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## **First Year Nursing Students' Coping Strategies in Stressful Clinical Practice Situations**

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## First Year Nursing Students' Coping Strategies in Stressful Clinical Practice Situations

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### Abstract

Performing the social service professions, to which a profession of nurse includes, is considered one of the most stress-inducing jobs. The reason behind this is deep emotional involvement in contact with patient followed by responsibility for human health and life. The time dedicated to gaining knowledge and practical skills constitutes both a potential stress source for the nursing students and provides them with the opportunity to learn how to cope with it. This study aims at assessing the level of stress in difficult situations, differentiating the methods of stress coping and difficult situations for the nursing studies in the course of practical training. 110 first-year students of intramural studies at the Nursing Faculty, State Higher Vocational School in Tarnów (southern Poland) were surveyed using the research tools include the author's survey questionnaire, Perceived Stress Scale, Inventory to Measure Coping Strategies with Stress. Differences between variables were verified using the chi-square ( $\chi^2$ ) independence test and Mann - Whitney test. The adopted significance level was  $\alpha=0.05$ . During the first practical training, the nursing students struggled with multiple difficult situation (and perceived moderate and high stress and their attempts to cope with stress were diversified. Increase in stress level was accompanied by higher frequency of stress copying strategies by avoidance behaviours ( $\chi^2=7.59$ ;  $p=0.02$ ). Students in difficult situations have more frequently applied coping strategies involving focusing on the issue of concern rather than emotion-based strategies. One should develop active methods of coping with stress and difficult situations with the nursing students, including in particular these manifesting helplessness and avoidance behaviours.

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### Introduction

Nursing is included in professions associated with service and mission. In many cases, potential nursing students follow a stereotypical image which may not be verified until the first confrontation, during practical training in hospital in contact with the patient and therapeutic team. The first contact with a potential future profession in its natural environment is of a great significance to the students, sometimes even decisive for continuing their studies. It takes place during practical training in the basics of nursing. The training is held in the healthcare facilities and aims to optimise nursing skills. The students master their skills, including among others, welfare and hygiene activities, instrumental activities, interpersonal communication, cooperation with the therapeutic team, organisation of work on the ward, and performance of duties of the therapeutic team members. During this first practical training, students become aware that this profession is bound with stress. Providing social services, which includes the nursing profession, is considered one of the most stress-inducing jobs. The reason behind this is largely due to the deep emotional involvement in contact with patients, followed by responsibility for human health and life, and struggling with concerns of the patients and their families. Predispositions to performing the profession of nursing are associated with relevant personality features and ability to cope with stress, which in turn involves making the right decisions in difficult situations.

Stress appears in human life in practically all situations, in particular during studies. Striving towards stress reduction is a natural consequence of such an appearance. We may then speak about coping with stress. Use of stress coping strategies among humans remains highly diversified; one person attempts to tackle stress, whereas others confine themselves to managing stress symptoms. The first group takes a proactive/fighting attitude, whereas the second chooses a more defensive approach. The actions taken depend on multiple biological and psychical factors and coping with stress is considered an adaptive or preventive process. Study and work are potential stress sources and so the period of gaining knowledge and practical skills create a perfect opportunity for learning how to cope with stress. The methods applied by students in difficult situations change with the

education process (Fornés-Vives, Garcia-Banda, Frias-Navarro & Rosales-Viladrich, 2016). Lo (2002) agree that social support counteracts stress effects and ensures the well-being of an individual. It is important to identify problems which appear during practical training in hospital to prevent the situations that lead to helplessness and avoidance behaviours. It can also raise awareness of teachers to the problems faced by students and can guide educators towards specific course design to improve curricula. This study aims to assess the level of stress and difficult situations, differentiating both the methods of stress coping and the difficult situations, for nursing studies in the course of practical training.

