). Studies have shown that nursing and medical students frequently report feelings of anxiety when transitioning from the classroom to clinical placements due to the abrupt change in expectations and responsibilities (Shaban et al., 2012).

The lack of hands-on experience with devices such as ventilators, IV pumps, and monitoring systems can worsen anxiety, as students fear using these tools incorrectly or failing to follow protocols (Melincavage, 2011). They may feel intimidated by the presence of senior healthcare providers, which can lead to difficulties in asking questions or seeking help when needed (McKenna & Newton, 2012). This unfamiliar work culture, where they must quickly adapt to roles and responsibilities within a team, can heighten stress levels, as students feel the pressure to meet expectations while navigating interpersonal dynamics (Melincavage, 2011).

The constant need to adapt to different clinical settings without prior familiarity can lead to anxiety. Studies have found that students placed in unfamiliar and diverse clinical environments often report higher stress levels due to the need for rapid adjustment to each new context (Henderson et al., 2010). The unfamiliar environment not only affects students' emotional well-being but can also impede their learning and clinical performance. Research indicates that anxiety stemming from unfamiliar surroundings can impair cognitive functions, such as memory and decision-making, which are crucial for effective clinical practice (Papp et al., 2014).

Interpersonal Relationships. Clinical placements require students to interact with patients, their families, and other healthcare providers. The fear of negative evaluations or criticism can contribute to feelings of anxiety (Lee & Kim, 2022). Peer relationships provide an essential source of emotional and practical support for nursing students during clinical experiences. Students who have strong, supportive relationships with their classmates often report lower levels of anxiety, as peers can offer encouragement, share knowledge, and help in navigating clinical challenges together (Labrague et al., 2017).

Collaborative learning, which involves peers discussing clinical experiences, can help students gain different perspectives on patient care, reducing feelings of uncertainty and inadequacy that often contribute to anxiety (Deasy et al., 2014). However, peer competition or lack of solidarity can increase stress levels. Nursing students who feel isolated or perceive their peers as competitors may experience heightened anxiety and use maladaptive coping mechanisms such as avoidance (Timmins & Kaliszer, 2002).

In contrast, students who cultivate positive peer relationships tend to use more problem-focused coping strategies, enhancing their clinical competence and confidence (Gurková & Zeleníková, 2018). The relationship between nursing students and their clinical instructors is a significant factor influencing anxiety levels during clinical training. Instructors serve as role models, guides, and evaluators, and their feedback can profoundly affect students' self-efficacy and anxiety. Supportive and approachable instructors tend to reduce students' clinical anxiety by providing reassurance, constructive feedback, and encouragement (Chan, 2002).

Conversely, critical or unsupportive instructors can increase students' fear of failure and contribute to heightened anxiety (Gibbons et al., 2011). Students may feel scrutinized or judged harshly, leading to a negative self-perception and diminished clinical performance. Such interactions can result in emotional withdrawal or avoidance, further hindering the learning process (Levett-Jones et al., 2009). Interactions with clinical staff, such as nurses and other healthcare professionals, also affect the anxiety levels of nursing students.

Supportive and inclusive staff can help students feel more comfortable in the clinical environment, reducing their anxiety about fitting into the professional setting and performing clinical tasks (Levett-Jones et al., 2009). However, negative relationships with clinical staff characterized by hostility, indifference, or lack of communication can increase anxiety levels. Students who experience exclusion or feel unwelcome in the clinical environment may doubt their abilities and feel overwhelmed by the demands of patient care, resulting in higher stress (Chan, 2002). Such

nvironments can discourage students from asking questions or seeking help, leading to feelings of incompetence and helplessness (Labrague et al., 2017).

The interpersonal dynamics between nursing students and patients also play a significant role in shaping the anxiety experienced during clinical placements. Establishing rapport with patients can be a source of stress, particularly when students encounter difficult or uncooperative patients (Labrague et al., 2017). Nursing students, especially those in their initial clinical experiences, may feel unsure about how to communicate effectively with patients or handle their emotional and physical needs. This uncertainty can lead to anxiety about performing patient care tasks correctly and compassionately (Deasy et al., 2014).

On the other hand, positive interactions with patients, where students feel they are providing meaningful care, can reduce anxiety and boost self-confidence. Patients who express gratitude or trust in student nurses can reinforce the students' sense of competence and fulfillment, providing an emotional reward that mitigates stress (Gurková & Zeleníková, 2018). Effective communication in interpersonal relationships is key to managing anxiety during clinical training. Students who feel able to communicate openly with peers, instructors, and clinical staff are more likely to use adaptive coping strategies, such as seeking advice, sharing concerns, and discussing clinical challenges (Timmins & Kaliszer, 2002). Conversely, poor communication or misunderstandings can exacerbate stress and lead to feelings of isolation and frustration, increasing anxiety (Gibbons et al., 2011).

Academic Pressure. Nursing students are aware that their clinical performance impacts their overall academic standing, which adds another layer of pressure (Garcia & Davis, 2023). Student nurses face multiple sources of academic pressure, including heavy workloads, high expectations from faculty, and the need to achieve clinical competencies. Research indicate that this pressure can lead to elevated stress and anxiety levels, affecting both academic performance and mental health (Hawker et al., 2021).

High levels of academic pressure are directly linked to increased anxiety and mental health issues among nursing students. A meta-analysis revealed that nursing students experience higher rates of anxiety compared to their peers in other academic fields (Labrador et al., 2020). Anxiety resulting from academic pressure can adversely affect clinical performance.

Research shows that anxious students may struggle with decision-making, communication, and critical thinking during clinical encounters (Huang et al., 2023). But the use of effective coping strategies is essential in managing academic pressure. Students who employ adaptive coping mechanisms, such as seeking social support or practicing mindfulness, tend to experience lower levels of anxiety and better academic outcomes (Sakraida et al., 2020). Also, Support from faculty and peers is critical in alleviating academic pressure. A strong support system can provide emotional and practical assistance, reducing feelings of isolation and stress (Tzeng & Yin, 2022).

Emotional Burden of Patient Care. Healthcare professionals frequently encounter emotionally charged situations, such as dealing with terminally ill patients or providing care during crises. Research indicates that regular exposure to such situations can heighten levels of anxiety and

burnout among healthcare workers (Dyrbye et al., 2017). Healthcare providers may experience feelings of helplessness, sadness, and frustration when they are unable to improve a patient's condition.

Studies have shown that nurses and other healthcare providers who regularly work with dying patients are at a higher risk of experiencing anxiety and burnout (Sabo, 2011). While empathy is a crucial aspect of therapeutic communication, consistently engaging emotionally with patients can lead to compassion fatigue, a condition characterized by emotional exhaustion and anxiety. Over time, compassion fatigue can impair the provider's ability to offer effective care, as the cumulative emotional burden of patient care overwhelms their coping mechanisms (Harris & Griffin, 2015). Research indicates that prolonged exposure to emotionally charged situations can increase anxiety levels and negatively affect mental health (Sampson et al., 2016). The need to suppress personal emotions while managing the emotional needs of patients can create a significant internal conflict, contributing to anxiety (Hinderer et al., 2014).

This balancing act is particularly challenging in emotionally charged situations, such as delivering bad news or managing a patient's end-of-life care. The emotional burden of these situations, coupled with the fear of saying or doing the wrong thing, can heighten anxiety and stress (Harris & Griffin, 2015). Anxiety resulting from emotional exhaustion can lead to decreased job satisfaction, burnout, and even decisions to leave the profession. Studies show that healthcare workers experiencing emotional burnout are more likely to make clinical errors, further exacerbating their anxiety (Dyrbye et al., 2017).

Workload and Time Pressure. Heavy workloads and time constraints are common in clinical settings and can contribute to anxiety. Healthcare providers often face high patient volumes, leading to increased stress and feelings of being overwhelmed. Time pressure can hinder the ability to provide thorough patient care, resulting in anxiety related to performance and patient safety (Huang et al., 2020).

This relationship between workload and anxiety highlights the need for adequate staffing and resources in clinical environments. According to Shin et al. (2018) nurses working in environments with high patient loads are more likely to experience burnout and anxiety due to the constant pressure to balance multiple tasks simultaneously. This workload-induced stress is particularly prevalent in emergency and critical care settings, where patient acuity is high (Bogaert et al., 2013).

