

# 한국간호대학생의 임상실습 스트레스와 스트레스 대처

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## Relationships between Nursing Practice Stress and Stress Coping of Nursing Students in Korea

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**요약** 본 연구는 일 지역 간호대학생의 임상실습 스트레스와 그에 대한 스트레스 대처의 관련성을 알아보기 위한 것이다. 한국의 C 도시에 위치한 2개 대학의 간호학생을 대상으로 하였으며, 자료수집은 연구참여에 동의한 사람 160명을 대상으로 2012년 3월부터 9월까지 구조화된 설문지를 이용하여 수행하였다. 수집된 자료는 SPSS 18.0을 이용하여 분석하였고, 서술통계, 피어슨 상관분석 등을 이용하였다. 연구결과 임상실습 스트레스 점수는 평균 2.72±6.2였으며, 스트레스 대처점수는 2.60±0.37 이었다. 스트레스 대처양상 중 희망적 사고는 오리엔테이션( $r=0.32, p<0.01$ ), 집담회의( $r=0.52, p<0.01$ ), 과제하기( $r=0.29, p<0.01$ )시의 스트레스가 발현시에 관련성이 높았고, 임상실습 시험시의 스트레스는 문제집중대처양상과 관련성이 높았다( $r=0.31, p<0.05$ ). 간호사 대하기( $r=0.31, p<0.01$ ), 또는 기타 보건전문인과 대인관계하기( $r=0.35, p<0.01$ )시의 스트레스는 긍정적 관점으로 대처하기 양상과 관련성이 높았다. 학생들은 긍정적이고 활동적인 대처양상을 보여주었으며, 이는 임상현장에서 경험하는 스트레스를 효과적으로 다룰 수 있는 충분한 능력을 향상시키는데 좋은 경험이 될 것이다.

**주제어** : 간호대학생, 임상실습 스트레스, 스트레스 대처양상

**Abstract** This study was done to identify the relationships between nursing practice stress and stress coping for the nursing students in Korea. Data were collected at 2 universities located in C city in Korea. Participants were 160 nursing students. Data were analyzed by SPSS 18.0 using descriptive statistics and Pearson's correlation coefficient. Nursing practice stress was 2.72 ±6.2. Stress coping was 2.60±0.37. Stress was correlated with wishful thinking coping strategy when doing orientation ( $r=0.32, p<0.01$ ), conference( $r=0.52, p<0.01$ ), homework( $r=0.29, p<0.01$ ). Stress for practice exam was correlated with problem focused coping strategy( $r=0.31, p<0.05$ ). Stress was correlated with positive view coping strategy when face nurse( $r=0.31, p<0.01$ ) or interpersonal relations( $r=0.35, p<0.01$ ). Stress related to practice environment and class was correlated with indifference ( $r=0.26, p<0.01$ ) and tension relieve strategy ( $r=0.28, p<0.01$ ). There's no stress when they meet or serve direct care to patients. Students managed the stress by showing active coping pattern. It is considered that the experience gave students an excellent capacity to cope with stress. Since the degree of stress and coping pattern can differ from adaptability of situation, a research of change in clinical training stress by seasonal clinical training and coping patter is proposed.

**Key Words** : Nursing students, Nursing practice stress, Stress coping

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## 1. Introduction

College years are the latter part of adolescence. In the process of adjusting to college life, college students may experience different types of stress due to the study of major, new formations of human relationships, establishment of values, employment preparation, etc [1]. Since nursing is a practical study, nursing students especially have to do a clinical training. Compared to students with other majors, nursing students have to manage both excessive study and practice. Nursing students have to handle a heavy responsibility in nursing, and are demanded to gain various nursing knowledge and experiences. Due to a nature of the nursing major, an application of strict code of conduct during the practical training period causes more stress to students. Especially, facing nurses and conference with tests make nursing students nervous and therefore decrease nursing performance ability[2]. According to Junious D.L., nursing students sometimes experienced difficult personal relationships or having no life and perception of faculty support was very important to restrain the stress[3]. It is reported that major factors to increase stress of nursing students during clinical settings were orientation like as initial experiences, interpersonal relationships, ability to perform roles, and so on [4]. On the other hand, main factors for the resilience on the clinical practice stress were major satisfaction, age, stress response, level of interpersonal relationships [5]. Some studies show that nursing students under moderate stress commonly used problem-solving behavior followed by staying optimistic and transference attention from the stressful situation effectively [6]. Recently, as the number of nursing students rapidly increases, students who do not have a university hospital receive a heavy stress because they wander from a general hospital to a special hospital which may lack sufficient practice conditions. It is reported negative correlation between perceived stress during clinical practice and