## Method

The research was performed using the diagnostic poll and estimation method, surveying and scaling technique on 110 first-year students of intramural studies at the Nursing Faculty, State Higher Vocational School in Tarnów (southern Poland). The applied research tools include the author's survey questionnaire, Perceived Stress Scale by S. Cohen, T. Kamarck, R. Mermelstein adapted by Z. Juczyński and N. Ogińska-Bulik and Inventory to Measure Coping Strategies with Stress by S. Charles Carver adapted by Z. Juczyński and N. Ogińska-Bulik (2012). The author's survey questionnaire consisted of questions related to difficult situations. Perceived Stress Scale (PSS10) was used to assess the stress pressure related to the individual living situation throughout the last month. It consisted of 10 questions referring to subjective feelings and perceptions related to personal problems and events. The respondent answered each question by choosing from a 5-score scale (ranging from 'never' to 'very often'). The general scores were converted into standardised units (1 – 10 stens) and interpreted following the Scale key. A score ranging between 1 and 4 stens is considered low, between 7 and 10 stens – high, and between 5 and 6 stens – moderate.

The Inventory to Measure Coping Strategies with Stress (Mini-COPE) was used to assess the typical responses and perceptions in high stress conditions and difficult situations. It consisted of 28 statements included in 14 strategies for coping with stress and difficult situations, divided into 7 factors i.e. Active Coping (AC); Planning (PL); Positive Revaluation (PR); Seeking Support including: Searching for Emotional Support (SES) and Searching for Instrumental Support (SIS); Helplessness including: Use of Psychoactive Substances (UPS), Cessation of Activity (CA), and Blaming oneself (B); and Avoidance Behaviours including: Dealing with something (Dea), Denial (De) and Discharge (Di). Strategies such as Turn towards Religion (R), Acceptance (A) and Sense of Humour (SH) acted as independent factors. As a result of in-depth analysis of the results, the problem-focused strategies covering: Active Coping, Planning, Searching for Instrumental Support, and emotion-focused strategies covering Searching for Emotional Support, Turn towards Religion, and Denial were distinguished. The study covered 110 first-year students of intramural studies at the Nursing Faculty, State Higher Vocational School in Tarnów (southern Poland). The research was carried out in 2016 upon completion of practical training by the students, who participated in the study on a voluntary and anonymous basis. Differences between variables were verified using the chi-square ( $\chi^2$ ) independence test and Mann – Whitney test. The adopted significance level was  $\alpha=0.05$ . IBM SPSS Statistics 20 software was used for computation purposes.

## Results and Discussion

Women constituted the vast majority of researched students (97.3%). The age of the researched population ranged from 20 to 29 years ( $M= 21.04$ ,  $SD=1.41$ ). Everyday difficulties during practical training were faced by 5.5% of students while 54.5% of students stated that difficulties occurred quite often, whereas according to 38.2% of them, difficult situations were rare. The PSS-10 scores demonstrated that 10.0% of the researched group perceived low stress, 30.0% of them perceived moderate stress, whereas as many as 60.0% of the respondents perceived suffering from high stress. Age of respondents had no impact on the level of perceived stress ( $\chi^2=3.24$ ;  $p=.52$ ), however, it was observed that older individuals obtained a higher score in PSS-10. According to the Mini-COPE scale scores, when facing a stressful situation, the nursing students most often chose active coping or searching for emotional support strategies, followed by dealing with something or searching for instrumental support. Less frequently chosen strategies included planning, acceptance, positive revaluation, turn towards religion or denial. The least popular strategies covered cessation of actions, sense of humour or use of psycho-active substances. In difficult situations, students with a low level of perceived stress significantly more frequently turned towards coping strategies based on positive revaluation ( $\chi^2=13.88$ ;  $p=.01$ ) or sense of humour ( $\chi^2=6.71$ ;  $p=.03$ ). As the stress level grew, the frequency of adapting the coping strategies focused on discharge increased ( $\chi^2=7.59$ ;  $p=.02$ ). The students indicated the following difficult situations: discrepancy between theory and practice (93.6%), insufficient number of performed nursing procedures

