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Association between Problem Focused Coping with Stress among Nursing Students during Clinical Training at DHQ-Teaching Hospital, KDA Kohat, Pakistan

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Abstract: Background: Stress among nursing students is a common concern in nursing education worldwide. Students may experience stress due to fear of making clinical errors, inadequate clinical knowledge, limited practical experience, heavy academic workloads, time constraints, challenging patient conditions, and difficulties communicating with patients and healthcare professionals. Objective: To assess the association between problem focused coping with degree and type of stress among nursing students during clinical training at DHQ-Teaching hospital, KDA Kohat, Pakistan. Methods: A descriptive cross-sectional study was conducted by a simple random sampling technique on 110 nursing students during their clinical training. The data were collected by a self-administered questionnaire that consists of demographic variables, perceived stress scale (PSS), and ways of coping checklist (WCCL). Results: The study sample consisted of 110 nursing students, with a prominent male majority of 72.7% (n = 80) and 84.5% (n = 93) being single. Academic demographics revealed that 47.3% (n = 52) were in their fourth year, 51.8% (n = 57) maintained a high CGPA between 3.5 and 4.0, and 40.0% (n = 44) had less than six months of clinical experience. Notably, a vast majority of 83.6% (n = 92) had received no formal stress-management training. The perceived stress provoking factors included Stress from taking care of patients (2.55 ± 0.80), stress from assignments and workload (3.1 ± 1.00), stress due to lack of professional knowledge (2.75 ± 0.96), stress from clinical environment (2.74 ± 0.84), and stress from teachers and peers (2.98 ± 0.65). Problem-focused coping strategies used by students to minimize stress include bargaining (2.78 ± 0.51), focus on positive (2.02 ± 0.61), social support (2.29 ± 0.73), and concentrated efforts (2.15 ± 0.71). Correlation analyses showed that social support acted as a key buffer, correlating negatively with stress from patient care (r = -0.207) and lack of professional knowledge (r = 0.219). Conversely, interpersonal and environmental pressures triggered reactive coping, as evidenced by positive correlations between concentrated efforts and stress from the clinical environment (r = 0.195) as well as teachers and peers (r = 0.170). Conclusion: Academic workloads (3.10 ± 1.00) and instructor/peer relationships (2.98 ± 0.65) are the main causes of the significant clinical stress experienced by nursing students at KDA Hospital. This stress is exacerbated by an 83.6\% deficiency in formal stress-management training. Although students actively use social support (2.29 ± 0.73) and negotiating (2.78 ± 0.51) to reduce direct patient care and knowledge worries, they do not have a formal, institutional framework for stress management. Rather, structural pressures lead to an increase in unguided "concentrated efforts" (2.15 ± 0.71), which puts this high-achieving group at risk for burnout. As a result,

educational institutions need to move quickly away from expecting students to be resilient on their own and toward rigorous stress-coping programs and helpful faculty mentorship.

Keywords: problem-focused coping, stress, clinical training, nursing students

INTRODUCTION

The academic and clinical courses that make up the nursing specialization complement and strengthen one another. In order to give students, the chance to develop the knowledge, skills, attitudes, and values taught in classrooms and labs, clinical training is added to the theoretical portion, which is taught in classrooms through lectures, case studies, and directive discussions. Additionally, clinical training helps students widen their expectations for their future professions, acquire clinical abilities, and integrate theory into practice (Jackson 2001).

Due to technological advancements and the evolving nature of healthcare settings, clinical instruction in nursing has recently improved. There are a number of benefits to incorporating certain technologies, such high-fidelity simulators, and instructional strategies, like organized scenarios, into nursing curricula to improve students' knowledge and abilities. It is more advantageous to practice with real patients in clinical settings in order to acquire the necessary information and abilities (Alinier, Hunt et al. 2006).

Clinical training often starts in the first year of nursing programs and continues until graduation. Since much of the nursing curriculum consists of practical training, stress has been frequently reported by nursing students, particularly in the early stages (Chan, So et al. 2009). However, stress may have positive or negative effects, depending on how students handle pressures (Gibbons 2010). When faced with stresses, some students become more motivated, while others experience anxiety and depression (Seyedfatemi, Tafreshi et al. 2007). During their first clinical training and practice, nursing students frequently face stress and anxiety (Freiwald, Baumgart et al. 2016). Many negative outcomes may be resulted like poor academic performances, higher burnout levels, and poor personal well-being at this initial period (Kernan & Wheat 2008, Gibbons 2010, Freeburn & Sinclair et al., 2009).

