

Stress Level and Coping Behaviors of Psychiatric Nursing Students Pre and Post Clinical Practice

Samah Ramadan Ibrahim & Fathyeya Said Sayed.

Lecturer of Psychiatric Nursing and Mental Health, Faculty of Nursing, Benha University
Corresponding Author: Samah Ramadan

Abstract

Background: In psychiatric clinical settings, nursing students face complex situations and problems that can lead to distress. **This study was aimed** to assessing stress level and coping behaviors of psychiatric nursing students pre and post clinical practice. **This study:** used a quasi – experimental pre and post test design. **Setting:** The study was carried out at the Faculty of Nursing, Benha University and The psychiatric Mental Health Hospital in Benha City as a clinical area for nursing students. **Subject:** All nursing students enrolled in 4th academic year 2015-2016 undergoing the Psychiatric Mental health Nursing training course **Tool for data collection:** This tool was used for data collection consists of three parts: **Part I:** It was concerned with socio-demographic characteristic of the studied subjects. **Part II:** The Perceived Stress Scale (PSS) was adopted by Sheu et al., (1997) to examine nursing students' stress levels **Part III:** Coping behavior Inventory (CBI) scale adopted by Sheu et al.,(2002) to identify nursing students' coping strategies. The main findings of the study were: There are Minimal improvements in stress level among Psychiatric Nursing students in 4th year at Benha University pre compared by post clinical practice and more frequently use coping strategies regarding avoidance, problem solving, optimistic and transference behavior in pre compared by post clinical practice. Also, it has proved that there is a highly statistical significant correlation between stress level and coping behaviors of the study sample pre and post clinical practice. **Recommendations: Further studies:** This study was conducted only at one nursing college in one country. Future studies should consider replicating the study at multiple nursing colleges and multiple countries.

Key Words: stress, coping behavior, clinical practice

Date of Submission: 12-03-2018

Date of acceptance: 30-03-2018

I. Introduction

Stress can be described as 'physical, mental, or emotional strain or tension' and 'a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize' (*American Institute of stress, 2014*). It has been suggested that stress may have varying effects on students including; psychological health, learning, motivation and performance. In the clinical environment, high levels of stress may decrease clinical performance (*Moscaritolo, 2015*).

Furthermore, Stress is defined as a relationship between the person and the environment that is appraised by the person as relevant to his or her well-being and in which the person's resources are taxed or exceeded. Coping refers to the thoughts and behaviors used to manage the internal and external demands of situations that are appraised as stressful. The coping effect is accomplished in two major functions: problem-focused, which attempts to change the troubled person-environment relationship by acting on the environment or oneself; and emotion-focused, which attempts to change only the way we attend to or interpret what is happening (*Huey- Fen, 2015*).

The nursing curriculum consists of clinical and theoretical courses that complement each other. The nursing curriculum is directed towards preparing professional and competent nurses who would apply their knowledge and skills throughout their work process. Thus, emphasis should be placed on students' clinical learning and training since it applies all the clinical skills; affective, psychomotor, and theoretical knowledge. In nursing education, the information and the skills acquired in the clinical setting with actual patients is far more beneficial than structured scenarios in the labs or in a class room. In most nursing curriculums, nursing students spend approximately half of their education within the clinical area; so it is alarming that they view the clinical practice as incredibly stressful (*Chan et al., 2014*).

Stress among nursing students could have significant consequences (positive or negative), on both thinking and learning. It is known that students with high levels of stress have difficulties in their education, which could lead to a variety of mental and physical health related problems. On the other hand, low levels of stress were discovered to be a motivation for the students (*Sindir & Acaroglu, 2014*).

Nursing students perceive complicated clinical stressors if they have clinical training in psychiatric facilities. Indeed, this is maybe attributed to the stigma that is robustly associated with those persons who have psychiatric illnesses. This unfavorable attitude can deter students' education, have a destructive effect on their establishment of healing relationships with clients, and produce emotional distress. As a result, the worldwide literature signifies that a little number of nursing students select this specialty as a future career choice post graduation (Spence, et al., 2012).

Karimollahi (2011), stated that nursing students recurrently engage into clinical part of Psychiatric /Mental Health Nursing (PMHN) courses with the mental image of "fear of unknown". Furthermore, those students are often overwhelmed by family advice to "Be careful!" when dealing with psychiatric clients. Nolan and Ryan (2013), reported that major types of stress during the PMHN clinical education were related to clinical education workload, relations with others in the training wards; responsibility and competency; and simultaneous academic and clinical pressure. Therefore, the current review paper was conducted to provide an understanding of the stressors among nursing students during their clinical practice in psychiatric settings.

Students' stress in their clinical practice can be altered and influenced by the coping strategies they choose to employ. Effective coping strategies help students to perform markedly better in regards to their studies; also aid in relieving students' stress. It was observed that the best and most useful coping strategies are as follows: problem solving, transference (efforts to keep a positive attitude toward the stressful situation), and unrelenting optimism (Shaban et al., 2012).

During nursing education and training, nursing students are frequently exposed to various stressors which may directly or indirectly impede their learning and performance. The nature of clinical education presents challenges that may cause students to experience stress. Moreover, the practical components of the program which is important in preparing students to develop into professional nurse role by its nature have made the program even more stressful than other programs (Labrague, 2013).

Significance of The study

Nursing students' psychological condition has an immediate impact on their daily life, their academic performance, the quality of their upcoming nursing work and even the steadiness of the nursing team. Moreover, it is essential to recognize whether the students are equipped adequately with successful coping skills to manage future clinical stress (Ni et al., 2010).