satisfaction[7]. And proper coping style can manage the stress when they practice nursing behavior in the clinical settings. But continuous clinical training stress degrades clinical practice [8] [9], major satisfaction and prevents students from having sufficient clinical performance competence [7][10][11][12]. Therefore, it is important to develop a coping ability against the stress. This research figures out the degree of practice stress of nursing students who do not have their own university hospital and coping pattern and confirms a correlation between those so that it can be used as a basic data for clinical training education.

## 2. Research purpose

The aim of this research is to identify the relationships between nursing practice stress and stress coping for the nursing students. The specified purpose like as:

- 1) To identify general characteristics of the subjects.
- 2) To identify nursing practice stress and stress coping.
- 3) To identify correlation between nursing practice stress and stress coping.

## 3. Methods

### 3.1 Research Design

This study is a descriptive research to identify the relationships between nursing practice stress and stress coping for the nursing students.

### 3.2 Subjects

The subjects of this research were nursing students (sophomore, junior, and senior) who experienced clinical training at two nursing schools located in C city, Chungcheongnam-do province in Korea. The subjects do not have a university hospital, frequent

movements to clinical training field at a long distance. We conducted a convenient sampling of 160 students who agreed with the object, procedure, and method of the research and agreed to participate. With G\* Power 3.1 as medium effective size, significant level ( $\alpha= 0.5$ ), and power ( $1-\beta= .95$ ), we calculated and confirmed that we need 138 students for the research. Sufficient sampling for the analysis is acquired.

### 3.3 Research Tool

This research used a self-reported questionnaire.

#### 3.3.1 Nursing practice stress

Choi's tool was used to measure practice stress of nursing students[2]. Nine domains, including practice environment, patient direct care, management both class and practice, facing nurses, completion of assignment, human relationship, practice training/evaluation, conference, and orientation, are measuring using the five point scale, and Cronbach's alpha was 0.96.

#### 3.3.2 Stress coping

Lazarus & Folkman's tool is used as coping pattern[13]. Six domains, including problem-focused copying, positive viewpoint, indifference, social support, positive viewpoint, and de-stressing, are measured using four point scale, and Cronbach's a was 0.85.

### 3.4 Data analysis methods

Collected data used SPSS 18.0, and we conducted a two-tailed test with significant level of 0.5. To identify practice stress and coping pattern, we used average, standard division, Pearson's correlation coefficient is used for the correlation between practice stress and coping.

## 4. Results

### 4.1 General characteristics of the subjects

Demographic characteristics of the subject was shown in Table 1. The average age of the subject was 20.7 years. BSN students were 55.2 percents and 52.6 percents of the subjects were in 3<sup>rd</sup> grade. 58.6 percents of the subjects were Christians. 61.2 percents of the subjects replied their personal relationships were nice. Adaptation ability was nice for 70.3 percents of the subjects. Level of satisfaction of nursing practice was over moderate for 85.3 percents of the subjects.

