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Nursing Students' Perceptions of and Experiences with Coping as they face Stress in Clinical
Practice: A Descriptive Qualitative Study

by

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Abstract

Clinical practice is a major component of nursing education wherein significant learning takes place. It is also a place where nursing students can experience stress which can have a negative impact on their learning. The purpose of this study was to explore nursing students' perceptions of and experiences with their coping efforts as they face stress associated with clinical practice. Lazarus and Folkmans' theory of stress and coping guided this study. Semi-structured interviews were conducted with 10 undergraduate nursing students. Qualitative thematic analysis was used to analyze the data. Four major themes emerged upon analysis: Learning about self, Social Support, Self-Care, and Clinical Instructors. Nursing students need clinical environments which let them face challenges and meet the responsibilities of nursing practice with support from clinical instructors (Emerson, 2007; Parker & Myrick, 2010). A non-punitive and respectful environment is essential for a student to learn and cope effectively with stressful situations. Clinical instructors play a significant role in the clinical practice of nursing students. Clinical instructors facilitate learning by helping students to overcome situational, knowledge-related or emotional stressors. Negative relationships with them can increase the amount of stress in students in their clinical practice. Whereas positive relationships with the instructors and the staff on the unit increase students' comfort, decrease stress, and enhance learning. This study yielded qualitative data on nursing students' views about and experiences with coping with the stress from their clinical practice. This study also provided valuable information regarding the clinical instructor's role in the coping process. The findings have implications for improving the clinical instructor's role in enhancing coping among nursing students with the stress that arises from clinical practice.

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CHAPTER ONE

Clinical practice is a crucial component of nursing education. Research supports that nursing students face different stressors in their clinical practice (Chan, So, & Fong, 2009; Capp & Williams, 2012; James & Chapman, 2009; Shipton, 2002). Long-lasting stress in students can disrupt their performance, threaten their well-being, delay their learning, and limit ingenuity (Chan et al., 2009; Timmins & Kaliszer, 2002). With the demands of student life, it is not surprising that coping is a major part of students' life as they try to manage situations that can be stressful for them. Hence, a better understanding of nursing students' perceptions of their coping efforts when they face stress in their clinical practice could guide nurse educators in devising ways to enhance and support nursing students' coping to manage their stress and become competent nurses.

Background

Stress and coping are universal experiences faced by individuals regardless of culture, ethnicity, and race (Kuo, 2011). The word "stress" is used as a metaphor for all the perceived difficulties of life (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) define stress as "a transaction between a person and their environment that is appraised by the person as exceeding his or her internal and external resources and endangering his or her well-being" (p. 19). Sikander and Aziz (2012) claim that stress can induce either positive or negative symptoms in students. Many researchers assert that stress, if perceived positively by students, can enhance performance and productivity (Cleary, Horsfall, Baines, & Happell, 2011; Edwards, Burnard, Bennett, & Hebden, 2010; Evans & Kelly, 2004). On the other hand, stress, if perceived negatively or is excessive and not coped with well, can lead to physical and emotional problems (Cleary et al., 2011; Edwards et al., 2010; Evans & Kelly, 2004). These problems include low

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self-esteem, nervousness, depression, anxiety, fear, frustration, anger, hopelessness, loneliness, feeling inferior, exhausted, feeling pressured, and fear of failure (Cleary et al., 2011; Edwards et al., 2010; Evans & Kelly, 2004; Health Canada, 2008; Jimenez, Navia-Osorio, & Diaz, 2010; Kang, Choi, & Ryu, 2009; Shipton, 2002; Sikander & Aziz, 2012; Timmins & Kaliszer, 2002).

Stress is a particular issue in education because it has the potential to impede learning and functioning (Timmins & Kaliszer, 2002). The stressful nature of undergraduate clinical practice in nursing programs is well described in the literature (e.g., Chan et al., 2009; Elliott, 2002; Lo, 2002; Timmins & Kaliszer, 2002; Gibbons, Dempster, & Moutray, 2009; Moscaritolo, 2009). Clinical practice is a major component of nursing education as it provides opportunities in real situations for students to practice skills learned in simulated lab environments (Bourgeois, Drayton, & Brown, 2011; Elisabeth, Christine, & Ewa, 2009). Further, clinical practice allows students to apply scientific principles in providing care and use critical thinking in making clinical judgments (Allen, 2010; Bastable, 2013; Brandon, & All, 2010; Elisabeth et al., 2009; Morris & Faulk, 2012; Nolan, 1998; Parker, & Myrick, 2010).

Typically, nursing students rotate through various clinical settings throughout the program, including hospital and community based settings. In clinical practice, learning takes place when students interact with nurses, patients, and other health care professionals. With each clinical placement the student must adapt to a new clinical setting, and establish relationships with staff, the clinical instructor, and different patient populations (Öner Altıok & Ustun, 2013; Chan et al., 2009; James & Chapman, 2009; Shipton, 2002). As well, students are evaluated for their performance in each clinical setting (Shaban, Khater, & Akhu-Zaheya, 2012; Shipton, 2002). All of these experiences have the potential to be stressful. For nursing students, stress not only impedes learning but can also affect their ability to practice (Kang et al., 2009).