Healthcare professionals are often required to complete a wide range of tasks in a short amount of time, including administering medications, performing assessments, and documenting care. The pressure to complete these tasks quickly, while maintaining accuracy and quality, can create significant stress (Weigl et al., 2017).

In addition to direct patient care, healthcare providers must also manage administrative tasks such as charting, billing, and compliance with regulatory requirements. This paperwork adds to their already heavy workload, leaving less time for patient interaction and increasing time pressure. A study by Adler et al. (2017) found that nurses and physicians reported spending more time on administrative duties than on direct patient care, which contributed to higher levels of anxiety and

burnout. The combination of fatigue and workload pressure can increase the risk of errors and heighten anxiety (Steege & Rainbow, 2017).

Additionally, the lack of adequate recovery time between shifts can lead to chronic stress and long-term psychological consequences, such as burnout and depression (Garcia et al., 2019). Multitasking is a common aspect of healthcare work, as providers must juggle multiple responsibilities at once. However, frequent interruptions, such as phone calls, patient requests, and emergencies, can disrupt the workflow, making it difficult to complete tasks efficiently. This constant juggling of tasks, combined with the pressure to avoid errors, can increase anxiety levels (Weigl et al., 2017).

2.7 Impact of Anxiety on Nursing Students

Anxiety can affect nursing students' performance, learning, and overall well-being. High anxiety levels can impair decision-making, reduce attention to detail, and lead to mistakes. Prolonged anxiety may also contribute to burnout and decreased motivation to continue in the nursing program (Miller & Lee, 2019). In some cases, anxiety can lead to physical symptoms such as headaches, fatigue, and insomnia, further hindering students' ability to function effectively in clinical settings (Johnson et al., 2020). The transition from theoretical learning to practical, hands-on patient care can be overwhelming, leading to heightened anxiety levels. This anxiety can manifest in various ways, including cognitive, emotional, and physical responses, all of which can impair students' performance, learning, and overall well-being.

Impaired Learning and Skill Acquisition

One of the most profound impacts of anxiety on nursing students is the impairment of learning and skill acquisition. Anxiety can interfere with cognitive processes, such as concentration, memory, and decision-making, which are crucial for learning in clinical environments. Anxiety can reduce students' self-confidence, making them second-guess their actions and decisions (Chan, 2013). This decreased self-confidence may also lead to avoidance of certain tasks or reluctance to engage fully in patient care, further impeding their learning and development.

Anxiety related to fear of failure may cause students to become overly cautious or hesitant in performing procedures, leading to decreased efficiency and increased stress (Papastavrou et al., 2016). The pressure to avoid mistakes and perform competently can make clinical training a stressful experience, limiting opportunities for growth and skill development. High levels of anxiety may lead to difficulties in communicating with patients, peers, and supervisors, potentially hindering the development of essential communication and teamwork skills (Zhao et al., 2015). This social isolation can result in reduced opportunities for mentorship and collaboration, further impacting students' learning experiences and their transition into professional practice.

2.8 Coping Strategies for Managing Anxiety

Coping strategies are essential for helping nursing students manage their anxiety and succeed in clinical settings. The literature identifies several coping strategies, which can generally be classified into three categories: problem-focused coping, emotion-focused coping, and avoidance coping.

Coping strategies are defined as the cognitive and behavioral efforts individuals employ to manage specific internal or external demands that are appraised as taxing or exceeding their resources (Lazarus & Folkman, 1984). According to Carver & Scheier (1989) coping strategies refer to the processes and actions taken by individuals to deal with stressful or challenging situations. These strategies can be problem-focused, aimed at addressing the source of stress, or emotion-focused, aimed at regulating the emotional response to stress. In this study, coping strategies are defined as the specific behavioral and cognitive actions that nursing students consciously use to manage the stress and anxiety encountered during clinical experiences.

Coping with anxiety and stress is extremely important regarding the influence anxiety and stress will have on health. The latest research studying coping strategies of nurses and nursing students during the covid-19 pandemic in China has shown that nurses used problem-focused coping methods more than nursing college students who choose immature or negative coping strategies (Huang et al., 2020).

Problem-Focused Coping: This strategy involves taking active steps to address the source of anxiety, such as seeking additional information, practicing skills, and asking for help from mentors or peers. Studies show that problem-focused coping is associated with lower levels of anxiety and higher levels of satisfaction in clinical placements (Walker et al., 2021). Nursing students often feel anxious due to a lack of experience or fear of making mistakes. By reaching out to more experienced nurses or clinical instructors for advice and support, students can gain clarity on clinical procedures, receive feedback, and improve their skills. Research have shown that strong

mentorship and support systems can significantly alleviate stress in clinical environments and enhance learning outcomes (Chesser-Smyth & Long, 2013).

Another critical problem-focused coping strategy is the continuous improvement of clinical skills and knowledge. Nursing students often experience anxiety due to perceived incompetence in clinical skills. By identifying areas where they feel less confident and working to improve those skills through practice, students can directly address the source of their anxiety. For example, regularly practicing clinical procedures, participating in simulation exercises, and reviewing clinical guidelines help students build confidence and competence (Shaban et al., 2012).

Again, nursing students often feel anxious when they are unsure of how to communicate effectively in challenging situations, such as delivering difficult news or handling a patient's emotional distress. By focusing on improving their communication skills through role-playing, feedback, and real-life practice, students can enhance their ability to handle these situations. Clear communication reduces misunderstandings, builds stronger relationships with patients and healthcare teams, and minimizes anxiety (Zhao et al., 2015). Problem-solving is at the core of problem-focused coping. Nursing students in clinical settings mostly encounter unpredictable situations that require quick and efficient decision-making.

Learning how to analyze problems, consider various solutions, and implement the most effective course of action is a critical way to manage anxiety. Students who are equipped with problem-solving skills are better able to handle the stressors that arise in clinical settings, leading to improved confidence and lower anxiety (Rafati et al., 2017). Encouraging students to develop

critical thinking and decision-making skills through case studies and clinical simulations can significantly reduce their clinical stress.

Emotion-Focused Coping: Emotion-focused coping involves managing the emotional response to anxiety rather than addressing the source. Techniques include relaxation exercises, meditation, and self-affirmation. Emotion-focused strategies can be effective in reducing immediate anxiety, though they may not address underlying causes (Parker & Smith, 2020). Nursing students normally find themselves in emotionally challenging situations, such as dealing with critically ill patients or witnessing traumatic events. Seeking emotional support from peers, instructors, family, or friends can provide a safe space for students to express their feelings and process their experiences.

Engaging in peer support groups also allows students to share their experiences and gain perspective, helping them to manage anxiety more effectively (Ponto et al., 2015). Also, relaxation techniques such as deep breathing, meditation, and mindfulness are widely recognized as effective emotion-focused coping strategies. Studies indicate that nursing students who regularly practice relaxation techniques report lower levels of clinical anxiety and an improved ability to manage stress (Van der Riet et al., 2015).

Clinical placements often come with long hours, emotional fatigue, and physical exhaustion, all of which can exacerbate anxiety. Engaging in self-care activities helps nursing students replenish their emotional and physical energy, reducing anxiety and improving overall well-being (McGillivray & Pidgeon, 2015). Regular physical activity, in particular, has been linked to lower anxiety levels, as it helps reduce stress hormones and improve mood (Baldwin et al., 2017). As a

nursing student, considering positive reframing, or cognitive restructuring, help shape one's perception of a stressful situation to see it in a more positive or manageable light. This can involve viewing clinical challenges as opportunities for learning rather than threats of failure. Cognitive restructuring has been shown to be effective in reducing emotional distress and fostering resilience among nursing students during clinical placements (Bennett, 2015). By focusing on what they can learn from mistakes, students can reduce fear and enhance their emotional coping capacity. Expressing emotions through writing or journaling is another effective emotion-focused coping strategy. Journaling allows nursing students to reflect on their clinical experiences, process their emotions, and gain insight into their feelings of anxiety. Studies suggest that students who engage in reflective journaling during clinical training report lower levels of anxiety and improved emotional well-being (Langley & Brown, 2014).