[Table 1] General characteristics of the Subjects N=138

Characteristics	Category	M±SD	
		N	%
Age(year)		20.7±1.57	
School system	Diploma	72	44.8
	BSN	88	55.2
Year	2ndgrade	51	31.9
	3rdgrade	84	52.6
	4thgrade	25	15.5
Religion	Christian	94	58.6
	Catholic	12	7.8
	Buddhism	7	4.3
	Others	47	29.3
Personal relationship	Nice	98	61.2
	Moderate	62	38.8
	Poor	0	0
Adaptation ability	Very nice	31	19.0
	Nice	113	70.7
	Moderate	0	0
	Poor	16	10.3
Satisfaction of nursing practice	Very good	16	10.3
	good	65	40.5
	Moderate	55	34.5
	poor	18	11.2
	Very poor	6	3.4

### 4.2 Nursing practice stress and stress coping

As a result of the research, average practice stress was 2.72±0.62 which was below the normal. People experienced the highest practice stress during the orientation (3.47±0.87), followed by completion of the

assignment (2.95±0.87), and conference (2.87±0.98). Direct patient care (2.21±0.72) was the least stressful to students surveyed.

Looking at the statistics of coping pattern, students cope well with stress because their average coping pattern was 2.60±0.37 which was above the normal. Wishful thinking (2.96±0.60) was the highest, followed by problem-focused coping (2.79±0.46), and optimistic viewpoint (2.65±0.64) (Table 2). Indifference(2.21±0.61) was the lowest item.

[Table 2] Nursing practice stress and coping  
N=138

Variables	Mean	SD
Nursing practice stress	2.72	0.62
Practice environment	2.69	0.57
Patient direct care	2.21	0.72
Management of both practice and class	2.71	0.78
Facing nurses	2.64	0.80
Completion of an assignment	2.95	0.87
Human relationship	2.42	0.83
Clinical education and evaluation	2.50	0.93
Conference	2.87	0.98
Orientation	3.47	0.87
Stress coping	2.60	0.37
Problem focused coping	2.79	0.46
Wishful thinking	2.96	0.60
Indifference	2.21	0.61
Social support	2.56	0.53
Optimistic viewpoint	2.65	0.64
Tension relieving	2.42	0.60

### 4.3 Correlation between nursing practice stress and stress coping

Correlation analysis result of stress and coping pattern in nursing students showed in Table 3. Wishful thinking is frequently used for orientation( $r=0.32$ ,  $p<0.01$ ), conference( $r=0.52$ ,  $p<0.01$ ), and completion of the assignment( $r=0.27$ ,  $p<0.05$ ). Stress caused by practice training and evaluation is highly related to problem-focused coping( $r=0.31$ ,  $p<0.01$ ). When the

students face the nurses( $r=0.31$ ,  $p<0.01$ ), or build the human relationships( $r=0.36$ ,  $p<0.01$ ), they cope with an optimistic viewpoint. Tension relieving and indifference coping patterns are used for stress related to schedule that has to manage both class and practice( $r=0.27$ ,  $p<0.01$ / $r=0.28$ ,  $p<0.01$ ), practice environment( $r=0.27$ ,  $p<0.01$ / $r=0.26$ ,  $p<0.01$ ), respectively. Stress under patient direct care was not related to any other coping pattern.

[Table 3] Correlation between nursing practice stress and stress coping N=138

Coping	Problem focused coping	Wishful thinking	Indifference
Practice stress			
Practice environment	0.02	0.228*	0.261**
Patient direct care	0.1	0.043	0.1
Management of both practice and class	0.112	0.217*	0.276**
Facing nurses	0.209*	0.208*	0.272**
Completion of an assignment	0.202*	0.286*	0.135
Human relationship	0.239*	0.196*	0.233*
Clinical education and evaluation	0.307**	0.207*	0.185*
Conference	0.215*	0.523**	0.205*
Orientation	0.191*	0.319**	0.139
Practice environment	0.139	0.162	0.267**
Patient direct care	0.041	0.025	0.134
Management of both practice and class	0.061	0.230*	0.272**
Facing nurses	0.194*	0.306**	0.182
Completion of an assignment	0.261*	0.107	0.156
Human relationship	0.247**	0.352**	0.231*
Clinical education and evaluation	0.236*	0.193*	0.159
Conference	0.169	0.052	0.118
Orientation	0.297*	0.173	0.038