It has been recognized that clinical practice in Psychiatric Mental Health Nursing field is highly stressful for nursing students (Szpak and Kameg, 2011). Therefore, it's valuable for clinical nursing teachers to identify existing stressors in the psychiatric practice settings and to recognize the students' coping strategies. This knowledge is very helpful in planning effective clinical teaching programs for nursing students who undertake their training in psychiatric settings. Consequently, nursing students become more able to use themselves therapeutically and, in that case, the quality of patient care will be improved.

Aim of the Study

This study aimed to assessing stress level and coping behaviors of psychiatric nursing students pre and post clinical practice through:-

Measurement of the stress level and coping behaviors for these students by using a Perceived Stress Scale (PSS) and a Coping Behavior Inventory (CBI) scale.

Research Questions

To achieve the aim of this study the following research questions are formulated:

1. What is the level of stress perceived by psychiatric nursing students pre and post clinical practice?
2. What are coping behaviors do nursing students frequently use to relieve their stress?
3. Is there a relationship between stress levels and coping behaviors?

Subject and Methods

Research Design:-

A quasi - experimental pre and post-test design was used in this study.

Setting:-

The study was carried out at the Faculty of Nursing, Benha University /and the Psychiatric Mental Health Hospital in Benha City as a clinical area for nursing students. Its hospital capacity is 277 beds. It serves psychotic patients and includes 6 departments (5 for males and 1 for females). The total number of the patients was 224 patients (59 females and 165 males).

Subject:-

All nursing students enrolled in 4th academic year 2015-2016 undergoing the psychiatric mental health nursing training at the Faculty of Nursing, Benha University were the target of this study. They were 111 students; eleven students were excluded as pilot study.

Tool of the study:-

The tool was used to conduct this study described as the following:

An interviewing questionnaire, it was constructed by the researchers after reviewing relevant literatures. This tool was divided into three parts:

Part I: It was concerned with socio-demographic characteristic of the studied subjects which consist of age, gender, interest and experience of psychiatric nursing, address, family system, economical and marital status.

Part II: The Perceived Stress Scale (PSS) was adopted by Sheu et al., (1997) in order to examine nursing students stress levels. It consists of 29 items grouped into six factors related to the sources of stress. **The six**

factors include:1- Stress from taking care of patients which includes 8 items about lack of experience and ability in providing nursing care and in making judgments, do not know how to help patients with physio-psycho-social problems, unable to reach one's expectations, unable to provide appropriate responses to doctors', teachers', and patients' questions, worry about not being trusted or accepted by patients or patients' family, unable to provide patients with good nursing care, do not know how to communicate with patients, and experience difficulties in changing from the role of a student to that of a nurse.

2-Stress from assignments and workload which includes 5 items about Worry about bad grades, experience pressure from the nature and quality of clinical practice, feel that one's performance does not meet teachers' expectations, feel that the requirements of clinical practice exceed one's physical and emotional endurance and feel that dull and inflexible clinical practice affects one's family and social life.

[
3-Stress from Lack of Professional Knowledge and skill which includes 3 items about unfamiliar with medical history and terms, unfamiliar with professional nursing skills and unfamiliar with patients' diagnoses and treatments.

4-Stress from the environment which includes 3 items about feel stressed in the hospital environment where clinical practice takes place, unfamiliar with the ward facilities and feel stressed from the rapid change in patient's condition.

5-Stress from peers and daily life which includes 4 items about experience competition from peers in school and clinical practice, feel pressure from teachers who evaluate students' performance by comparison, feel that clinical practice affects one's involvement in extracurricular activities and cannot get along with other peers in the group.

6-Stress from teachers and nursing staff which includes 6 items about experience discrepancy between theory and practice, do not know how to discuss patients' illness with teachers or medical and nursing personnel, feel stressed that teacher's instruction is different from one's expectations, doctors lack empathy and are not willing to help, feel that teachers do not give fair evaluation on students, and lack of care and guidance from teachers.

The scoring system: Student's responses were ranged from never 0, rarely 1, sometimes 2, often 3 to always 4 and total score was calculated as: 0-29 was considered very lower level of stress, while 30-58 was considered lower level of stress, while 59-87 was considered moderate level of stress and 88-116 was considered higher level of stress.

The total score range from 0-116. A lower score means lower degrees of stress to students, while the higher score means higher levels of stress to students.

Part III: Coping behavior Inventory (CBI) scale adopted from Sheu et al., (2002) was used to identify nursing students' coping strategies. It consists of nineteen items of are divided into four factors related to coping strategies which include:

- **Avoidance behaviors** (efforts to avoid the stressful situation) which include 6 items about avoid difficulties during clinical practice, avoid teachers, quarrel with others and lose temper, expect miracles so one does not have to face difficulties, expect others to solve the problem and attribute to fate.
- **Problem-solving behaviors** (efforts to manage or change the stress arising out of a stressful situation) which includes 6 items about adopt different strategies to solve problems, set up objectives to solve problems, make plans, list priorities, and solve stressful events, find the meaning of stressful incidents, employ past experience to solve problems and have confidence in performing as well as senior schoolmates.
- **Optimistic coping behaviors** (efforts to keep a positive attitude toward the stressful situation) which includes 4 items about keep an optimistic and positive attitude in dealing with everything in life, see things objectively, have confidence in overcoming difficulties or cry, to feel moody, sad, and helpless.
- **Transference behaviors** (efforts to transfer one's attention from the stressful situation to other things) which includes 3 items about To feast and take a long sleep, save time for sleep and maintain good health to face stress and relax via TV, movies, a shower, or physical exercises.