Avoidance Coping. Some students cope with anxiety by avoiding or minimizing engagement with stressful situations. While this can provide temporary relief, avoidance coping is generally associated with negative outcomes, such as increased anxiety and lower clinical performance (Evans & Cooper, 2019). While avoidance coping may offer temporary relief from anxiety, research shows that this strategy can ultimately lead to increased stress, poorer performance, and delayed emotional and professional development.

In clinical settings, students may cope with this fear by avoiding complex tasks such as administering medications, performing invasive procedures, or handling difficult patients. While avoidance may seem like an easy way to manage anxiety, it can hinder learning and skill

acquisition (Turner & McCarthy, 2017). Another form of avoidance coping seen among nursing students is the withdrawal from patient care responsibilities. Students may distance themselves emotionally or physically from patients, especially those in critical or emotionally charged situations. This withdrawal is often driven by feelings of incompetence, fear of making errors, or discomfort with patient suffering. However, this coping mechanism not only affects students' learning but also impacts patient care, as it can lead to missed opportunities for hands-on practice and skill development (Larson et al., 2010).

Studies have shown that nursing students who use avoidance strategies are more likely to experience persistent anxiety and lower clinical performance (Yehia et al., 2016). Procrastination and distraction are common avoidance behaviors used by nursing students to delay or escape from anxiety-provoking situations. Additionally, students may engage in non-productive activities, such as excessive use of social media, watching television, or other distractions, to avoid confronting their anxiety. However, this type of avoidance often results in increased stress, as deadlines and clinical challenges remain unresolved (Yehia et al., 2016).

While avoidance coping might offer short-term relief from anxiety, it has a detrimental impact on learning and professional development. Nursing students who rely on avoidance coping are less likely to engage in reflective learning, which is essential for improving clinical skills and developing critical thinking (Labrague et al., 2017). Avoidance of challenging experiences also prevents students from receiving feedback from clinical instructors, which is crucial for skill

improvement and professional growth. Over time, avoidance coping can lead to poor academic and clinical outcomes, increased stress, and a lower sense of accomplishment (Yehia et al., 2016).

Rather than using avoidance strategies, nursing students should be encouraged to adopt more constructive coping mechanisms, such as problem-focused or emotion-focused coping. Seeking mentorship, practicing mindfulness, and engaging in reflective practices are effective alternatives that can help students manage their anxiety in a healthier manner. Developing coping strategies that involve confronting stressors rather than avoiding them promotes resilience, builds confidence, and leads to better clinical outcomes (Del Prato et al., 2011).

2.9 Factors Influencing Coping Strategies

Several factors influence the choice of coping strategies among nursing students, including personality traits, social support, and previous experience in clinical settings.

Personality Traits. Individual differences, such as resilience and self-efficacy, can influence coping strategies. Students with high resilience are more likely to use problem-focused coping strategies (Thompson & Garcia, 2022). Nursing students who possess higher levels of resilience and emotional stability exhibit lower levels of anxiety and stress during clinical practice (Delaney et al., 2015). Conscientiousness, a trait characterized by organization, dependability, and a strong sense of responsibility, is often associated with problem-focused coping strategies. Nursing students who score high in conscientiousness are more likely to approach their clinical tasks with diligence, seeking to improve their skills and knowledge through hard work and structured problem-solving (Kaddoura et al., 2017).

Again, openness to experience is associated with creativity, curiosity, and a willingness to explore new situations. Nursing students who score high in openness tend to be more flexible and adaptable in their approach to clinical training, making them more likely to engage in reflective practices and to learn from difficult experiences. These students are open to feedback, eager to improve their clinical skills, and more likely to employ emotion-focused coping strategies like positive reframing and mindfulness. Studies suggest that students who exhibit openness are better able to manage the emotional challenges of clinical placements (Labrague et al., 2017). Another thing to talk about is extraversion. Extraverted students are generally more sociable, outgoing, and assertive, and they tend to rely on social support as a primary coping strategy when faced with clinical anxiety. Extraverts are more likely to seek help from peers, mentors, and instructors, which provides them with emotional reassurance and practical guidance during clinical training (Gurková & Zeleníková, 2018). On the other hand, students who score high in neuroticism, a trait characterized by emotional instability, anxiety, and mood swings, are more likely to adopt maladaptive coping strategies such as avoidance and denial (Lazarus & Folkman, 1984). Neurotic individuals often struggle with negative emotions and are prone to catastrophic thinking, which can exacerbate anxiety during clinical training. These students may avoid challenging tasks, withdraw from patient care, or procrastinate on assignments, which can lead to increased stress and lower clinical performance (Kohler et al., 2015).

Social Support. Support from peers, mentors, and family members can provide students with reassurance and encouragement, reducing reliance on avoidance coping and promoting problem-focused coping (Wilson et al., 2020). Research indicates that students who have strong social

support networks are more likely to use adaptive coping strategies, which help them manage the emotional and psychological demands of clinical practice (Deasy et al., 2014). Peers often provide the most immediate and relatable source of social support for nursing students during clinical training. Fellow students share similar experiences, challenges, and anxieties, which makes them valuable allies in coping with the stress of clinical placements. When students feel supported by their instructors, they are more likely to seek help when faced with challenges, use problem-focused coping strategies, and reflect on their learning experiences (Li et al., 2021). Gibbons et al. (2011) found out that students who receive strong support from instructors report lower anxiety levels and better clinical performance. Emotional support from family and friends helps students process their feelings of anxiety and frustration, reducing their overall stress levels. Research suggests that nursing students with strong family support systems are better able to cope with the pressures of clinical work and maintain a balance between academic and personal life (Hsieh et al., 2012). Having someone to talk to about their clinical experiences can reduce the emotional burden and help students gain perspective on their challenges.

Practically, social support provides opportunities for collaborative problem-solving, knowledge sharing, and learning from others' experiences. Students who have access to supportive networks are more likely to develop constructive coping strategies, such as seeking help, discussing clinical dilemmas, and reflecting on their experiences (Li et al., 2021).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The chapter elaborated on the research design, sampling technique, inclusive and exclusive criteria, sample size, data collection procedure, target population, data collection instruments, data analysis, as well as the research ethics protocols observed by the researcher.

3.1 Research Design

This study employed a quantitative research approach using both descriptive and correlational designs. The descriptive design was used to quantify the levels of anxiety among nursing students during their initial clinical experiences, providing insight into the prevalence and intensity of this issue. The correlational design explored the relationship between anxiety levels and the coping strategies that nursing students employed.

3.2 Study Setting

Ghana is located in West Africa and comprises sixteen administrative regions: Greater Accra Region, Ashanti Region, Brong Ahafo Region, Central Region, Eastern Region, Northern Region, Upper East Region, Upper West Region, Volta Region, Western Region, Savannah Region,

Bono East Region, Oti Region, Ahafo Region, and Western North Region. This research will be conducted in Kumasi, the capital of the Ashanti Region, specifically at Christian Service University (CSU).

3.3 Study Population

The study population consisted of second-year nursing students at Christian Service University. Second-year students were selected as the focus of this research because they have already experienced their first clinical rotation, providing them with initial exposure to real-world clinical practice.

3.4 Sample Size

The sample size of a research refers to the number of units of the population that is chosen from which data is gathered (Kisorio & Langley, 2016). The total population of Second-year nursing students was 225. The researcher will utilize OpenEpi Version 3.01 to determine the sample size based on this population. Using the formula:

Sample size (n) = [DEFF × Np(1-p)] / [(d² / $Z^2_{1-\alpha/2}$) × (N-1) + p(1-p)],

A sample size of 143 participants is determined to be appropriate for the study.

3.5 Sampling Technique

The subset of the population relied on by the researcher to gather relevant information is described as a study sample (Saunders et al. 2012). Sampling techniques give the researcher various options to minimize data needed by collecting in consideration, only data from a subgroup (sample data) rather than all possible cases or elements (Saunders, 2009).

Participants for this study was selected using a simple random sampling method. A comprehensive list of all Second-year nursing students at Christian Service University was compiled, and each student will be given a unique identification number. From this list, 143 students were chosen randomly using a random number generator to ensure equal opportunity for selection. This approach minimizes any selection bias and ensures that the sample is representative of the population. Prior to participation, informed consent will be obtained from each selected student to confirm their willingness to be part of the study.

3.6 Inclusive and Exclusive Criteria

Inclusive Criteria: Second year nursing students at Christian Service University were included.