(76.4%), and inability to master a technique or already gained skills (75.5%). Less frustrating situations included absence of relevant equipment (74.5%) and performing needless (in their opinion) tasks (72.7%). These were followed by inability to provide effective aid to the patient (57.3%), poor health condition of the patient (54.5%), preparation of patient for the procedure (53.6%), patients' questions on their health condition (50.0%), and establishing contact with patients and experiencing the suffering of patients (46.4%). 45.5% of students pointed at lack of patient satisfaction from provided aid and 42.2% mentioned workplace organisation, whereas, 41.7% of respondents perceived a conversation on private issues of the patient as a difficult situation. Close physical contact with the patient was difficult for 40.9% of the respondents, 38.2% mentioned contact with the patient's family and observing the aseptics and antiseptics rules (38.2%). Establishing cooperation with medical personnel was difficult for 30.9% of the students.

### Difficult Situations Related to Interpersonal Relations and Coping Strategies

The students specifying poor health condition of the patient or conversations about private issues of patients as difficult situations during practical training more often opted for coping strategies based on searching for instrumental support or dealing with something, similarly to the students facing difficulties in establishing contact with the patient.

Table 1. Coping strategies adopted by the researched nursing students in situations related to interpersonal relations

		AC	PL	PR	A	SH	R	SES	SIS	Dea	De	Di	UPS	CA	B
<b>Poor health condition of the patient</b>	<b>M</b>	2,39	2,13	1,57	1,80	0,83	1,26	2,33	2,31	2,30	1,19	1,68	0,58	0,97	1,34
	<b>p</b>	0,12	0,68	0,32	0,14	0,18	0,94	0,31	0,00	0,01	0,28	0,21	0,1	0,58	0,16
	$\chi^2$	4,29	0,77	2,25	3,98	3,46	0,13	2,34	10,80	8,55	2,54	3,12	0,00	1,09	3,71
<b>Establishing contact with patient</b>	<b>M</b>	2,54	2,21	1,67	1,85	0,86	1,10	2,42	2,38	2,35	1,17	1,61	0,39	0,90	1,25
	<b>p</b>	0,00	0,13	0,18	0,40	0,97	0,05	0,01	0,00	0,00	0,04	0,31	0,15	0,01	0,19
	$\chi^2$	12,10	4,02	3,43	1,83	0,06	6,04	7,94	14,50	12,00	6,04	2,29	3,86	8,38	3,31
<b>Close physical contact with the patient</b>	<b>M</b>	2,50	2,22	1,79	1,98	0,81	1,18	2,43	2,30	2,40	1,24	1,63	0,62	1,06	1,21
	<b>p</b>	0,01	0,08	0,25	0,43	0,69	0,40	0,01	0,00	0,00	0,22	0,22	0,49	0,49	0,12
	$\chi^2$	7,99	5,12	2,80	1,68	0,73	1,81	9,48	11,80	13,00	2,99	2,98	1,44	1,42	4,26
<b>Inability to provide effective aid</b>	<b>M</b>	2,41	2,16	1,61	1,94	0,86	1,15	2,48	2,21	2,20	1,13	1,69	0,61	0,99	1,29
	<b>p</b>	0,08	0,34	0,61	0,24	0,69	0,06	0,01	0,11	0,39	0,9	0,27	0,54	0,85	0,11
	$\chi^2$	5,04	2,16	0,97	2,87	0,75	5,54	9,97	4,34	1,86	0,20	2,59	1,24	0,34	4,47
<b>Experiencing the suffering of patients</b>	<b>M</b>	2,51	2,29	1,64	1,86	0,83	1,11	2,51	2,45	2,30	1,01	1,66	0,46	0,93	1,30
	<b>p</b>	0,00	0,00	0,9	0,88	0,74	0,01	0,00	0,00	0,03	0,41	0,59	0,47	0,66	0,76
	$\chi^2$	10,40	11,90	0,21	0,26	0,59	10,80	11,00	22,40	7,04	1,77	1,04	1,53	0,84	0,55
<b>Conversation on private issues</b>	<b>M</b>	2,35	2,14	1,57	1,85	0,82	1,28	2,38	2,33	2,40	1,15	1,61	0,61	1,09	1,25
	<b>p</b>	0,62	0,77	0,43	0,85	0,09	0,97	0,29	0,01	0,00	0,57	0,73	0,28	0,25	0,11
	$\chi^2$	0,97	0,51	1,68	0,33	4,77	0,07	2,48	9,31	14,40	1,13	0,64	2,55	2,76	4,39
<b>Out at lack of patients satisfaction</b>	<b>M</b>	2,41	2,13	1,58	1,76	0,87	1,21	2,44	2,27	2,40	1,16	1,68	0,58	0,98	1,28
	<b>p</b>	0,16	0,54	0,59	0,11	0,95	0,71	0,09	0,05	0,00	0,59	0,15	0,73	0,80	0,47
	$\chi^2$	3,63	1,24	1,06	4,50	0,09	0,68	4,93	5,95	15,60	1,03	3,73	0,61	0,44	1,51
<b>Patients' questions on their health condition</b>	<b>M</b>	2,49	2,23	1,55	1,84	0,74	1,13	2,41	2,33	2,38	1,09	1,66	0,45	1,01	1,22
	<b>p</b>	0,01	0,01	0,17	0,63	0,06	0,03	0,06	0,01	0,00	0,57	0,41	0,26	0,88	0,03
	$\chi^2$	8,97	7,83	3,52	0,91	5,76	6,83	5,49	10,50	13,60	1,13	1,81	2,71	0,25	6,99
<b>Contact with patient's family</b>	<b>M</b>	2,60	2,29	1,73	1,92	0,79	1,10	2,46	2,39	2,42	1,30	1,64	0,48	1,05	1,26
	<b>p</b>	0,00	0,00	0,83	0,83	0,54	0,06	0,01	0,00	0,00	0,09	0,45	0,71	0,44	0,32
	$\chi^2$	20,40	12,70	0,36	0,36	1,25	12,10	10,20	12,30	14,60	4,76	1,58	0,69	1,66	2,26
<b>Establishing cooperation with Staff</b>	<b>M</b>	2,65	2,34	1,69	1,97	0,82	1,09	2,54	2,46	2,43	1,24	1,75	0,43	1,00	1,34
	<b>p</b>	0,00	0,01	0,89	0,49	0,23	0,13	0,02	0,00	0,00	0,08	0,05	0,51	0,55	0,07
	$\chi^2$	15,90	9,01	0,23	1,43	2,93	3,99	7,78	13,40	10,50	5,06	5,78	1,32	1,18	5,21