All these factors can make it difficult to achieve the main goal of nursing education, which is to prepare competent nurses. Therefore, clinical teachers need to understand the factors that can increase stress among nursing students and the ways students use to manage these stressors. Evidence shows that helping students develop positive coping skills can help them to overcome and deal with different stressors during their education and training (Labrague, McEnroe-Petitte et al. 2018).

The deliberate actions we take to lessen the negative social, psychological, or bodily effects of a situation or occurrence are referred to as coping. Problem-focused coping and emotion-focused coping are two categories of coping. The goal of problem-focused coping is to either change the source of the stress or find a solution to the unpleasant circumstance or occurrence. Problem-focused coping methods include (but are not limited to) taking charge of the stress (e.g., fixing problems or eliminating the source of the stress), getting help or information to deal with the situation, and removing oneself from the stressful circumstance. Emotion-focused coping, which aims to control the feelings connected to the

event rather than altering the circumstance itself, is different from problem-focused coping (Carroll 2020).

Real-life problem solving seems to be a crucial general coping strategy that can have a major impact on a person's capacity to lessen, control, and prevent the experience of stress in daily life, according to recent theoretical and research developments in the field of stress and coping. Current stress-management programs still offer little to no instruction in general problem-solving techniques, despite a growing body of research supporting this perspective. The findings of a few recent outcome studies are presented, and when combined, they strongly imply that problem-solving training is a workable and promising strategy for stress management that lowers stress and its detrimental effects (psychological symptomatology, health issues) while increasing positive psychological resources (problem-solving ability, self-esteem, and life satisfaction) (D'Zurilla 1990).

METHODOLOGY

Research Design: Cross-sectional Correlational study design.

Study Area: DHQ Teaching Hospital KDA Kohat, Khyber Pakhtunkhwa Pakistan.

Data collection procedure: Data was obtained from nursing students practicing in DHQ Teaching hospital, KDA Kohat and following variables were recorded;

- Age
- Gender
- Marital status
- Year of study
- Overall CGPA
- Perceived stress
- Coping behavior (Problem focused coping)

Inclusion Criteria: Undergraduate nursing students practicing at DHQ Teaching hospital KDA Kohat.

Exclusion Criteria: Graduate nurses, Students of CNA (Certified Nurse Assistant) and Post-RN, and First year students.

Data analysis: was done by entering and analyzing the data on IBM SPSS Statistics. The frequency, percentage, mean, and the standard deviation will be measured.

Tools: The required data for this study was collected through demographic variables, perceived stress scale (PSS) and ways of coping checklist (WCCL).

The demographic information sheet: The information on this sheet will include experiences, cumulative GPA, marital status, age, gender and year of study.

Perceived stress scale (PSS): Created by Sheu, a five-point Likert scale which examines stressors and stress related behaviors among nurses' students. There are 29 items in the scale, with the answers to each item ranging from “never” to “always”.

Problem-focused coping (taken from Ways of Coping Checklist WCCL): Developed and revised by Folkman and Lazarus, agree to clearly disagree is on a 5-point Likert scale.

RESULTS

Table-1: Gender of the Respondents

Gender of respondents				
	Frequency	Percent	Valid Percent	Cumulative Percent
Male	80	72.7	72.7	72.7
Female	30	27.3	27.3	100.0
Total	110	100.0	100.0	

This table shows gender of the research participants. There were 80(73%) male students, and 30(27%) female students out of total 110 students. This shows a significant difference in the number of male and female students. Male students were almost triple to those of female students. It may be due to gender inequality in education.