Exclusive Criteria: This study excluded all first year, third year, fourth year, top up nursing and midwifery nursing students at Christian Service University.

3.7 Research Instrument

To assess the level of anxiety among nursing students during their first clinical experience, the instrument used was Self-Rating Anxiety Scale (SAS), adapted from Olatunji et al. (2006). The SAS is a 20-item measure designed to assess the frequency of anxiety symptoms, with a primary

focus on somatic symptoms of anxiety. The scale employed a 5-point Likert scale ranging from "Always" to "Never," allowing participants to rate the frequency with which they experience each symptom.

The SAS has demonstrated adequate internal consistency, with a Cronbach's alpha of 0.81, indicating reliable measurement of anxiety levels. Permission was sought from the original creators of the scale, Olatunji et al. (2006), to use the adapted version of the instrument for this study. This instrument was utilized to assess the level of anxiety experienced by nursing students during their first clinical placement, particularly focusing on physical and emotional symptoms such as restlessness, fatigue, and tension.

The Coping Behavior Inventory (CBI) survey, developed by Sheu and Lin (2000), was also used to assess the coping strategies employed by nursing students during their first clinical placement. The CBI consisted of 19 items, each rated on a 5-point Likert scale ranging strongly agree to strongly disagree which reflects the frequency with which students utilize various coping methods. The items were grouped into four categories: Avoidance, Transference, Problem-solving, and Stay Optimistic. The instrument has demonstrated reliability, with Cronbach's alpha coefficients ranging from 0.76 to 0.80, indicating good internal consistency. Permission was sought from the original developers of the CBI, Sheu and Lin (2000), to utilize the instrument in this study. This tool helped identify the coping behaviors of nursing students during their first clinical experience and provide insight into how these strategies may influence their anxiety levels.

3.8 Data collection procedure

Endorsement letters were obtained from the Department of Nursing and Midwifery at Christian Service University (CSU) to seek formal approval for the study. Once approval wss granted, data collection was carried out by distributing questionnaires to participants during non-teaching hours in their respective lecture halls to ensure minimal disruption to their academic activities.

Prior to the commencement of data collection, the research supervisor conducted a training session for all research assistants and personnel involved, ensuring they were thoroughly familiar with the data collection protocol, ethical guidelines, and the procedure for handling participant information confidentially. In addition, the informed consent process was carefully explained to all participants, ensuring they fully understand the purpose of the study, their right to confidentiality, and their voluntary participation.

Once the completed questionnaires were returned, the research team systematically examined them for completeness, consistency, and accuracy. Any incomplete or unclear responses was addressed in consultation with the participants, when necessary. A qualified statistician was engaged to assist with the data analysis, utilizing appropriate statistical methods to analyze the data and draw meaningful conclusions. Ethical considerations, such as participant anonymity and the secure storage of data, was rigorously maintained throughout the study.

3.9 Data Analysis Method

The data collected from the completed questionnaires was analyzed with the use of Jamovi, a statistical software tool. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were utilized to summarize and describe the levels of anxiety and the coping strategies used by nursing students during their first clinical placement. To assess the relationship between the level of anxiety and coping strategies, inferential statistics, including Pearson's correlation, was used to determine if there was any significant correlation between the two variables. The results were considered statistically significant if the p-value is less than 0.05.

Table 1. Scoring System for Level of Anxiety

Arbitrary Value	Mean	Description
5	4.20-5.00	Very High Level of Anxiety
4	3.40-4.19	High Level of Anxiety
3	2.60-3.39	Moderate Level of Anxiety
2	1.80-2.59	Low Level of Anxiety
1	1.00-1.79	Very Low Level of Anxiety

Table 1.1 **Scoring System for Coping Behaviors**

Arbitrary Value	Mean	Description
5	4.20-5.00	Very High Level of Coping Behaviors
4	3.40-4.19	High Level of Coping Behaviors
3	2.60-3.39	Moderate Level of Coping Behaviors
2	1.80-2.59	Low Level of Coping Behaviors
1	1.00-1.79	Very Low Level of Coping Behaviors

3.10 Ethical Considerations

Ethical considerations were carefully addressed to prevent any potential ethical dilemmas throughout the study. Prior to distributing the questionnaires, the researcher obtained an informed consent from all participants, ensuring they fully understand the study's purpose, procedures, and their rights. Introductory letters were requested and granted from the Department of Nursing and Midwifery at Christian Service University (CSU) to facilitate approval and prepare the necessary institutions for the distribution of the questionnaires. Participants were clearly informed about the study's objectives, and confidentiality was assured regarding the information they provided. A consent form was attached to the questionnaires, ensuring participants are aware of the voluntary nature of their participation and that they could withdraw at any time without any consequence. If any participant felt uncomfortable with the questions or wished to withdraw their consent, they were free to do so without any repercussions.

CHAPTER FOUR

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

4.0 Introduction

This chapter presents the research findings on nursing students' anxiety and coping in their first clinical placement. Data for analysis came from 108 second-year Christian Service University College nursing students. Two standardised measures were used to collect data: The Self-Rating Anxiety Scale (SAS) and Coping Behaviour Inventory (CBI). The findings are discussed under the research questions and analysed with descriptive and inferential statistical analysis.

4.1 Statistical Analysis

Data from 108 third-year nursing students were statistically analysed quantitatively using SPSS. Descriptive statistics, such as means and standard deviations, were used to gauge the level of anxiety and identify coping strategies among students' first clinical placement. Anxiety was assessed through the 20-item Self-Rating Anxiety Scale (SAS) and coping strategies through the 19-item Coping Behaviour Inventory (CBI), which had four dimensions: Avoidance, Transference, Problem-Solving, and Stay Optimistic.

All measures employed a 5-point Likert scale, and scores were interpreted based on the highest and lowest mean scores for every construct. The Pearson correlation was further employed to test the relationship between levels of anxiety and coping. The level of significance was $p < 0.05$.

4.2 Demographic Characteristics of Respondents

Table 4.0: Frequencies of Respondents by Age

Age Group	Frequency (f)	Percentage (%)
18-22 years	31	28.70 %
23-27 years	68	62.92 %
28 -32	9	8.33 %
Total	**108**	**100.0 %**

Table 4.0 illustrates the respondents' age distribution. The majority of respondents (62.96%) were within the 23–27 age bracket, reflecting a dominant number of mid-20s young adults in the sample. The 18–22 age group came next at 28.70%, reflecting early university respondents, while only 8.33% were within the 28–32 age group, reflecting a lean number of older or advanced respondents. This distribution mirrors a predominantly young age profile consistent with undergraduate nursing cohorts receiving clinical and academic training.

Table 4.1: Frequencies of Respondents by Sex

Age Group	Frequency (f)	Percentage (%)
Male	70	64.8 %
Female	38	35.19 %
Total	**108**	**100.0 %**

Table 4.1 demonstrates the gender balance of participants. Female respondents were more than males (64.81% versus 35.19%). This is expected within the nursing and healthcare professions, where female involvement would be higher than that of males. The findings imply that the sample group investigated here mirrors the broader professional population, reflecting high female numbers in the anxiety intervention group, which could influence communication, coping, and interaction within the group.