In addition, they chose the strategies based on active coping and searching for emotional support, followed by denial, cessation of activities, active coping, and turn towards religion. The students having a problem with close physical contact with the patient more frequently turned towards the coping strategies based on active coping, searching for support, and dealing with something. Emotional support was sought by the individuals perceiving an inability to provide effective aid to the patient as difficult. Lack of patient’s satisfaction from provided aid resulted more frequently in coping by choosing a strategy based on dealing with something. The respondents facing stress when asked by the patient about their health condition or experiencing their suffering significantly more frequently attempted active coping, planning, and seeking support. The students having difficulties with contacting the patient’s family and establishing cooperation with medical personnel more often turned towards active coping, planning, searching for emotional and instrumental support or dealing with something – see Table 1.

**Difficult Situations Related to Working Environment and Coping Strategies**

The students describing insufficient numbers of performed nursing procedures as difficult significantly more frequently coped in difficult situations by choosing the strategies based on seeking support. The individuals for whom inability to master a technique or already gained skills was difficult significantly more often chose the coping strategy based on active coping, planning, seeking support or dealing with something. Students pointing at discrepancies between theory and practice as difficult significantly more frequently chose the strategies based on active coping, planning, acceptance, and seeking support. In addition, the students facing difficulties with performing needless (in their opinion) tasks significantly more frequently turned towards active coping strategies, planning, and searching for instrumental support. The respondents describing absence of relevant equipment as a difficulty significantly more frequently chose a strategy based on searching for instrumental support or a denial strategy – see Table 2.