\* $p<0.05$ , \*\*  $p<0.01$

## 5. Discussion

The average of stress score was 2.72. This is the

moderate state compared with high stress that of Lee & Choi[2]. Because 10 years gap between the 2 studies make the difference. Practical setting environment, levels and schedules of practice are better than past days. However, stress concerning completion of assignment was high under clinical practice, according to Lee & Choi[2], and Shaban et al[6]. That is consistent with the results in this study. Students have a tendency to do assignment under heavy pressure and competition. On the other hand, facing nurses or human relationship with health professions do not make fear and tense. This point is not consistent with preceding research. According to Al-Zayyat's research[14], nursing students experienced the highest stress when they were taking care of patients, facing teacher or nursing staff and doing assignments. This difference point was made by cultural gap or clinical settings. But if you reduce stress level of students, professors reduce the burden related with conference and assignment or reconstruct teaching methods to control the stress in clinical setting.

Stress coping was 2.6 and this was the high score. The coping pattern used frequently were wishful thinking, problem focused coping, and optimistic viewpoint. This show that nursing students use desirable facing the problem and positive thinking to regulate the stress as coping strategies compared with the report that students experienced more stress when they didn't use problem focused coping[1].

As a result of analyzing the correlation between practice stress and coping, optimistic viewpoint coping is highly related for orientation, conference, and completion of the assignment which caused high stress to student. According to Reeve[15], educators have the potential to impact the development of their students as they transition into nurses capable of handling the rigors of the profession. Professors should give a positive support rather than instructing in authoritative manners with comment, and this will help to manage the students' stress[8]. Professors's support could

enhance self efficacy of students, and self efficacy could have a role of mediation effect to manage stress and coping properly, considering Gibbons et al.'s research[16].

Some studies insisted that avoidance was positively correlated with patient direct care, and problem solving was negatively correlated with [1] [6], but this result show that students choose more tension relieving strategy as a coping mechanism.

Stress caused by clinical education and evaluation is highly related to problem-focused coping. This results show the consistency of Al-Zayyat's research[14]. Al-Zayyat said the most utilized coping strategy at stress times was problem solving. Since, quiz and oral test are unavoidable in the process of evaluation, students show coping pattern to actively solve the problem. When students treat the nurses or build the human relationship, they cope with a positive viewpoint. Students receive more stress from treating the nurses than treating patients, guardian, and other health professionals. Since nurses directly instruct the clinical training and are very involved, students often feel uncomfortable with nurses and are rebuked by them.

However, it is considered that students try to accept the whole situation with the positive viewpoint. De-stressing and indifference coping are used for stress related to schedule that has to manage both class and practice, practice environment. Since a student cannot change the practice schedule and environment, the indifference method is effective to deal with the stress. Therefore, the professors should not excessively express pity and sympathy of schedule and practice environment to help students to realize the situation of stress because it is not helpful to reduce students' stress. Park said, self leadership of students can foster active problem solving coping[17]. Considering this results, it is effective that educators develop a program of self-leadership and put it in practicum curriculum to cope with their clinical practice

stress.

On the other hand, when students treat the patients, the practice stress was the lowest, and there was no relationship with stress coping. Students receive the lowest stress because they do not deal with intensive, direct nursing and are in position of freely treating the patients since they do not have responsibility on the nursing outcome.

## 6. Conclusion

Most of the factors of practice stress are correlated with stress coping, except for patient direct care. Confidence is highly correlated with wishful thinking coping pattern, and subjects show positive coping pattern. To students who do not have a university hospital, frequent movements to clinical training field at a long distance can be a factor that can increase clinical training stress. However, as the result of research, students managed the stress by showing active coping pattern. Instead, the experience of several clinical fields becomes a cause of developing adaptability to the situation. It is considered that the experience gave students an excellent capacity to cope with stress. In other words, since the degree of stress and coping pattern can differ from adaptability of situation, a research of change in clinical training stress by seasonal clinical training and coping pattern is proposed.

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