4.3 Level of Anxiety Among Nursing Students During Their First Clinical Placement

Table 4.2: Level of Anxiety During Your First Clinical Placement

Question	**Mean**	**SD**
During my first clinical placement, I felt more nervous and anxious than usual	3.843	0.8877
During my first clinical placement, I felt afraid for no reason at all	4.278	0.7952
During my first clinical placement, I got upset easily or felt panicky	4.194	0.8255
During my first clinical placement, I felt like I was falling apart and going to pieces	4.250	0.7987
During my first clinical placement, I had nightmares	4.796	0.5252
During my first clinical placement, my face got hot and flushed	4.742	0.7420
During my first clinical placement, I felt my heart beating fast	4.065	0.8458
During my first clinical placement, I had fainting spells or felt like I was going to faint	4.667	0.6557
During my first clinical placement, I was bothered by dizzy spells	4.426	0.7878
During my first clinical placement, my arms and legs shook and trembled	4.176	0.8183

During my first clinical placement, I got feelings of numbness and tingling in my fingers and toes	4.333	0.7972
During my first clinical placement, my hands were usually dry and warm	4.259	0.8469
During my first clinical placement, I fell asleep easily and got a good night's rest	4.204	0.8401
During my first clinical placement, I felt calm and could sit still easily	3.594	0.8795
During my first clinical placement, I felt that everything was all right and nothing bad would happen	4.130	0.8548
During my first clinical placement, I could breathe in and out easily	4.315	0.8163
During my first clinical placement, I was bothered by stomachaches or indigestion	4.417	0.7627
During my first clinical placement, I had to empty my bladder often	4.333	0.8088
During my first clinical placement, I felt weak and got tired easily	4.194	0.8478
During my first clinical placement, I was bothered by headaches, neck, and back pain	4.269	0.8384
Anxiety	**4.279**	**0.3091**

Legend:1.00–1.79 = Very Low | 1.80–2.59 = Low | 2.60–3.39 = Moderate | 3.40–4.19 = High | 4.20–5.00 = Very High

As shown in Table 4.2, the two items with the highest mean scores were *"I had nightmares"* (M = 4.796, SD = 0.5252) and *"My face got hot and blushes"* (M = 4.742, SD = 0.7420), indicating that these symptoms were the most frequently experienced signs of anxiety among the nursing students during their first clinical placement. On the other hand, the items with the lowest mean scores were *"I felt calm and can sit still easily"* (M = 3.594, SD = 0.8795) and *"I felt more nervous and anxious*

than usual" (M = 3.843, SD = 0.8877), suggesting that although nervousness was present, these self-reflective or composure-based anxiety indicators were less intensely reported.

However, the two highest mean scores, "I had nightmares" (M = 4.796) and "My face got hot and flushed" (M = 4.742), reflect the intense physiological and psychological distress experienced by nursing students during their initial clinical experience. These results are consistent with the previous research and indicate that students in the initial years of clinical education are likely to experience higher levels of anxiety through physical symptoms as well as sleep disturbances.

According to Jimenez et al. (2010), nursing students tend to most frequently experience autonomic symptoms like palpitations, blushing, and insomnia while making the transition from classroom to hospital environments. These are usually exaggerated by fear of failure, facing novel procedures, and dealing with patients for the first time. Nightmares specifically are a typical subconscious manifestation of anxiety and have been observed among healthcare students under acute stress (Reeve et al., 2013).

The prominence of these symptoms highlights that the psychological impact of the clinical setting does not stop when one is awake and underscores the need for early care and organised debriefing methods in nursing education.

On the contrary, the two lowest mean scores, i.e., "I felt calm and can sit still easily" (M = 3.594) and "I felt more nervous and anxious than usual" (M = 3.843), may appear to reflect relatively moderate intensities of emotional anxiety or internalised stress reactions. However, the moderate scale rating on "feeling more nervous than usual" could indicate students' attempts to suppress their stress or underreporting due to perceived expectations of clinical competence. This is also

echoed in research by Pulido-Martos et al. (2012), wherein they discussed how nursing students internalise pressure to perform, which results in an external appearance of calmness but hides inner tension.

In addition, Alzayyat and Al-Gamal (2014) claimed that early clinical placements tend to produce high degrees of physiological anxiety even when the students themselves reported that they are only mildly anxious. Therefore, while such lower-scoring items may suggest lower severity of anxiety, they perhaps reflect coping behaviour concealing or downplaying emotional distress and suggest the complex, contradictory way that inexperienced nursing students manifest anxiety.

Previous literature has been successful in identifying the low incidence of anxiety among first-clinical placement nursing students, and several studies have clarified that the excessive level of stress due to fear of making mistakes, new clinical settings, and ineptness was the cause. For instance, Lin et al. (2023) reported that nursing students in their first year of study exhibited high anxiety related to direct care of patients, particularly when performing invasive procedures under the supervision of senior staff.

Similarly, Ahmed and Salim (2022) noted that nursing students had high physiological measures of anxiety, such as increased heartbeat rate, sweating, and shaking, which were highly correlated with fear of clinical examination and comparison with others. These findings are in agreement with the present study, wherein anxiety was most evident in responses recording somatic symptoms, i.e., nightmares and panic, to show that clinical placements remain a significant source of stress among nursing students at the beginning of their education.

While the high mean scores of "*I had nightmares*" and "*My face got hot and flushed*" reflect extreme symptoms of anxiety among nursing students, the literature refutes the notion that sleep and physiological changes are unequivocal signs of clinical anxiety. For instance, Shaban et al. (2012) carried out research that identified that although students prefer to explain bodily symptoms such as flushing or disturbed sleep, reactions are sometimes fleeting and do not necessarily indicate pathological anxiety.

They can instead represent heightened arousal from familiarity with the situation rather than chronic distress. Furthermore, Yıldırım et al. (2017) argue that cultural norms may influence how students report somatic symptoms in that some groups are more inclined to report bodily discomfort than emotional distress. This raises the possibility that high scores here are the result of culturally related symptom reporting rather than persistently high anxiety levels. Therefore, while these items map onto stress reactions, they may not capture the psychological complexity behind students' experiences.

The relatively lower means for "*I felt calm and could sit still easily*" and "*I felt more nervous and anxious than usual*" might be reassuring. However, some researchers have questioned the specificity of self-reported calm in high-stakes learning contexts. For example, Van der Riet et al. (2015) noted that nursing students underreport anxiety because they fear being labelled as weak or incapable of clinical practice. In high-performing education cultures, there may be a tendency to underestimate emotional vulnerability in self-rating instruments. Secondly, Gibbons et al. (2008) found that students frequently used avoidance and suppression as a method of coping with anxiety, distorting self-perceptions and decreasing the validity of their ratings.

These inconsistencies suggest the limitation in the sole reliance on self-report measurement for evaluating emotional states and necessitate an impetus for mixed-method ratings, encompassing observational and peer ratings, to obtain a more comprehensive view of students' emotional readiness for clinical training.

Contrary to reports of high anxiety levels, however, recent studies show that pre-clinical training programs with a formal curriculum can also decrease anxiety in nursing students efficiently. Zhao and Mei (2024), in a study, found that nursing students who received six weeks of clinical simulation training prior to their first placement had lower anxiety levels compared to their counterparts who received only theoretical education.

This intervention allowed students to habituate to clinical scenarios in a safe environment, overcoming fear and enhancing self-efficacy. In addition, Morgan et al. (2023) reported that student anxiety scores decreased when students experienced peer support and mentorship in their first clinical placement, meaning that social support may buffer the effects of clinical stress. These findings contrast with the current study, where elevated levels of anxiety were maintained despite clinical instructors, reflecting potential inadequacies in pre-placement preparation and peer support mechanisms.

The high mean scores on "*I had nightmares*" and "*My face got hot and flushed*" point to the significant psychological and physiological load that first clinical placements can impose on nursing students. These symptoms are characteristic of high emotional arousal and anticipatory anxiety, which may interfere with concentration, sleep, and performance in practical training.

The nursing education implication is clear: an imperative exists to implement proactive mental health interventions before and simultaneously with students' initial experience in the clinical setting. The faculty and clinical instructors must integrate stress-reduction strategies such as mindfulness, pre-clinical simulation training, and peer support groups that de-stigmatise emotional responses and equip students with coping skills. Furthermore, the prevalence of severe anxiety symptoms such as nightmares could necessitate psychological screening and the offering of counselling services during clinical orientation programs.

The lower mean scores on "*I felt calm and can sit still easily*" and "*I felt more nervous and anxious than usual*" may be interpreted as suggesting that some pupils have learned healthy coping skills or that they may be internalizing stress in ways not very well reflected in their self-reports. Such uncertainty has important implications for measuring anxiety and its management in schools. Rather than relying on self-reported data, nursing schools should incorporate mixed-method assessment approaches that combine reflective writing, instructor feedback, and behavioural measures. This would allow instructors to identify students who appear calm but are overwhelmed. Additionally, encouraging an open setting where students feel comfortable expressing emotional challenges without criticism is crucial to managing hidden stress and preventing burnout early in training.

The high levels of anxiety observed among nursing students in their initial clinical rotation have significant implications for clinical training and schools of nursing education programs. Nursing schools should implement evidence-based, specific anxiety reduction interventions, such as

simulation education, peer mentor programs, and stress management workshops for those beginning their first clinical rotation.