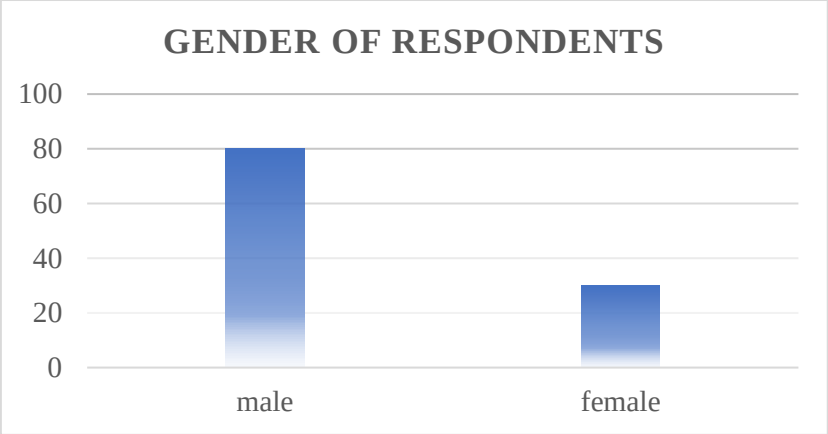


Figure-1: Gender of the respondents

Table-1: Marital status of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	93	84.5	84.5	84.5
Married	17	15.5	15.5	100.0
Total	110	100.0	100.0	

This table represents the marital status of 110 respondents. The results indicate that majority of the participants were single. There were 93(84.5%) unmarried and 17(5.5%) married students.

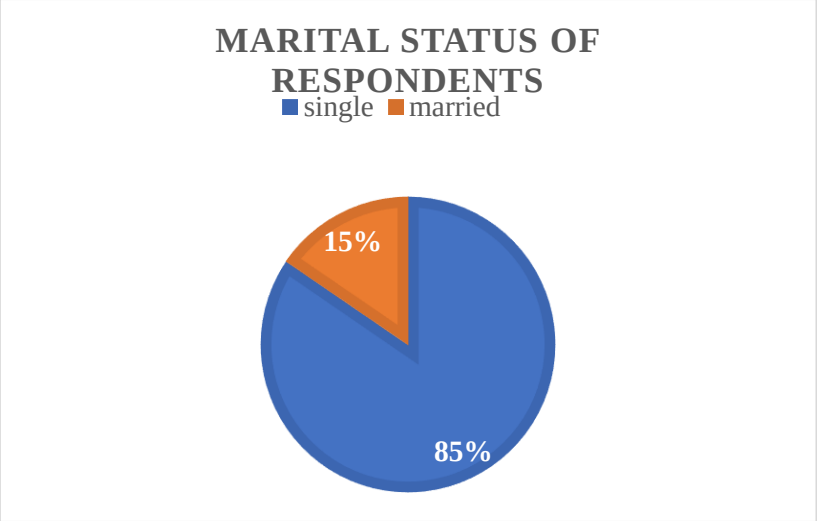


Figure-1: Marital status of respondents

Table-2: Respondents Year of Study

	Frequency	Percent	Valid Percent	Cumulative Percent
1st-year	2	1.8	1.8	1.8
2nd-year	24	21.8	21.8	23.6
3rd-year	32	29.1	29.1	52.7
4th-year	52	47.3	47.3	100.0
Total	110	100.0	100.0	

This table shows the study year of research participants. There 52(47%) students of 4th year, 32(29%) OF 3rd year, 24(22%) 2ND year, and only 2(1.8%) students of first year.

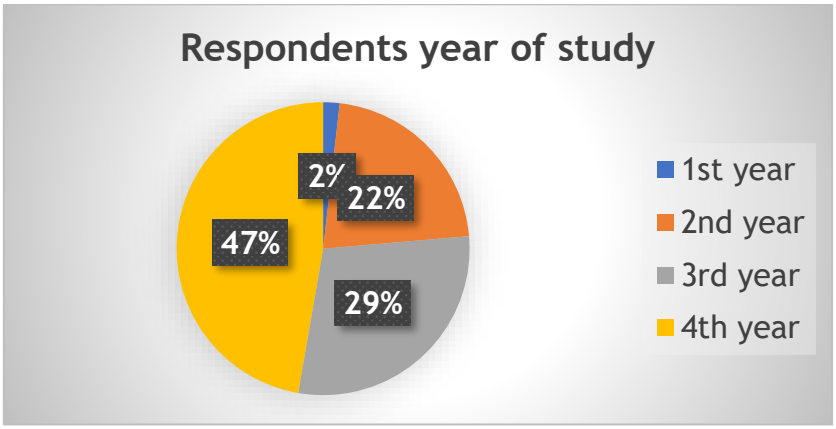


Figure-2: Respondents Year of Study

Table-3: Respondents Clinical Experience

	Frequency	Percent	Valid Percent	Cumulative Percent
< 6 months	44	40.0	40.0	40.0
6 to 12 months	37	33.6	33.6	73.6
> 12 months	29	26.4	26.4	100.0
Total	110	100.0	100.0	