Scoring system:

Coping behavior inventory scale was scored by 5-point Likert-type and student's responses were ranged from never 0; infrequently 1; sometimes 2; frequently 3 to always 4 and total score was calculated as: 0 – 19 considered never uses coping behavior strategies, while 20 – 38 was indicate sometimes used coping behavior, while 39- 57 was indicate frequent use and 58 – 67 was indicate greater effectiveness of a certain type of coping behavior. Total higher scores of each factor indicate more frequent use, and greater effectiveness of a certain type of coping behavior.

Preparatory phase:

Review of current and past literature related to topic by the researchers using books, magazines periodicals and network. This was done to get a clear picture of all aspects related to the topic of study.

Content Validity:

Before starting the data collection tools were translated into Arabic language and tested for its content validity by five of expertise in the psychiatric field to check the relevancy, clarity, comprehensiveness, and applicability of the questions. As a result of the jury, required modifications were done and the final form was developed.

Reliability of tools

Standardized tools	Cronbach's Alpha	No of Items
Perceived Stress Scale (PSS)	0.90	29 items
Coping behavior Inventory (CBI) scale	0.76	19 items

Ethical consideration:

All ethical issued was considered before conducting the study, students were assured that the data will be collected from the questionnaires will remain confidential and that no personal identification was needed by any means. Students were informed that they could refuse to participate in this study, or withdraw from it at any time and then acceptance and oral consent of the student to participate in the study was taken.

Pilot study:

After the tools have been designed, they were tested through a pilot study, which was done before embarking on the field work to check the clarity and applicability of designed tool and to estimate the time needed to complete its items. It was carried out on 11 psychiatric nursing students (10% of the sample size), who were excluded from the main study subjects. According to the result of the pilot study, no changes were required.

Field work:-

- Preparation of data collection was carried out from the beginning of October 2015 (pre-clinical practice) to the end of December 2015 (post-clinical practice).
- The researchers were obtained permissions from the Dean of Faculty of Nursing, Benha University to conduct the study.
- The aim and the nature of the study were explained and then it was possible to carry out the study with minimum resistance.
- The field work included students, undergoing fourth year in academic year 2015-2016 they consisted of 100 students.

- The researchers collected all students to be acquainted with them, explained to them the objectives of the study and its expected outcomes.
- The researchers conducted the study twice/week on practical days (Sundays and Mondays), from 9.00 a.m. to 12.00 p.m. one hour theoretical and two hour for practical at clinical area of Psychiatric and Mental Health Hospital in Benha City.

Construction of coping strategies for stress during clinical practice:

1- Preparatory phase: A review of recent, current, national and international literature in various aspects of the student's stress and coping strategies. The tools questionnaire was designed to assess levels and resources of student's stress and coping strategies regarding theoretical and practical content pre and post clinical practice.

2- The assessment phase: The pre test questionnaire was designed and implemented to identify the levels and resources of student's stress whether from taking care of patients, assignments and workload, from lack of professional knowledge and skills, from the environment, from peers and daily life or from teachers and nursing staff and assess the type of coping behavior avoidance, problem solving, stay optimistic and transference.

3-The planning and implementing phase:

The general objective of the study was to assessing the stress level and coping behavior pre and post clinical practice.

The content included:

- Stress resources as from taking care of patients due to causes such as (lack of experience and lack ability in providing nursing care and in making judgments on patient, decrease knowledge how to help patients with physio-psycho-social problems, inability to provide appropriate responses to doctors', teachers', and patients' questions, worry about not being trusted or accepted by patients or patients' family, inability to provide patients with good nursing care or decrease knowledge how to communicate with patients), from assignments and workload due to causes such as (worry about bad grades, pressure from the nature and quality of clinical practice or feel that one's performance does not meet teachers' expectations), lack of Professional Knowledge and skills due to causes such as (unfamiliar with medical history and terms, unfamiliar with professional nursing skills or Unfamiliar with patients' diagnoses and treatments), from the environment due to causes such as (feel stressed in the hospital environment where clinical practice takes place, unfamiliar with the ward facilities or feel stressed from the rapid change in patient's condition), from peers and daily life due to causes such as (experience competition from peers in school and clinical practice, feel pressure from teachers who evaluate students' performance by comparison, or cannot get along with other peers in the group), from teachers and nursing staff due to causes such as (experience discrepancy between theory and practice, feel stressed that teacher's instruction is different from one's expectations. feel that teachers do not give fair evaluation on students or lack of care and guidance from teachers.
- Coping behavior of students regarding stress by using different types of strategies as a voidance behavior through avoid difficulties during clinical practice as (avoid teachers, expect others to solve the problem or attribute to fate), problem-solving behaviors through efforts to manage or change the stress arising out of a stressful situation such as (strategies to solve problems, set up objectives to solve problems, make plans, list priorities, and solve stressful events, find the meaning of stressful incidents, employ past experience to solve problems and have confidence in performing), optimistic coping behaviors through efforts to keep a positive attitude toward the stressful situation such as (keep an optimistic and positive attitude in dealing with everything in life, see things objectively and have confidence in overcoming) and transference behaviors through efforts to transfer one's attention from the stressful situation to other things such as (about to feast and take a long sleep, save time for sleep and maintain good health to face stress and relax via TV, movies, a shower, or physical exercises).