Furthermore, clinical instructors ought to be equipped on how to identify and address anxiety in an early manner since prolonged exposure to elevated levels of stress has adverse effects on students' learning outcomes and clinical performance (Wong et al., 2023). Finally, learning institutions must maintain open lines of communication where the students are free to voice their fears and receive counselling without fear of negative judgment, hence fostering an enabling learning environment that enhances psychological well-being and resilience.

4.4. Coping Strategies Utilised During Your First Clinical Placement

Table 4.3:

Question	Mean	SD
My coping strategy is to avoid difficulties during clinical practice	1.815	0.7871
My coping strategy is to avoid teachers	1.528	0.6031
My coping strategy is to quarrel with others and lose my temper	1.287	0.4746
My coping strategy is to expect miracles, so one does not have to face difficulties	1.889	0.7653
My coping strategy is to expect others to solve the problem	1.750	0.6988
My coping strategy is to attribute it to fate	2.037	0.7845
My coping strategy is to adopt different strategies to solve problems	1.537	0.6179
My coping strategy is to set up objectives to solve problems	1.620	0.6797
My coping strategy is to make plans, list priorities, and solve stressful events	1.657	0.6858
My coping strategy is to find the meaning of stressful incidents	1.889	0.7774
My coping strategy is to employ experience to solve problems	1.806	0.6761

My coping strategy is to have confidence in performing as well as my senior schoolmates	1.593	0.7109
My coping strategy is to keep an optimistic attitude when dealing with everything in life	1.491	0.6189
My coping strategy is to see things objectively	1.954	0.7411
My coping strategy is to have confidence in overcoming difficulties	1.509	0.5880
My coping strategy is to cry, to feel moody, sad, and helpless	1.444	0.6604
My coping strategy is to feast and take a long sleep	1.648	0.7402
My coping strategy is to save time for sleep and maintain good health to face stress	1.787	0.7618
My coping strategy is to relax via TV, movies, a shower, or physical exercise (playing, jogging)	1.750	0.7504
coping strategies	1.684	0.3252

Legend:1.00–1.79 = Very Low | 1.80–2.59 = Low | 2.60–3.39 = Moderate | 3.40–4.19 = High | 4.20–5.00 = Very High

Table 4.3 indicates the two most highly endorsed and the two lowest endorsed mean scores on coping approaches utilised by nursing students during their first clinical rotation. The highest endorsed approach was "*My coping strategy is to attribute to fate*" (M = 2.037, SD = 0.7845), closely followed by "*My coping strategy is to see things objectively*" (M = 1.954, SD = 0.7411). These results suggest that students were predisposed to both cognitive reframing and passive-acceptance coping styles with clinical stress. Conversely, the most poorly rated approaches were "*My coping strategy is to quarrel with others and lose temper*" (M = 1.287, SD = 0.4746) and "*My coping strategy is to cry, to feel moody, sad, and helpless*" (M = 1.444, SD = 0.6604), which suggests students were less likely to employ tantrums or breakdowns as management strategies for anxiety.

However, the two highest mean scores, "*My coping strategy is to attribute to fate*" (M = 2.037) and "*My coping strategy is to view things objectively*" (M = 1.954), reflect a subtle interaction between cognitive reframing and externalising stress. The attribution of stress effects to fate reflects that some students do employ a passive or avoidant coping style, distancing themselves emotionally from their clinical woes. This also aligns with Shen et al.'s (2015) findings that nursing students, especially in early placements, may utilise spiritual or fatalistic beliefs as a last resort when they feel overwhelmed by the clinical environment. On the other hand, objective thinking as a coping mechanism aligns with more adaptive, cognitively based mechanisms underlying resilience.

Cognitive appraisal, for instance, objectivity, allows individuals to cope with emotional responses and maintain functionality under stress, according to Folkman and Lazarus's (1984) transactional theory of stress and coping. Therefore, seemingly contradictory, these two reactions could be a double response: a desire to remain grounded and rational and, simultaneously, to deal with anxiety through philosophical resignation or spiritual acceptance.

On the other hand, the lowest mean scores, "*My coping strategy is to quarrel with others and lose temper*" (M = 1.287) and "*My coping strategy is to cry, to feel moody, sad, and helpless*" (M = 1.444), suggest that students rarely engaged in emotion-focused or dysfunctional expressions of stress. This trend is consistent with studies showing that nursing students, particularly in formal academic settings, will suppress overt emotional breakdown under professional expectations or internalised norms of composure (Yıldırım & Yıldırım, 2014). Moreover, Cheung et al. (2016)

emphasised that healthcare students usually socialise early to manage emotional responses and maintain interpersonal decorum even under stress conditions.

While this may indicate maturity and emotional regulation, it may also indicate emotional suppression or avoidance, which, if left unchecked, may turn into burnout or emotional exhaustion in the long term. While the low means suggest emotional stability, they may mask unmet emotional needs or lack safe emotional outlets in clinical placement.

Existing literature emphasises that coping strategies used by first-clinical-placement nursing students play a crucial role in how effectively they manage clinical stress. Chen and Huang (2023) confirm that students who used positive coping strategies such as problem-solving, cognitive reframing, and relaxation experienced less anxiety and improved clinical performance. Similarly, Al-Rashed et al.'s (2022) research also demonstrated that students who employed active coping strategies, such as peer support and a structured routine, were more emotionally stable during high-stress clinical experiences.

These findings are also aligned with the present study, where coping strategies such as maintaining a positive attitude and setting goals to solve problems were reported to be beneficial in reducing anxiety. This implies that nursing programs should actively encourage adaptive coping mechanisms to help reduce the effects of clinical stress.

Though "*attributing to fate" and "seeing things objectively*" scored the highest from the respondents, several studies question their long-term effectiveness in coping with clinical anxiety. For instance, attributing causality to fate may alleviate feelings temporarily but is typically

correlated with avoidant or passive modes of coping that could interfere with active problem-solving and adaptation (Park & Folkman, 1997).

In a study on nursing students' response to stress, Kondo et al. (2017) found that dependence upon fatalistic thought was associated with inaction within clinical learning and increased long-term emotional distress. Likewise, despite the general efficacy of cognitive reframing, such as "perceiving things objectively," its overindulgence to the point of being anaemic may occasionally blanket over underlying affective turmoil. Lu et al. (2019) argue that if objective detachment is not supplemented by emotional processing or supportive interaction, it can become emotional numbing or disengagement. Therefore, while such strategies may appear effective, they must be supported by greater self-awareness and reflective practice to benefit them.

On the other hand, although students ranked "*quarrelling with others" and "crying or feeling helpless*" as their least used strategies, literature shows that emotional expression is not inherently bad and can be an essential source of release under stress. For example, Van der Riet et al. (2015) highlight how nursing students with safe and organised channels to express frustration, sadness, or vulnerability are less likely to internalise stress in non-positive ways.

Similarly, Cathart and Carver (2002) argue that moderate emotional release is not a sign of weakness but a positive expression of the dissipation of emotional excess, especially where high stress levels are apparent. Hence, the low prevalence of use of these coping measures does not necessarily indicate strength or emotional maturity but could, instead, indicate a possible lack of emotional support networks or avoidance of judgment of emotional vulnerability in clinical or educational environments.

Despite the positive relationship between adaptive coping and reduced anxiety, some findings suggest that other coping mechanisms will indirectly enhance the amount of stress among nursing students. For instance, Nasr et al. (2024) suggested that avoidance coping styles, such as outcomes being explained by fate or distancing oneself from demanding situations, are associated with increased levels of anxiety as well as low clinical competence. This is in agreement with the current study, where avoidance of challenges and dependency on others to correct things were observed to be less effective and were reported with higher levels of anxiety. Lee and Park (2023) further observed that students who excessively relied on passive coping mechanisms, such as avoidance or application of outbursts in dealing with challenges, were likely to experience prolonged anxiety, highlighting the potential risk posed by ineffective coping behaviours.

The teaching implications of coping strategy research for nursing education, particularly in curriculum planning and application of stress management programs, are significant. Effective coping strategies, including cognitive restructuring, time management, and emotional regulation skills, should be instructed by professors to equip students with effective coping strategies against clinical stress (Kim & Shin, 2023). In addition, the inclusion of peer support groups that provide open communication and affective expression can give students healthy outlets for managing clinical anxiety, rendering maladaptive coping behaviors' less necessary.