Table 2. Coping strategies adopted by the nursing students in difficult situations related to working environment during practical training

		AC	PL	PR	A	SH	R	SES	SIS	Dea	De	Di	UPS	CA	B
<b>Insufficient number of nursing procedures</b>	<b>M</b>	2,33	2,11	1,64	1,85	0,95	1,35	2,38	2,25	2,22	1,12	1,62	0,59	0,98	1,32
	<b>p</b>	0.15	0.24	0.70	0.55	0.07	0.2	0.02	0.00	0.07	0.63	0.31	0.63	0.89	0.79
	<b>Z</b>	-1.45	-1.46	-1.47	-1.48	-1.49	-1.50	-1.51	-1.52	-1.53	-1.54	-1.55	-1.56	-1.57	-1.58
<b>Inability to master a skill technique</b>	<b>M</b>	2,37	2,14	1,66	1,81	0,89	1,28	2,37	2,24	2,22	1,10	1,61	0,54	0,98	1,34
	<b>p</b>	0.01	0.04	0.88	0.07	0.87	0.79	0.03	0.00	0.02	0.98	0.7	0.34	0.78	0.68
	<b>Z</b>	-2.81	-2.06	-0.15	-1.78	-0.16	-0.26	-2.11	-3.67	-2.35	-0.02	-0.38	-0.95	-0.27	-0.41
<b>Discrepancy between theory and practice</b>	<b>M</b>	2,35	2,13	1,65	1,91	0,90	1,27	2,34	2,17	2,14	1,06	1,59	0,51	0,94	1,32
	<b>p</b>	0.00	0.02	0.80	0.00	0.23	0.34	0.03	0.00	0.91	0.02	0.60	0.00	0.01	0.57
	<b>Z</b>	-2.95	-2.41	-0.25	-2.75	-1.19	-0.96	-2.22	-3.68	-0.11	-2.41	-0.52	-3.29	-2.45	-0.58
<b>Performing needles tasks</b>	<b>M</b>	2,39	2,17	1,59	1,86	0,91	1,19	2,32	2,22	2,21	1,13	1,62	0,54	0,97	1,31
	<b>p</b>	0.01	0.02	0.11	0.79	0.29	0.03	0.43	0.01	0.06	0.60	0.38	0.93	0.83	0.62
	<b>Z</b>	-2.59	-2.42	-1.58	-0.27	-1.05	-2.14	-0.79	-2.61	-1.88	-0.53	-0.87	-0.09	-0.21	-0.49
<b>Absence of relevant equipment</b>	<b>M</b>	2,32	2,13	1,60	1,89	0,94	1,27	2,30	2,20	2,20	1,19	1,63	0,57	1,03	1,33
	<b>p</b>	0.39	0.07	0.13	0.56	0.06	0.73	0.68	0.05	0.16	0.05	0.08	0.86	0.05	0.90
	<b>Z</b>	-0.86	-1.80	-1.52	-0.58	-1.84	-0.35	-0.41	-1.99	-1.39	-1.97	-1.75	-0.18	-1.92	-0.12

**Difficult Situations Related to Instrumental Activities and Coping Strategies**

As a result of score analysis, it was clear that the students having difficulties with performing hygienic activities significantly more often turned towards the strategies based on active coping, seeking support, dealing with something or denial. The individuals having problems with performing measurements responded more often with adopting a denial, discharge, or blaming oneself strategies. Students facing difficulties when preparing

patients for the procedure significantly more frequently chose the strategies based on active coping, planning, seeking support, dealing with something or discharge. The individuals with difficulties in preparing the workplace significantly more frequently used the strategy based on active coping, planning, and seeking support in difficult situations. Among the students having difficulties with observing the aseptics and antiseptics rules, a significantly more frequent selection of coping strategy based on active coping, planning, seeking support, and dealing with something was observed – see Table 3.