The content of practical training included six sessions two for theory and four for practices. Each session takes from 20-30 minutes for theory and 30-45 minutes for practical.

The teaching methods used were lectures, group discussions, demonstration and re-demonstration. Posters were distributed as teaching media at the work place.

Evaluating phase

To evaluate the effect of practical training for student's coping behaviors related to stress by using post-test that similar to the pre-test was applied.

Statistical analysis:-

The calculated data was analyzed and the collected data was organized, coded, computerized and tabulated and analyzed by using (SSPS) programs version 20. Data analysis was accomplished by the use of number, percentage distribution to test the significance of some variance, significant $p < 0.05$.

II. Results

Table (1): Frequency distribution of study sample regarding socio-demographic characteristics

Socio-demographic characteristics	No.	%
Age		
<22	22	22.0
22- < 23	51	51.0
23+	27	27.0
$\bar{x} \pm SD$	22.05±0.70	
Sex		
Male	18	18.0
Female	82	82.0
Address		
Rural	63	63.0
Urban	37	37.0
Family stability		
Unstable	2	2.0
Sometimes stable	30	30.0
Stable	68	68.0
Income		
Not enough	5	5.0
Enough	85	85.0
Enough and more	10	10.0
Marital status		
Single without relation	43	43.0
Single with relation	35	35.0
Married	22	22.0
Total	100	100.0

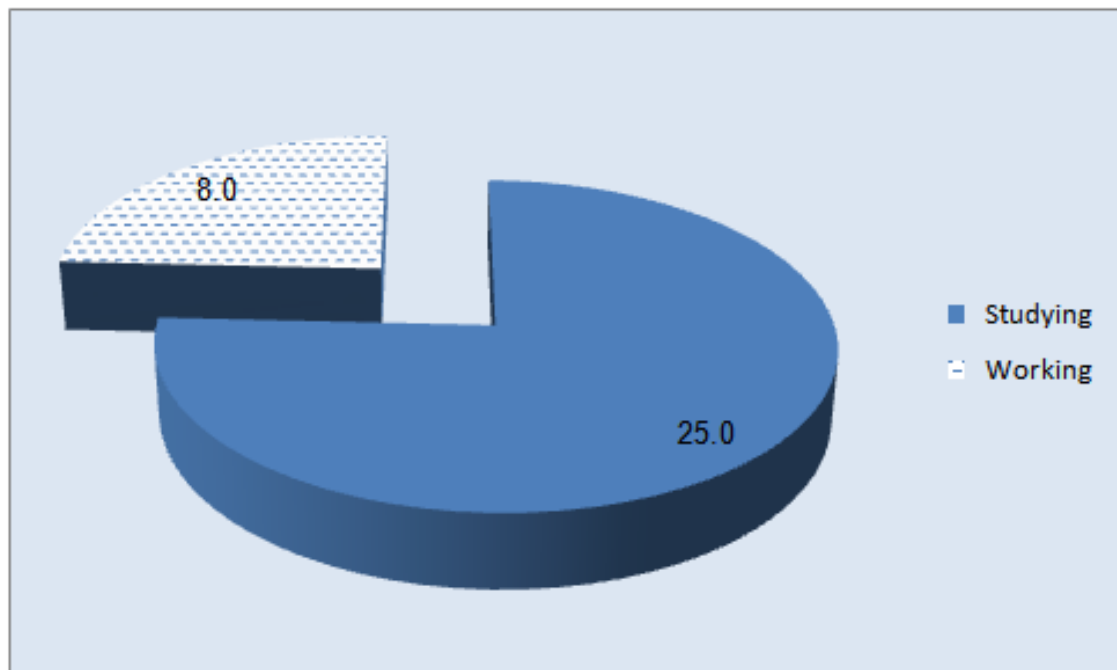


Figure (1): Frequency distribution of study sample regarding experience of psychiatric nursing.

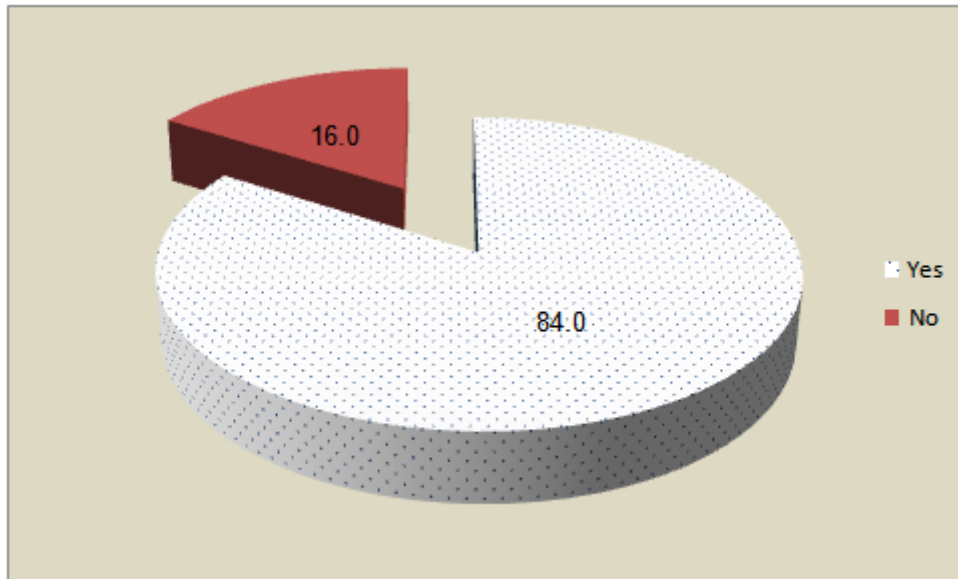


Figure (2): Frequency distribution of study sample regarding interest by psychiatric nursing.