This table shows the experience of research participants. 29(26%) have more than 12 months experience, 37(34%) have between 6 to 12 months experience and 44(40%) have less than 6 months experience. Majority of the students have experience less than 6 months.

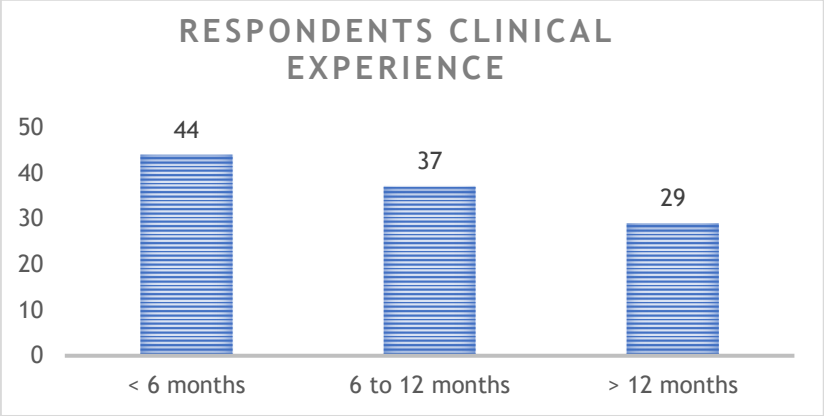


Figure 3: Respondents clinical experience

Table-4: Respondents Stress Training

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	18	16.4	16.4	16.4
No	92	83.6	83.6	100.0
Total	110	100.0	100.0	

Majority of the students have not received any clinical training. 92(83%) do not received, and 18(16%) have received it. This may be due to no provision of proper stress management programs in educational institution.

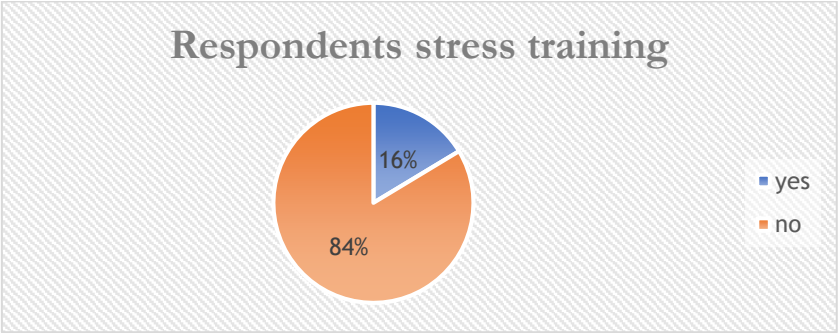


Figure 4: Respondents Stress Training

Table-5: CGPA of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
<2.5	7	6.4	6.4	6.4
2.5 to 2.99	15	13.6	13.6	20.0
3.0 to 3.49	31	28.2	28.2	48.2
3.5 to 4.0	57	51.8	51.8	100.0
Total	110	100.0	100.0	

This table shows CGPA of the respondents of 110 students. According to this table the frequency of CGPA <2.5 is 7 (6.4 %), between 2.5 to 2.99 are 15 (13.6%). Between 3.0 to 3.49 are 31 (28.2%), between 3.5 to 4.0 are 57 (51.8%). The data indicates more than half of respondents 51.8 %have high CGPA ranging from 3.5 to 4.0, Its mean that majority of students will have stress due to burden of studies for achieving high marks.