Table 3. Coping strategies adopted by the researched nursing students in difficult situations related to instrumental activities during practical training

		AC	PL	PR	A	SH	R	SES	SIS	Dea	De	Di	UPS	CA	B
<b>Hygienic activities</b>	<b>M</b>	2,53	2,21	1,71	1,95	0,74	1,26	2,56	2,32	2,48	1,34	1,69	0,66	1,03	1,19
	<b>p</b>	0,02	0,21	0,53	0,52	0,18	0,96	0,00	0,03	0,00	0,05	0,26	0,31	0,49	0,17
	<b>Z</b>	-2,39	-1,25	-0,63	-0,65	-1,35	-0,05	-2,84	-2,21	-3,31	-1,99	-1,12	-1,02	-0,69	-1,37
<b>Measurements</b>	<b>M</b>	2,31	1,92	1,61	1,89	0,94	1,58	2,42	2,28	2,31	1,50	1,94	0,78	1,28	1,69
	<b>p</b>	0,66	0,16	0,93	0,96	0,72	0,11	0,37	0,23	0,38	0,02	0,01	0,26	0,08	0,00
	<b>Z</b>	-0,44	-1,39	-0,09	-0,05	-0,36	-1,58	-0,89	-1,19	-0,89	-2,42	-2,47	-1,14	-1,76	-2,92
<b>Preparing the patient for the procedure</b>	<b>M</b>	2,42	2,22	1,66	1,94	0,80	1,18	2,44	2,36	2,34	1,22	1,69	0,59	1,00	1,25
	<b>p</b>	0,03	0,01	0,87	0,32	0,15	0,07	0,01	0,00	0,00	0,08	0,03	0,38	0,58	0,07
	<b>Z</b>	-2,17	-2,45	-0,17	-1,00	-1,44	-1,81	-2,58	-4,14	-3,23	-1,75	-2,15	-0,87	-0,56	-1,83
<b>Preparing the workplace</b>	<b>M</b>	2,55	2,30	1,67	1,85	0,84	1,13	2,49	2,38	2,29	1,11	1,62	0,43	0,86	1,32
	<b>p</b>	0,00	0,00	0,82	0,64	0,47	0,05	0,01	0,00	0,06	0,84	0,77	0,23	0,16	0,54
	<b>Z</b>	-3,52	-3,14	-0,23	-0,47	-0,72	-1,99	-2,66	-3,45	-1,89	-0,20	-0,29	-1,19	-1,39	-0,61
<b>Observing the aseptics and antiseptics rules</b>	<b>M</b>	2,61	2,26	1,56	1,76	0,69	1,05	2,52	2,42	2,36	1,12	1,65	0,39	0,83	1,23
	<b>p</b>	0,00	0,02	0,20	0,06	0,02	0,01	0,00	0,00	0,01	0,73	0,45	0,14	0,09	0,1
	<b>Z</b>	-4,06	-2,26	-1,22	-1,86	-2,43	-2,65	-2,94	-3,59	-2,69	-0,34	-0,75	-1,47	-1,67	-1,67

Situations related to interpersonal contacts with the patient, patient's family, and medical personnel posed the most difficulties to the students, followed by those related to working environments and instrumental activities. The widest range of coping strategies was adopted by the respondents for difficulties resulting from discrepancies between theory and practice, establishing contact with the patient, and observing aseptics and antiseptics rules. The most common strategies include active coping and searching for emotional and informational support. Focus on emotions was observed only in the case of inability to provide effective aid to the patient. Some of the students manifested avoidance behaviours, in particular in the case of difficulties arising in interpersonal relations. The respondents displayed helplessness in the following difficult situations: performing measurements, patients' questions on their health condition, discrepancy between theory and practice, and establishing contact with the patient. The vast majority of students coped with difficulties by focusing on the problem rather than focusing on emotions. According to the stressor analysis, the most common strategy performed by the researchers was seeking support.