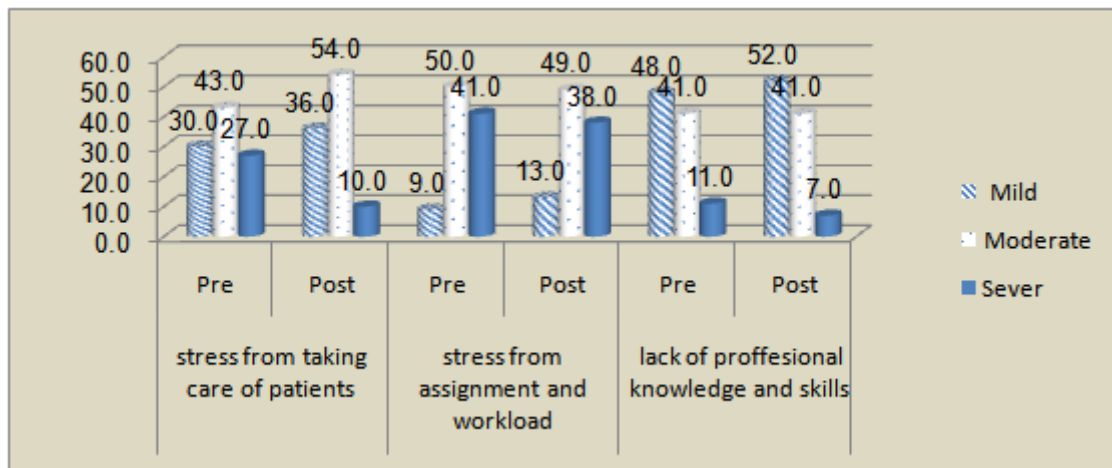


Figure (3): Levels of stress of the study sample pre and post clinical practice

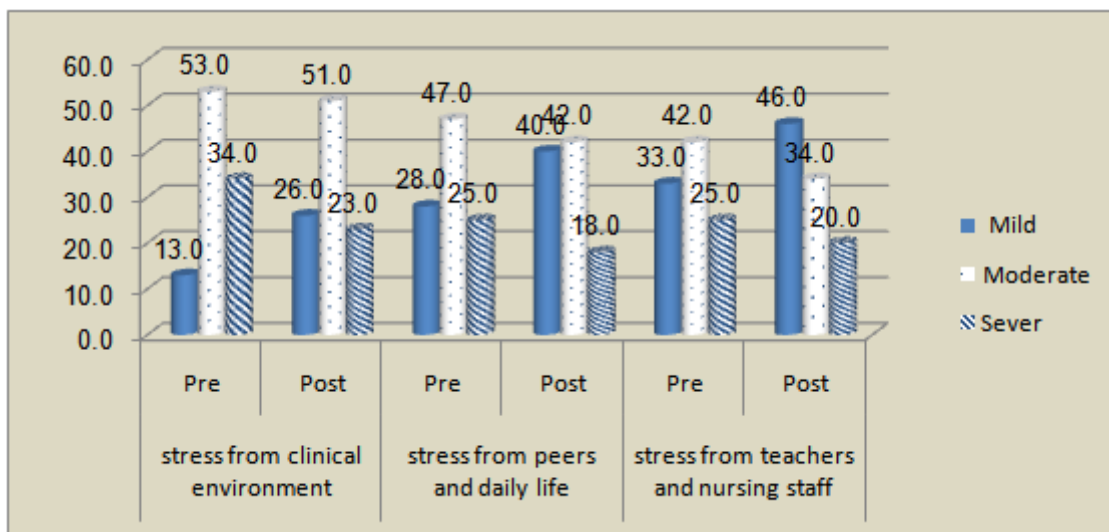


Figure (3) cont.: Levels of stress of the study sample pre and post clinical practice