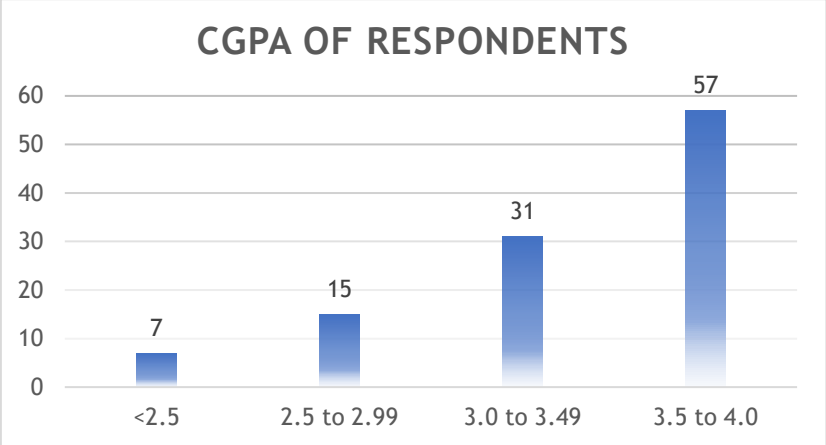


Figure-5: CGPA of the Respondents

Table-6: Perceived Stress Scale

Perceived Stress scale	Never	Rarely	Sometimes	Frequently	Always	Mean ± SD
1 Stress from taking care of patients						**2.55 ± 0.80**
Lack of experience and ability to provide care and judgments	23	20	48	9	10	**2.66±1.167**
Unable to meet one's expectations	34	27	30	12	7	**2.37±1.210**
Unable to provide patients with good nursing care	43	27	14	9	18	**2.39±1.478**
Do not know how to communicate with patients	51	18	16	13	12	**2.25±1.422**
Experiences difficulties in changing from the role of a student to that of a nurse	5	28	40	27	10	**3.08±1.024**
2 Stress from assignment & workload						**3.1 ± 1.00**
Worry about bad grades	17	18	26	23	26	**3.21±1.382**
Feel that clinical practice requirements exceed one's physical and emotional endurance	18	20	35	20	17	**2.98±1.285**
3 Stress due to lack from professional knowledge						**2.75 ± 0.96**
Unfamiliar with medical history and terms	22	26	35	19	8	**2.68±1.188**
Unfamiliar with professional nursing skills	24	18	43	9	16	**2.77±1.290**
Unfamiliar with patients' diagnosis and treatments	22	19	40	17	12	**2.80±1.240**
4 Stress from clinical environment						**2.74 ± 0.84**
Feel stressed in the clinical environment where clinical practices take place	22	36	24	19	9	**2.61±1.220**
Unfamiliar with the ward facilities	09	36	36	24	5	**2.82±1.015**

Feel stressed from rapid changes in patients' conditions	12	31	42	19	6	**2.78±1.035**
5 Stress from teachers & peers						**2.98 ± 0.65**
Experience competition from peers in school and clinical practice	0	21	39	45	5	**3.31±.832**
Experience discrepancy between theory and practice	28	29	30	12	11	**2.54±1.261**
Feel that teachers do not evaluate students fairly	10	23	31	37	9	**3.11±1.112**

This table shows the frequency, mean and S.D of each item of perceived stress scale. Some factors correlate with each other and some have not significantly related to each other.

Table-7: Problem Focused Coping

Problem focused coping	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**	**Mean±SD**
1 Bargaining						**2.78 ± 0.51**
I expressed anger to the person(s) who caused the problem	15	29	25	29	12	**2.95±1.233**
Come up with a couple of different solutions to the problem	22	31	19	24	14	**2.79±1.335**
Bargain or compromised to get something positive from the situation	18	42	17	31	2	**2.61±1.118**
I try to see things from other person's point of view	27	34	17	31	1	**2.50±1.71**
2 Focus on positive						**2.02 ± 0.61**
I know what has to be done, so I am doubling my efforts to make things work	29	53	15	9	4	**2.15±1.021**
I pray	41	39	13	14	3	**2.08±1.118**
I tell myself things that help me feel better	38	55	13	4	0	**1.85±768**
Rediscover what is important in life	50	32	10	13	5	**2.01±1.200**
3 Social support						**2.29 ± 0.73**
Talk to someone how I am feeling	29	38	23	16	4	**2.35±1.129**
Accept sympathy and understanding from someone	32	44	22	10	2	**2.15±1.003**
Ask a relative or friend I respect for advice	22	52	13	8	5	**2.38±1.117**
4 Concentrated effort						**2.15 ± 0.71**
Just concentrate on what I have to do next — the next step	29	49	21	10	1	**2.14±.943**
Talk to someone to find out more about situation	30	49	16	10	5	**2.19±1.079**
I am making a plan of action and following it	25	58	17	9	1	**2.12±.885**

This table shows the frequency, mean, and S.D of each item of the scale.