Nursing students face various difficult situations, in particular during their first practical training on the ward. The diversity of these situations necessitates using different stress coping strategies. Our studies revealed the following difficult situations for the students: discrepancy between theory and practice (93.6%), insufficient number of performed nursing procedures (76.4%), inability to master a technique or already gained skills (75.5%). In studies performed by Bodys-Cupak, Majda, Zaleska-Puchala and Kamińska (2016) among students, the identified difficult situations included discrepancies between theory and practice, poor health condition of the patient, experiencing the suffering of the patients or inability to provide effective aid to the patient. The results of Kaneko and Momino studies (2015) show that the key stressors for Japanese nursing students were, for the most part, limited contact with teachers and instructors, inability to discuss the activities taken or receive support, lack of knowledge and skills, performing nursing activities, and interpersonal contact with the patient and their family or interdisciplinary team members. The authors of other studies (Gibbons, 2010; Jimenez, Navia-Osorio, & Diaz, 2010) confirm that students, apart from struggling with difficulties resulting from interpersonal contacts with teachers or members of interdisciplinary teams, point out at the following stressors: lacks of knowledge, uncertainty in performing their nursing activities, care of a dying patient or fear of failure. In turn, Sayedfatemi, Tafreshi and Hagani (2007), when assessing the stressors for

nursing students, demonstrated that first year nursing students, when compared to the fourth year students, identify more interpersonal and environmental stress sources.

Students use different strategies for coping with stress in difficult situations. Our studies revealed that the most commonly adopted strategies are based on active coping, searching for emotional or instrumental support. The least frequent method adopted by students to cope with difficult situations was using psycho-active substances. Similar results were obtained by Fornes-Vives et al. (2016) and Sayedfatemi et al. (2007).

The results of research carried out by Kaneko and Momino (2015) enabled them to state that in difficult situations, students displayed mood worsening and passive attitudes which manifested in no activity in seeking support to solve the problems. The results of studies performed by Hirsch, Barlem, Tomaschewski-Barlem, Figueira, Lunardi, and Oliveira (2015) revealed that nursing students in Brazil manifested avoidance behaviours in stressful situations. Most of the respondents participating in research performed by Shiferaw, Anand and Namera (2015) coped with stress by positive thinking, whereas the most common negative method for getting over stress was blaming oneself. Similarly, Yildiz Findik, Ozbas, Cavdar, Yildizeli Topcu and Onler (2015) observed that nursing students in Turkey manifested passive strategies of coping despite high levels of stress. Also, Alzayyat and Al-Gamal (2016) stated that Jordanian students using the avoidance or displacement strategies perceived higher stress levels. The vast majority of the students of medical faculties participating in the studies performed by Niknami, Dehghani, Bouraki, Kazemnejad and Soleimani (2015) in Iran applied a coping strategy consisting of focusing on a problem.

Our own studies revealed that students in difficult situations seek social and instrumental support. Other authors (Lo, 2002; Gibbons, 2010; Gibbons, Dempster, & Moutray, M., 2011) confirm that a leading and more positive strategy for coping with stress applied by students is seeking social support. This is very significant in assisting students to develop positive coping strategies and to use difficult situations as a source of mobilisation and find positive factors. The main limitation of this study is that data collection occurred at one point in time, rather than longitudinally. Also, participants in the study were mainly young women which could cause bias. The present study significantly extends prior research on associations between different situations for students and the coping strategies. Future research should also be undertaken at multiple universities.

## Conclusions

During practical training in hospital wards, difficult situations appeared relatively frequently in slightly more than half of nursing students. The most frequent difficult situations for nursing students were in the area of interpersonal relations with the patient, their family, and personnel; less frequent were in the area of working environment and instrumental activities. The vast majority of nursing students perceived moderate and high stress and frequency of manifesting of avoidance behaviours increased significantly with growing stress levels. Nursing students adopted different strategies for coping with stress in difficult situations, with seeking support being the most frequent and helplessness the least frequent. Nursing students more frequently applied coping strategies focused on the problem rather than on emotions.

## Recommendations

One should, therefore, develop active strategies for coping with stress and difficult situations in nursing students, in particular for those students manifesting helplessness in their actions and displaying avoidance behaviours.

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