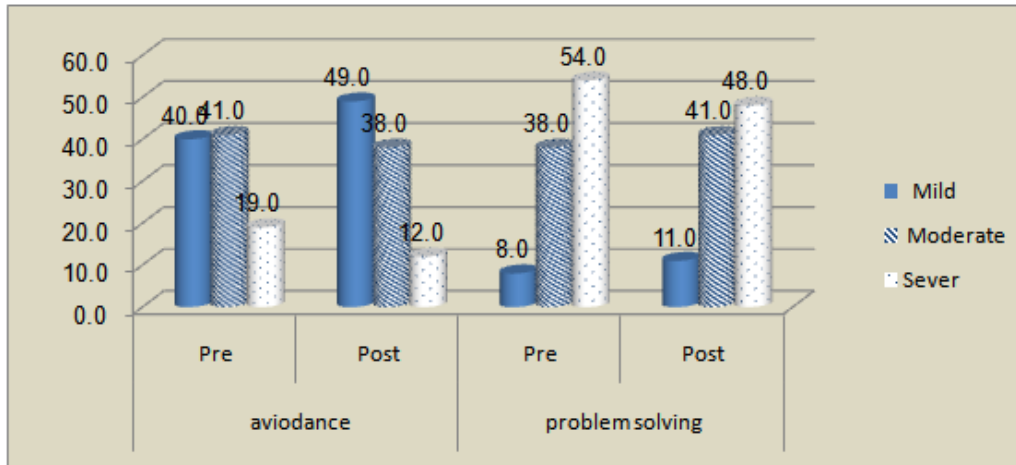


Figure (4): Coping behavior of the study sample pre and post clinical practice

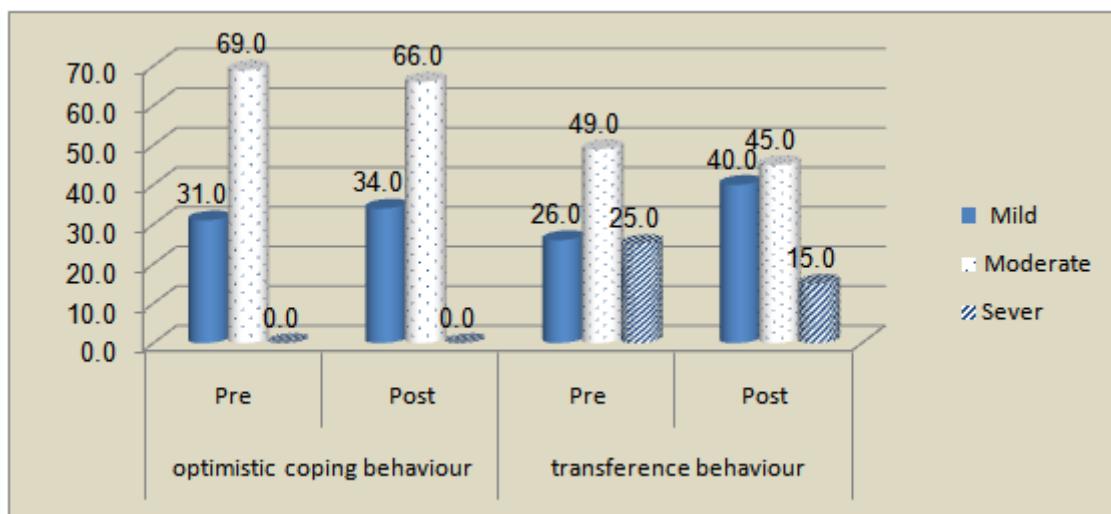


Figure (4) Cont: Coping behavior of the study sample pre and post clinical practice

Table (2): Correlation between stress level and coping behavior of the study sample pre and post clinical practice

Coping behavior	Stress level			
	Pre		Post	
	r	p-value	r	p-value
	0.05	0.56	0.39	0.000**

(**) highly statistically significant at ≤ 0.001

Table (1): This table shows that, the socio-demographic characteristics of the study sample. As regard age, more than half (51.0%) of students aged 22 years with a mean age of 22.05 ± 0.70 . concerning Sex, majority of the students (82.0%) were female. As regard family stability, more than half (68%) of students have stable family. In relation to Income, more than three quarters of them (85.0%) were enough income and nearly to half of them (43.0%) single without relation.

Figure (1): This figure shows that one quarter of the study sample (25.0%) have experience of psychiatric nursing from working, where 8% only have experience from previous study.

Figure (2): This figure illustrates that, majority of the study sample (84.0 %) having an interest by psychiatric nursing, but 16.0 % not have interest.

Figure (3): This figure illustrates that, minimal improvement in stress level among Psychiatric Nursing students regarding taking care of patients, stress from assignment and workload and lack of professional knowledge and skills pre-clinical practice were 27.0 ,41.0 and 11.0% compared by post-clinical practice were 10.0, 38.0 and 7.0% respectively.

Figure (3) cont: This figure illustrates that stress level was minimal improvement regarding stress from clinical environment, from peers & daily life and from teachers and nursing staff pre-clinical practice were 34.0, 25.0 & 25.0 compared by post clinical practice were 23.0, 18.0 & 20.0 respectively.

Figure (4): This figure shows that the Psychiatric Nursing Student were more frequently use coping behavior regarding avoidance and problem solving in pre-clinical practice were 40.0 & 38.0 compared by post clinical practice were 49.0 & 41.0 respectively.

Figure (4) cont: This figure shows that the Psychiatric Nursing Student were more frequently use coping strategies regarding optimistic and transference coping behavior in pre-clinical practice were 31.0 & 26.0 compared by post clinical practice were 34. & 40.0 respectively.

Table (2): This table documents that, there are highly statistically significant correlations between stress level and coping behaviors of the study sample pre and post clinical practice.

III. Discussion

The main sources of stress relate to experiences on placement. Some of these are common to those reported by practicing nurses, such as working with dying patients; conflicts with other staff; insecurity about clinical competence; interpersonal problems with patients; and work overload. Additional stressors faced by nursing students include developing clinical skills and, more broadly, a perceived lack of practical skills. Time pressures within which they are expected to operate on placement, together with evaluations of clinical experience, are frequently reported. Status as a student on placement has been reported, and aligned to this are nursing staff attitudes towards students on placement (*Gibbons et al., 2014*).

Stress in nursing students is an area of growing concern and it may result in psychological distress, physical complaints, behavior problem and poor academic performance. So, It is important for students to develop effective coping behaviors to deal with stress since this enables them to benefit optimally from their education and to develop a positive professional identity (*Chapman & Orb., 2015*)

The present study was conduct at the Faculty of Nursing, Benha University and psychiatric Mental Health Hospital in Benha City as a clinical area for nursing students to assessing stress level and coping behaviors of psychiatric nursing students pre and post clinical practice.