Table-8: Correlation of Coping and Stressors

	Stress from taking care of patients	Stress from assignments and workload	Stress due to lack of professional knowledge	Stress from clinical environment	Stress from teachers and peers
Bargaining	0.04	-.076	-.120	.026	.135
Focus on positive	0.057	-.062	-.102	.026	-.125
social support	-0.207	-.034	-.219	.149	.169
Concentrated efforts	-0.002	.068	.062	.195	.170

The above table shows the relationship between stressors and the factors of problem-focused coping. Problem-focused coping strategy 'Concentrated Efforts' had a positive correlation with all stressors, especially with stress from clinical environment (r = .195). In contrast, 'Bargaining' and 'Focus on Positive' showed weak negative correlations with most stressors, indicating these were used less under high stress.

DISCUSSION

The aim of this chapter was to conduct a detailed analysis and assessment of the results of this study regarding the main objective to explore the correlation between clinical training stress and problem-focused coping mechanisms among the students of the nursing study conducted within KDA hospital, Kohat. Demographic characteristics and correlation matrices as presented in the results section are paired with existing research literature concerning nursing education, stressor management, and cross-cultural dynamics seen during clinical training experiences.

Contextual Anomalies and Demographic Profile

The sample size (N = 110) yielded very local insights that reflect recent developments in the region of Pakistan but in stark contrast to the normal trends of Pakistan nursing at the global level. One of the unique qualities of the study is the significant amount of the sample that chose to complete it, whether male (72.7\% (n = 80)) or female (27.3\% (n = 30)). Most of all the nurses around the world are females. But there has been seen a significant rise in the number of boys studying in Khyber Pakhtunkhwa (KPK) province especially at the educational institutions which are associated with public educational institutes such as KDA Hospital Kohat. Most of these driving factors are financial motivation, a stable of public-sector employment options and cultural — but not solely cultural — shifts in the appraise. The main drivers of this change are financial pressures, enduring public-sector job opportunities and cultural — but not exclusively cultural — evolution in career attitudes. This disproportion of genders is important when evaluating the stress reactions, because traditionally, men and women have had different coping skills.

Clinical Experience and Academic Status

The majority of the respondents were senior students, with 47.3\% (n = 52) of their respondents being fourth year and 29.1\% (n = 32) being the third-year students. This is why

40% of the students had less than six months of clinical contact and 26.4% of them more than twelve months. This bi-modal dosage is a great indication of coping habits. Senior students (of generally higher resilience will have demanding clinical demands as they move toward independent professional practice. In addition, in terms of academic performance profile, 51.8% (n = 57) were doing fairly well (between 3.5 and 4.0). These people may also experience extreme self-imposed perfectionism and may therefore be more prone to academic and clinical stress.

The Vital Deficit: Lack of Official Stress Training

A significant finding of this study is that 83.6%, (n = 92) out of all of the nursing students had not received any formal training regarding the subject of stress. Unpreparedness is an endemic problem that represents a substantial institutional gap. The varied outcomes with patients, interpersonal dynamics with colleagues or staff, and fear of making a mistake are all part of an inherently unpredictable clinical environment. Violence lends itself to trial-and-error coping, which is what happens when a nurse student is required to cope with such pressure with no psychology classes or any kind of stress-management seminar. This impairment directly impacts the weaknesses and inconsistent stress–stressor relationships that exist among stressors and adaptive coping strategies in this study. These weaknesses and inconsistent stress–stressor relationships between stressors and adaptive coping strategies in this study are directly linked to this impairment.

Examination of Relationships between Coping Mechanisms and Stressors

This study's main goal was to determine the relationship between particular clinical stressors and problem-focused coping strategies. The Pearson correlation (r) values showed intricate linkages that need more analysis.