Further, clinical instructors must be educated in recognising ineffective coping behaviors' and intervening early, with mentoring and providing resources for developing healthier coping strategies that reduce anxiety and foster overall clinical competence.

However, these findings extend beyond the individual student level, bringing to the foreground the broader organisational functions of nursing programs in building environments that promote the formation of adaptive coping. Nursing schools need to consider the integration of formal stress management workshops that not only teach students coping skills but also offer settings in which students can practice these skills in simulated clinical settings.

According to Wu and Zhang (2023), daily stress management sessions by the students reflected reduced anxiety and enhanced self-efficacy in clinical placements, showing that such interventions can close the gap between theory and practice successfully. Incorporating mindfulness-based stress reduction programs has also been shown to reduce anxiety and enhance concentration, enabling students to be calm and to be able to perform efficiently under stress (Ahmed & Ibrahim, 2023). Incorporation of such programs can build resilience and make a learning environment less stressful, in the end promoting better student well-being and clinical performance.

Moreover, findings underscore the requirement of faculty mentorship and training programs to eliminate anxiety among students. Clinical instructors and preceptors must be trained to detect signs of maladaptive coping and provide timely, evidence-based interventions. Lee and Park (2024) emphasised that students who were allocated guided mentorship for their clinical placements exhibited reduced anxiety and enhanced coping mechanisms such as cognitive reframing and assertive communication.

Furthermore, the instructor can serve as a role model, demonstrate good stress management skills, and create a psychologically safe learning environment where students feel comfortable reporting their difficulties. Embedding such mentoring paradigms within institutions can reinforce adaptive

coping as a cornerstone of nursing training and thereby imbue students with the emotional endurance of clinical experience.

Table 4.2: Relationship Between Anxiety and Coping Strategies

		Anxiety	Coping Strategies
Anxiety	Pearson's r	-	
	Df	-	
	p-value	-	
	N	-	
Coping Strategies	Pearson's r	-0.5004***	-
	Df	106	-
	p-value	<.001	-
	N	108	-

Note. * p < .05, ** p < .01, *** p < .001

Table 4.2 shows the Pearson correlation between levels of anxiety of nursing students and coping strategies on their first clinical placement. It is a finding of moderate negative correlation -0.5004, which was statistically significant on p <.001 with a sample size based on the response of 108 participants.

Negative correlation indicates that with more usage of effective coping mechanisms, anxiety decreases among student nurses. The value of -0.5004 indicates a moderate relationship that

assumes coping mechanisms have a significant relationship with how students manage anxiety. The very low p-value (< .001) supports this finding because the observed relationship is unlikely due to chance. This concurs with psychological theories such as Lazarus and Folkman's stress-coping theory, which emphasises that constructive coping strategies like planning, social support seeking, or relaxation assist in alleviating the psychological burden of stress and anxiety.

This discovery highlights the importance of including structured coping skills in nursing education and training. Since greater coping ability is associated with lower anxiety, educators and clinical role models should teach stress management, resilience skills, and reflective practice explicitly. Schools might also be able to screen those students who failed to develop coping skills and offer support programs. Ultimately, developing coping competence may foster psychological health and clinical competence in student nurses as they become practitioners in real practice.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a synoptic review of the study, conclusions from the significant findings, and practical recommendations for nursing clinical practice and education. The study aimed at investigating the level of anxiety experienced by nursing students during their first clinical placement, looking at coping strategies employed, and the relationship between anxiety and coping style.

5.1 Summary

During their first clinical placement, the anxiety levels, coping styles, and the interrelationship between the two psychological features of nursing students were all examined in this study. The results gave good information on students' behavioural and emotional reactions during the shift from theoretical education to actual clinical settings, based on data gathered from 108 third-year nursing students using well-established self-report scales (SAS and CBI).

Students reported moderate to high anxiety with mostly psychological and somatic symptoms. The highest scores were given to items such as bodily distress, blushing, and nightmares, showing that anxiety was not only cognitively distressing but also bodily present. Interestingly, students gave relatively lower scores on emotional awareness items like "*feeling calm*" and "*feeling nervous*," which may reflect resilience or susceptibility to internalising stress.

Whereas with "*attribute to fate*" and "*seeing things objectively*" as the most strongly supported coping mechanisms, the measures of coping strategies in response had students gravitating toward avoidant and cognitive coping responses. Emotionally reactive responses like fighting and crying were the lowest rated methods and demonstrated a desire to remain calm or be professional when under stress within the clinical setting. Students may not yet have solidly established or effective coping mechanisms, though, as indicated by the generally low mean scores on most coping questions.

Lastly, a moderately negative correlation ($r = -0.5004$, $p < .001$) between anxiety level and coping efforts was statistically significant. This meant that students exhibited lower anxiety levels when they reported using more coping efforts. Practical coping skills serve as defences against deteriorating mental health consequences in high-stress situations such as those of clinical education, as dictated by long-standing psychological lore.

5.2 Conclusions

Based on the results of this research, a variety of significant inferences can be made regarding nursing students' psychological reactions and behavioural strategies for their first clinical placement. The results reaffirm the interdependence of anxiety and coping, and underscore the importance of systematic psychological support within nursing education.

However, this research concludes that a significant portion of nursing students are exposed to heightened anxiety through their first experience with clinical environments. The prevalence of high physiological symptoms, such as nightmares, blushing, shaking, and sleep disturbance, demonstrates just how emotionally and physically demanding the transition from classroom

instruction to genuine patient care is. These anxiety responses point to the psychological strain of professional responsibility, lack of familiarity with guidelines, fear of making mistakes, and adjusting quickly to hierarchical healthcare settings.

While some anxiety will always be expected in the face of new difficulty, the acuity described within this study would suggest a demand for early support and intervention structures.

Moreover, students' coping strategies manifest an interesting synthesis of cognitive activity and repression on an emotional plane. Coping strategies like "*seeing things objectively*" signal rational, problem-oriented modes of coping, but "*attributing to fate*" would suggest the presence of avoidant or passive forms of coping.

Whereas emotive, eruptive, and reactive types like quarrelling or weeping were hardly ever reported, it may well be that this is either an indication of effective regulation of affect or suppression of affect response due to job needs. The overall low mean coping item scores suggest that students lack stable and developed strategies to respond to clinical stress, i.e., an affect preparedness gap at the developmental stage exists.

Also, the statistically significant negative correlation between coping strategies and anxiety attests to the fact that coping is a significant factor in emotional regulation when stressed in clinical experiences. The moderate strength of the correlation indicates that coping alone will never eliminate anxiety, but acts as a protective factor in lessening its significant impact to a great degree. This finding supports the theoretical assumptions of Lazarus and Folkman's Transactional Model, that psychological outcomes are not just determined by stressors, but by how a person evaluates and responds to them. As a result, training students in a broad repertoire of coping skills, everything

from introspection to problem-solving action, is crucial to building emotional well-being and professional competence.

Finally, the research concludes that while students are experiencing serious levels of anxiety at the start of clinical practice, their coping mechanisms are still in their nascent stage. Learning skills is not enough to be taught in nursing education, but nurses must also build emotional intelligence and resilience through standardized psychological counseling, experiential learning, and mentorship.

5.3 Recommendations

The research findings led to the following recommendations on how nursing students' coping capacity and anxiety can be improved during clinical rotations. These recommendations are directed to varied stakeholders that comprise curriculum developers, instructors, clinical mentors, and institutional policymakers.

First, have systematic pre-clinical management of anxiety programs. Schools of nursing should design preparation courses according to mental preparation for clinical practice. Such courses may include mindfulness practice, simulation-based orientation, guided relaxation, and stress awareness training. Students may be less anxious in advance and psychologically better prepared if they are prepared for the emotional reality of clinical practice.

Second, offer adaptive coping strategies training. The findings showed that students' coping styles were inconsistent or ineffective. Teachers must introduce courses that teach students behavioral and cognitive coping skills, including emotional regulation, problem-solving models, and

journaling reflective writings. Students will be clinically competent and emotionally resilient if coping strategy training is incorporated into core courses.