Table (1) The results of the present study revealed that, more than half (51.0%) of students aged 22 years with a mean age of 22.05 and majority of the study sample were female. This may be due to the students in the fourth year in this age and more than of them who admissions of faculty of nursing were female. This finding was similar to the study done by *Kumar, (2011)* found that more than half of nursing students were 19-25 yrs age and Majority of the nursing students were females. Also, this result congruent with *Jimenez-Jimenez et al., (2013)*, *Liu et al., (2015)* found that the majority of students were aged between 18 and 25 with a mean age of 21.9 years and the women more than men.

As regard family stability, more than half (68.0%) of students have stable family. This may be due to living in rural area where stability and love of their boys and girls is the most important thing in their life. This result incongruent with *Kumar, (2011)* found that more of the students belong to unstable family.

In relation to Income, more than three quarters of them (85.0%) were enough income. This may be due to most of the students were single without relation or without responsibility and nursing students received their income from parents. This finding was similar to the study done by *Daengthern, (2014)* found that the nursing student have enough income. This result incongruent with *Kumar, (2011)* found that majority of nursing students were enough and more income.

The results of the present study revealed that, nearly to half (43.0%) of nursing students were single without relation. This result incongruent with *Liu et al., (2015)* found that majority of nursing students were married.

Figure (1) The result of the current study showed that, one quarter of the study sample (25.0%) have experience of psychiatric nursing from working, this may be due to the students were working to carry out responsibilities of marriage and cover the costs of faculty and their houses this lead to gain of experience from working. This finding was similar to the study done by *Chiang, (2012)* found that experience in nursing apart from clinical Placement were 25.40%. Also, this finding was similar to the study done by *Khater et al., (2014)* found that, few of students had previous experience in nursing.

Figure (2) The result of the current study showed that, majority of the study sample (84.0 %) having an interest by psychiatric nursing. This may be due to psychiatric nursing is a new branch in nursing for the

students in 4th year only of faculty. This result congruent with *Khater et al., (2014) found* that the most part, the participants had an interest in the nursing profession.

Figure (3) The result of the present study revealed that, stress from lack of professional knowledge and skills were 11.0% pre-clinical practice compared by post clinical practice were 7.0%. It may be due to reading or preparing during their clinical practicum, Time tabled to attend lectures in early part of the week, followed by clinical experience for the rest of the week and completion of the whole course before clinical practice .These findings were disagreement with *Karaca et al., (2015)* showed that students' scores for stress caused by the environment and lack of professional knowledge and skills were found to be high.

Figure(4):The result of the present study documented that, more frequently use coping behavior regarding avoidance in pre-clinical practice were 40.0 compared by post clinical practice were 49.0.Students may use the avoidance strategy, particularly when they do not feel confident. The use of avoidance as a coping mechanism can also be linked to student personalities, upbringing and experience with stress. These findings were in agreement with *Karaca et al., (2015)* showed that nursing students in clinical practice used avoidance as a coping strategy as their perceived stress increased. These findings were in disagreement with **Chiang, (2012)** found that, avoidance is the least frequently used and least perceived effective coping strategy.

The result of the present study revealed that, more frequently use coping behaviors regarding problem solving in pre-clinical practice were 38% compared by post clinical practice were 41%.It may be due to University students are well educated. Most of them would regulate their emotions and “take the responsibility to solve the problem”. These findings were in agreement with *chan et al., (2014)* found that nursing students most frequently used problem solving as a coping strategy.

The result of the present study revealed that, more frequently use coping behaviors transference in pre-clinical practice were 26% compared by post clinical practice were 40%.This finding was similar to the study done by *Chan et al., (2014)* found that transference is the most frequently used and the most perceived effective coping strategies for a short time, also Students do not know or know little about other kinds of coping strategies.

Table (2) The results of the current study revealed that, there are highly statistically significant correlation between stress level and coping behaviors of the study sample pre and post clinical practice. This may be due to the present stress being able to motivate students to use coping strategies as a healthy behavior. On the contrary, these findings were in disagreement with *Kaneko and Momino , (2015)*found that a negative correlation between the stress factors and the coping behavior of the nursing student.

IV. Conclusion

This study was conducted to assessing stress level and coping behaviors of psychiatric nursing students' pre and post clinical practice. The result emphasized that 84.0 % having an interest by psychiatric nursing. Minimal improvement in stress level among Psychiatric Nursing Students in 4th year at Benha University pre-clinical practice compared by post clinical practice and more frequently use of coping strategies regarding avoidance, problem solving, optimistic and transference behavior in pre-clinical practice compared by post clinical practice. Also, it has proved that there is a highly statistical significant correlation between stress level and coping behaviors of the study sample pre and post clinical practice.

Recommendation

- * Educate the students according to the nature of the problems that may face, clarify its causes, and how to treat it.
- *Educate the students about healthy &unhealthy coping strategies.
- * Take advantage of the media to increase the social awareness of the problems and disorders that may increase the stress level of the students.
- * Create university environments that satisfy the needs of the students.

Further studies

*This study was conducted only at one nursing college in one country. Future studies should consider replicating the study at multiple nursing colleges and multiple countries.