Using Social Support as a Buffer

Social support was the one pattern of coping that had clear negative relationships with the main stressors: Stress resulting from patient care: r = -0.207, Stress brought on by lack of expertise: r = -0.219. In these negative connections, it is found that the level of stress of students in the field of patient care and knowledge gap decreases as they seek social support. Traditional psychological theories about social support consider it an effective emotional and information shield. Discussing clinical procedures or gaps in knowledge with peers or families helps students who feel uncomfortable with situations to reframe their sense of helplessness and nursing competence. Social support, however, was positively correlated to stress from peers and teachers (r = 0.169) and the clinical setting (r = 0.149). This means it’s a reactive pattern: learners actively try to get social support when the clinical environment becomes too chaotic, or if there is an interpersonal conflict with supervisors. The social network is used in resolving relational and structural problems but not in stress reduction.

Concentrated Efforts and Institutional Pressure

Stress in the clinical setting: r = 0.195; Stress from classmates and teachers: r = 0.170 were found to be favorably associated with "Concentrated efforts"—a problem-focused approach that shows a tendency to take direct action and make plans. Sneezing-free preparation makes sense; it will reduce stress. But these are positive, indicating that when there are greater demands on students' interpersonal and institutional capacities, they exert more concentration and effort. Because of the hierarchical structure and high standards of professionalism, students at KDA Hospital Kohat deal with conflicts with teachers and difficulties in the clinical arena by applying more effort. This concentrated effort may lead to higher work completion, but may also lead to thought fatigue when root causes of the system are not addressed.

Focus on Positive and Bargaining

With most of parameters, “Bargaining” and “Focus on Positive” strategies were not significantly associated if at all. For instance, negative correlation values were obtained with teachers/peers r = -0.125 and lack of professional expertise r = -0.102, for the category “Focus on Positive”. Thus, a positive attitude towards life when dealing with interpersonal conflicts and other negative academic issues could somewhat alleviate stress.

However, the general lack of potency of these coefficients suggests that these coping avenues are not consistently used as part of the pupils' routines. While a few students have been consistently taught and routinely practice positive reframing and bargaining, this is not the case for the majority who lack help formally to train how to frame and negotiate positive thoughts and are consequently not always effective in coping with the clinical demands for high workloads (r = -0.062 with attention positive and assignments).

LIMITATIONS

While this study suggests valuable insights at a local level, there are some points of caution to make. Single Center Design: Information from KDA Hospital in Kohat only was collected. Therefore, the findings may not be reflective of the experiences of other university nurses in Pakistan who are not from the same government or private schools.

Sample Size

The sample size of N = 110 is acceptable for simple correlation analyses but limits the ability to perform more complicated multivariate regression or analyze for gender/year differences.

Self-Report Bias

When it comes to delicate subjects like stress levels, interactions with teachers, and academic achievement, and the use of self-reported questionnaires allows for social desirability bias.

CONCLUSIONS

Based on the study's findings, the following action suggestions are proposed for the nursing education administrators at DHQ Teaching Hospital KDA Kohat and other hospitals with similar profiles in the region include;

Stress Reduction Curricula: There needs to be structured modules covering coping with stress in two aspects: 83.6% of students were not trained in coping with stress, therefore there needs to be an orientation during the first year of the program which has to be maintained throughout the program, including modules focusing on mindfulness, on cognitive-behavioral stress reduction techniques, and on coping with stress through problem-solving.

Create Mentorship Programs: Peer mentoring and preceptors should be established as formal peer relationships to help decrease the stress of patient care and the knowledge deficit between junior and senior students.

Boost teacher Sensitivity: Severe student effort correlated positively with teacher stress, demonstrating the need for teacher professional development. Since the therapeutic environment is a place where unnecessary interpersonal tension is often the source of accusation and blame, it is important to focus especially on effective and constructive evaluation techniques.

DECLARATIONS

Ethics approval and consent to participate: This study was approved by the ethical review committee of Kohat University of Science and Technology (KUST). Written/verbal informed consent was obtained from all participants.

Availability of data and materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Conflicts of interest: The authors declare no conflict of interest.

Author contributions: All authors contributed to study conception and design, data collection, analysis and interpretation of results, and manuscript preparation. All authors read and approved the final manuscript.

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