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Research supports the idea that coping plays a mediating role in physical and psychological stress and well-being when people are confronted with negative or stressful events (Chang & Strunk, 1999; Lazarus & Folkman, 1984; Frazier, Tix & Klein, 2000). Coping can be used to solve external problems or deal with one's own emotions (Lazarus & Folkman, 1984); change or accommodate to the environment (Brandtstadter & Renner, 1990; Rudolph, Dennig, & Weisz, 1995); and/or engage or disengage in stressful interactions (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000). According to Sikander and Aziz (2012), sound coping strategies can improve the ability to handle stress individually, and can reduce negative emotions associated with the stressful situation. Nursing students cannot avoid stress; however, their coping ability is vital in determining the outcomes of the stress (Seyedfatemi et al., 2007).

Statement of the Problem

Although nursing students can be excited and enthusiastic about being in clinical practice environments, they can also experience significant amounts of stress which contribute to sickness, absence, and attrition (O'Donnell, 2011). Prolonged experiences of stress may have negative impacts on students' clinical practice and their health which includes emotional exhaustion, depersonalization, low self-esteem, and decreased personal achievement (Edwards et al., 2010). The effects of stress extend beyond physical, emotional, and behavioral symptoms as students may experience difficulty in attaining educational goals (Capp & Williams, 2012; Chan et al., 2009; Evans & Kelly, 2004; Kang et al., 2009; Seyedfatemi et al., 2007). Reeve et al. (2013), asserted, "nursing education has done little to develop curriculum and teach faculty to address the stress of being a nursing student" (p. 423).

A few literature sources (e.g. Chernomas & Shapiro, 2013; Edward et al., 2010; Elliot, 2002; Gibbons et al., 2009; Pulido-Martos, 2012) in nursing that addresses stress focuses

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primarily on the exploration of sources of stress, the perceived level of stress in nursing students, the measurement of stress in nursing students, and anxiety experienced by nursing students.

These studies have been conducted to understand stress in nursing students within both clinical and academic contexts. However, there is limited research that has investigated nursing students' perceptions and experiences of their coping efforts as they face the stress associated with clinical practice. Within this body of literature when coping has been studied, most of the research on coping and nursing students is quantitative in nature, it has explored different coping strategies used by nursing students, and it has examined the effectiveness of different interventions to reduce stress in nursing students (e.g. Capp & Williams; 2012; Chan et al., 2009; Chapman & Orb, 2001; Galbraith, & Brown, 2011; Kang et al., 2009). Because of the significance of coping in reducing or managing stress in nursing students, I plan to examine students' personal experiences with coping as they face stress in clinical practice. With the knowledge gained from this study, nurse educators' understanding of stress among nursing students in their clinical practice and their coping strategies will be enhanced, so that they can support and facilitate the development of effective coping strategies.

Research Question

The goal of this study is to explore nursing students' perceptions of and experiences with coping as they face the stress associated with clinical practice. The following is the research question that will guide this study:

How do nursing students perceive and experience their coping efforts as they face the stress associated with clinical practice?

The following sub questions also are identified:

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- (1) What kind of coping strategies do nursing students use in coping with the stress associated with clinical practice?
- (2) How do nursing students view the role of the clinical instructor as they experience stress and try to cope with that stress from their clinical practice?

Approach

A qualitative descriptive study will be undertaken with 4th year nursing students in an undergraduate program to explore retrospectively how nursing students perceive and experience their coping efforts with the stress as they engage in learning in clinical practice.

Theoretical/Conceptual Framework

Lazarus and Folkman's (1984) theory of stress and coping will guide this study. Bandura's Theory of Self Efficacy (1977) and Roy's Adaptation Model, were explored as well before the researcher reached a decision to use Lazarus and Folkman's theory of stress and coping. Although, Bandura's theory of self-efficacy is focuses on learning and it has been used in education, the researcher was more interested in coping process in students; therefore this theory was not used as a theoretical framework for the present study. Roy's adaptation model is mainly based on health care context; the researcher thought it could be adapted to be used in a learning context. Lazarus and Folkman's theory of stress and coping emphasizes coping as a learned behavior that is used to deal with situational stressors in order to adapt to or change the stressor. This understanding was considered important and therefore it was chosen to inform this study. Lazarus and Folkman (1984) recognized that stress is an inevitable facet of life and how individuals perceive and cope with stress is important for their health. As previously stated, stress is considered an outcome of the relationship between the person and environment based on the individual's perception that the situation is demanding and difficult to manage and a threat to

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one's well-being (1984). One assumption underlying the theory is that stress is a person-situation interaction that is dependent on the subjective cognitive judgement of the individual that arises from the interplay between the person and the environment. Coping refers to the dynamic cognitive and behavioral attempts to handle external and/or internal stress (Lazarus & Folkman, 1984). In situations where demands and conflicts cannot be eliminated, effective coping allows the individual to tolerate, minimize, accept, or ignore the situation (Lazarus & Folkman, 1984).