References

- [1]. *American Institute of Stress., (2014): Definition of Stress*, available at http://www.stress.org/Definition_of_stress.htm.
- [2]. *Chan, C., So, W., & Fong, D. (2014)*. Hong Kong Baccalaureate Nursing Students' Stress and Their Coping Strategies in Clinical Practice. *Journal of professional nursing: official journal of the American Association of Colleges of Nursing*, 25(5), 307-313.
- [3]. *Chapman R, Orb A.,(2015):* Coping strategies in clinical practice: the nursing students' lived experience. *Contempt Nurse*; 11, pp: 95–102.
- [4]. *Chiang, v., (2012):* Perceived stress and coping strategies of Hong Kong pre-registration nursing degree students during their clinical placement, *Global Nursing Education*, pp: 26- 63.

- [5]. **Daengthern, L., (2014):** Factor influencing stress among nursing students of faculty of nursing during clinical practice, JMHM (the Journal of Macro Trends in Health and Medicine), Vol2, Issue1.
- [6]. **Gibbons, C., Dempster, M., & Moutray, M., (2014):** Stress, coping and satisfaction in nursing students. *Journal of Advanced Nursing*, 67(3), 621-632.
- [7]. **Huey-Fen, W., (2015):** Stress, Coping, and Psychological Health of Vocational High School Nursing Students Associated With a Competitive Entrance Exam. *J. Nursing Research*. Vol (13) 2, pp: 106-115.
- [8]. **Jimenez-Jimenez, C., Sanchez-Laguna, J. L. and Jimenez-Linde I. M., (2013):** Coping and health in novice and experienced nursing students during clinical practice: a descriptive, differential and correlational analysis, *Journal of Nursing Education and Practice*, Vol. 3, No. 11
- [9]. **Kaneko, S., Momino, K., (2015)** Stress Factors and Coping Behaviors in Nursing Students during Fundamental Clinical Training in Japan. *Int J Nurs Clin*
- [10]. **Karaca, A., Yildirim, N. and Ankarali, H., (2015):**Nursing Students' Perceived Levels of Clinical Stress, Stress Responses and Coping Behaviors. *Journal of Psychiatric Nursing*; 8(1), pp: 32-39.
- [11]. **Karimollahi, M., (2011).** An investigation of nursing students' experiences in an Iranian psychiatric unit. *J. Psychiatric and Mental Health Nurs.* 19(8),pp: 738-745.
- [12]. **Khater, W. A., Akhu-Zaheya, L. M. and Shaban, I. A., (2014):** Sources of Stress and Coping Behaviours in Clinical Practice among Baccalaureate , Nursing Students, *International Journal of Humanities and Social Science* Vol. 4, No. 6.
- [13]. **Kumar, R., (2011):** Stress and Coping Strategies among Nursing Students. *Nursing and Midwifery Research Journal*, Vol-7, No. 4, pp: 141:151.
- [14]. **Labrague , M., (2013):** Stress, Stressors, and Stress Responses of Student Nurses in a Government Nursing School, *Technological Educational Institute of Athens*, Vol7, Issue 4.
- [15]. **Liu, M., Thomas, K. S .,Wong, M. Z. and Luo, M., (2015):** Perceived stress among Macao nursing students in the clinical learning environment ,*International Journal of Nursing Sciences Volume 2, Issue 2*, pp: 128-133.
- [16]. **Mossarritolo , L. M., (2015):** Interventional strategies to decrease student nursing anxiety in the clinical learning environment, *Journal of Nursing Education*, pp 48:51.
- [17]. **Ni, C., Liu , X., Hua, Q. and Yan, Y., (2010).** Relationship between coping, self-esteem, individual factors and mental health among Chinese nursing students: A matched case–control study. *Nurse Education Today*, 30(4), pp: 338–343.
- [18]. **Nolan, G., Ryan, D., (2013):** Experience of stress in psychiatric nursing students in Ireland. *Nursing Standard*, 22(43), pp: 35-43.
- [19]. **Shaban, I., Khater , W., & Akho-Zaheya, L., (2012):** Undergraduate nursing students' stress sources and coping behaviors during their initial period of clinical training: a Jordanian perspective. *Nurse Education in Practice*, 12(4), pp: 204-209.
- [20]. **Sheu, S., Lin, H. S. and Hwang, S. L., (2002):** Perceived stress and physio-psycho- social status of nursing students during their initial period of clinical practice: the effect of coping behaviors. *International Journal of Nursing Studies*, 39(2), pp: 165–175.
- [21]. **Sheu, S., Lin, H.S., Hwang, S.L., Yu, P.J., Hu, W.Y. and Lou, M.F., (1997):**” The development and testing of perceived stress scale of clinical practice. *Nursing Research*, 5 (4), pp: 341–351.
- [22]. **Sindir, M., & Acaroglu, R., (2014).** Reliability and validity of Turkish version of clinical stress questionnaire. *Nurse Education Today*, 28(6), pp:737-743.
- [23]. **Spence, D., Garrick, H. and McKay, M., (2012):** Rebuilding the foundations: Major renovations to the mental health component of an undergraduate nursing curriculum. *Int. J. Mental Health Nurs.* 21(5), pp: 409–418.
- [24]. **Szpak, J. L., Kameg, K. M., (2011).** Simulation decreases nursing student anxiety prior to communication with mentally ill patients. *Clinical Simulation in Nursing*, X(X), e1-e7.

Samah Ramadan Ibrahim. “Stress Level And Coping Behaviors Of Psychiatric Nursing Students Pre And Post Clinical Practice”.” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* , vol. 7, no.2, 2018, pp. 54-64.