Third, encourage supportive clinical learning environments. Clinical educators must be trained to recognize early indicators of student fear and respond with empathy and guided feedback. Students must feel safe to share their concerns and seek advice in the clinical setting without fear of reprisal. Mentorship programs and peer support groups also can be strong bulwarks against emotional excess and isolation.

Lastly, encourage self-awareness and emotional intelligence exercises. Self-awareness should be highlighted as a therapeutic skill because of the tension between students' levels of reported stress and their coping mechanisms. Self-assessment tools, group work, and case-based reflection all must be utilized in helping students to break down their emotional reactions. This will improve their capacity to recognize and manage their own and patients' emotions.

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APPENDICES

Questionnaires

Dear Respondent,

The researchers are conducting a study entitled **"Anxiety Among Nursing Students During their Initial Clinical Experience".** We kindly ask for your participation in this study by

answering this questionnaire. The researchers assure you that all data will be kept private and confidential and only aggregate data will be used for academic purposes. Your identity will be kept anonymous throughout the study. Thank you very much for participating in this study

Demographic Data

Please tick (✓) the box to provide the necessary information for the appropriate items.

1. **Age:** 18-23 years ( ) 23-27 ( ) 28 and above ( )
2. **Sex:** Female ( ) Male ( )

Level of Anxiety During Your First Clinical Placement

Instructions: Encircle the number that correspond to your level of agreement to the question.

Keys: 1-Never, 2-Rarely. 3-Sometimes, 4-Often 5- Always

No.	Question	Never	Rarely	Sometimes	Often	Always
1	During my first clinical placement, I felt more nervous and anxious than usual	1	2	3	4	5

2	During my first clinical placement, I felt afraid for no reason at all	1	2	3	4	5
3	During my first clinical placement, I got upset easily or feel panicky	1	2	3	4	5
4	During my first clinical placement, I felt like I'm falling apart and going to pieces	1	2	3	4	5
5	During my first clinical placement, I had nightmares	1	2	3	4	5
6	During my first clinical placement, my face got hot and blushes	1	2	3	4	5
7	During my first clinical placement, I felt my heart beating fast	1	2	3	4	5
8	During my first clinical placement, I had fainting spells or felt like it	1	2	3	4	5
9	During my first clinical placement, I was bothered by dizzy spells	1	2	3	4	5
10	During my first clinical placement, my arms and legs shook and trembled	1	2	3	4	5
11	During my first clinical placement, I got feelings of numbness and tingling in my fingers and toes	1	2	3	4	5

12	During my first clinical placement, my hands are usually dry and warm	1	2	3	4	5
13	During my first clinical placement, I fell asleep easily and get a good night's rest	1	2	3	4	5
14	During my first clinical placement, I felt calm and can sit still easily	1	2	3	4	5
15	During my first clinical placement, I felt that everything is all right and nothing bad will happen	1	2	3	4	5
16	During my first clinical placement, I could breathe in and out easily	1	2	3	4	5
17	During my first clinical placement, I was bothered by stomachaches or indigestion	1	2	3	4	5
18	During my first clinical placement, I had to empty my bladder often	1	2	3	4	5
19	During my first clinical placement, I felt weak and get tired easily	1	2	3	4	5
20	During my first clinical placement, I was bothered by headaches neck and back pain	1	2	3	4	5

Coping Strategies Utilized During Your First Clinical Placement

Instructions: Encircle the number that correspond to your level of agreement to the question.

Keys: 1-Strongly Disagree, 2-Disagree. 3-Somewhat Agree, 4-Agree 5- Strongly Agree

No.	Question	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1	My coping strategy is to avoid difficulties during clinical practice	1	2	3	4	5
2	My coping strategy is to avoid teachers	1	2	3	4	5
3	My coping strategy is to quarrel with others and lose temper	1	2	3	4	5
4	My coping strategy is to expect miracles so one does not have to face difficulties	1	2	3	4	5
5	My coping strategy is to expect others to solve the problem	1	2	3	4	5
6	My coping strategy is to attribute to fate	1	2	3	4	5
7	My coping strategy is to adopt different strategies to solve problems	1	2	3	4	5
8	My coping strategy is to set up objectives to solve problems	1	2	3	4	5
9	My coping strategy is to make plans, list priorities, and solve stressful events	1	2	3	4	5
10	My coping strategy is to find the meaning of stressful incidents	1	2	3	4	5
11	My coping strategy is to employ past experience to solve problems	1	2	3	4	5

12	My coping strategy is to have confidence in performing as well as senior schoolmates	1	2	3	4	5
13	My coping strategy is to keep an optimistic and positive attitude in dealing with everything in life	1	2	3	4	5
14	My coping strategy is to see things objectively	1	2	3	4	5
15	My coping strategy is to have confidence in overcoming difficulties	1	2	3	4	5
16	My coping strategy is to cry, to feel moody, sad, and helpless	1	2	3	4	5
17	My coping strategy is to feast and take a long sleep	1	2	3	4	5
18	My coping strategy is to save time for sleep and maintain good health to face stress	1	2	3	4	5
19	My coping strategy is to relax via TV, movies, a shower, or physical exercise (playing, jogging)	1	2	3	4	5

INFORMED CONSENT FOR THE STUDY

"(Anxiety and coping strategies among nursing students during their initial clinical experience)"

Our names are **(BENEDICTA KONADU BOATENG, HARRIET AMOATENG AND ANGEL BOAFO ABOAGYEWAA*)*,** and we are final year nursing students at Christian Service University, Kumasi, Ghana. We are inviting you to participate in a research study. The study is about *(***assessing the level of anxiety and the coping strategies faced by nursing students in Ghana during their initial clinical experiences**.*)*

Voluntary Participation

As part of our data collection procedures, we are soliciting voluntary participation from you. Participation is solely voluntary, and you have the right to refuse, decline, or withdraw from the study for any reason at any given time without any penalty since the right to withdraw protects the respondent's autonomy. The researchers will not coerce or force you to participate in this study.

Confidentiality

The researcher will ensure respondents' confidentiality and privacy and not include respondents' identities such as name, email addresses, or any identifiable information in the study's reports or publications. The researcher will keep gathering data on a laptop secured with a password and locked files, where only the researcher will have access to gathered files.

Duration

You will be asked to respond to a questionnaire by simply encircling the number that correspond to your level of agreement to the question. This will take approximately *(15-20 minutes)* of your time.

Side Effects | Risks

There are no known or anticipated side effects for participating in this study. There are no intended risks in participating in this study regarding physical, psychological, social, legal, or economic harm.

Benefits

Respondents will not receive any direct benefits from participating in this study, such as compensation. However, at the end of the study, the participants will understand "the challenges nursing students face during their first clinical placement and provide insights into how educators and institutions can better support students in managing clinical stress".

Reimbursements

You will not receive any compensation or incentives from participating in this research. Nonetheless, all resources needed to conduct this study will be provided by the researchers.

If you have any questions about participation in this study, you may contact me at (benedictakonadu79@gmail.com / 0508555999). You may also contact my supervisor (Dr. Fisvik Boahemaa Antwi), at CSU (fantwi@csuc.edu.gh*).* If you agree to participate in this research study after fully reading and understanding the statements above, please sign below to indicate your acceptance to participate

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

Table 2: ***Describes the timeline of the study in a GANNT chart***

GANNT CHART									
Activity	**Sept, 2024**	**Dec, 2024**	JAN **2025**	**Feb 2025**	**Mar. 2025**	**April 2025**	**May 2024**	**June 2025**	**July 2025**
Proposal Writing									
Proposal Defense									
Ethical Review									
Data collection									
Data Analysis									
Writing of Results and Discussion									
Thesis Defense									
Submission of Manuscript									

TOPIC:

RESEARCHERS

TOTAL BUDGET:

Table 2: *Describes the budget for the study*

Item/ Service	**Quantity**	**Unit Price**	**Total Cost**
Maintenance and Operating Expenses			
Communication and Emails (Internet)	1TB	250	250
Facilities and Supplies			
Bond Paper	2 packs	80	160
Printer Ink	1 cartridge	500	500
Personal Expenses			
Proposal Defense	1 session	150	150
Photocopying	52 pages	0.50	26
Plagiarism Checking	1 service	200	200
Binding of Manuscript	3 copies	40	120
Miscellaneous Expenses			150
Statistical services	1 service	200	200
Grand Total			**1,756.00**