Coping in this transaction-based theoretical view of stress includes two forms of coping: problem-focused and emotion-focused (Lazarus & Folkman, 1984). Problem-focused strategies such as problem solving and social support are adaptive strategies that involve managing or altering the problem with the environment or the person. Emotion-focused strategies such as tension reduction and avoidance involve regulating the emotional response to the problem. Individuals may use both types of strategies to deal with stress. When primarily using emotion-focused strategies, individuals may initially succeed in lowering emotional stress, but in the process, they fail to address a problem that may be responsive to a suitable action (Lazarus & Folkman, 1984). Emotion-focused forms of coping, however, can impair health by impeding adaptive health and illness related behavior (Lazarus & Folkman, 1984).

The determination that a specific person-environment relationship is stressful relies on the individual's cognitive appraisal (Shipton, 2002). Primary appraisal is a person's judgment about the significance of an event as stressful. The person's responses or emotions are the outcomes of this primary appraisal. Stress occurs when the environment is evaluated as harmful, threatening, or challenging (Lazarus & Folkman, 1984). After facing a stressful event, the secondary appraisal follows, which involves assessment of an individual's ability to cope with harm, threat, or challenge (Lazarus & Folkman, 1984). Secondary appraisals allow a person

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to think about what one can do about that particular situation and what resources one can access to cope with it. Actual coping with stress includes primary and secondary appraisal of the event, then a mobilization of the “personal and social coping resources”, and eventually the use of actual coping strategies (Shipton, 2002, p. 244). The effect of coping can be measured in terms of adaptational outcomes such as physical, psychological, and social well-being (Lazarus & Folkman, 1984).

Although Lazarus and Folkman’s theory was developed in 1984, numerous researchers have utilized the theory of stress and coping in their studies as a theoretical basis for conducting qualitative and quantitative research in different contexts (Agazio, Connors, & Padden, 2011; Akintola, 2008; Bowling & Eschleman, 2010; Elfstrom & Kreuter, 2006; Fugate, Kinicki, & Prussia, 2008; Martin, Jones, & Callan, 2005; Matthieu & Ivanoff, 2006; Perodeau & Cappeliez, 2007). While this theory is not specifically a nursing theory, it has been used by various nursing researchers in their studies conducted within nursing (Mahat 1998; Kang et al., 2009; Provencher, 2007).

Lazarus and Folkman’s (1984) theoretical framework is suitable for the purpose of this study. Nursing students encounter new clinical practice each year of their nursing program. They may perceive different types of stressors in any of these clinical areas. For example, if a student perceives the fast pace of a new clinical area as stressful, this primary cognitive appraisal will lead to responses or emotions, such as anxiety. Coping strategies, either problem-focused or emotion-focused, then come into play based on the student’s secondary appraisal as to how to cope with this fast paced environment. If effective coping strategies are used, the positive outcomes (social functioning, positive morale, somatic health) are achieved (Lazarus & Folkman, 1984). Understanding how people assess and react to stressful events is one key to help

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people face stressful situations successfully. In fact, how individuals cope with ongoing challenges and stress is critical in affecting their psychological and physical health (Cartwright & Cooper, 1996; Lazarus & Folkman, 1984; Lazarus, 1991; Zeidner & Endler, 1996).

Significance of the Study

Nursing is a practice discipline that facilitates the integration of theoretical and clinical knowledge (Chan et al., 2009; Levett-Jones & Lathlean, 2008). Nursing students in clinical practice develop critical thinking and analysis skills, communication skills, and time management as well as increased self confidence in their ability as nurses (Bourgeois, Drayton, & Brown, 2011; Jamshidi, 2012; Moscaritolo, 2009). For students to learn in the clinical settings, they must seek opportunities to practice skills and challenge themselves to put into practice concepts that they have learned in theory (Jamshidi, 2012).

One of the crucial components that may influence students' learning, especially in clinical settings, is their ability to manage stress successfully (Chan, et al., 2009; Capp & Williams, 2012; James & Chapman, 2009; Shipton, 2002). Stress cannot be completely eliminated from one's life but the way a person copes can influence the degree, duration, and frequency of a stressful event (Lazarus & Folkman, 1984). These authors state that one may not be able to control stress; however, it is possible to control how to respond to stress. Incorporating practices that can reduce some of the stress associated with all of the challenges is essential to an individual's well-being (Watson, et al., 2009). Reduced stress transforms student learners from passive observers to active participants and recipients of knowledge (Chesser-Smyth, 2005).

Although students cannot avoid stress, their ability to adjust to demands and cope with stress is important to facilitate learning and, ultimately, achieve success in their nursing careers (Watson, et al., 2009). The use of adaptive coping strategies such as defining the stressful

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situation, actively seeking support, reflecting on possible solutions, and taking actions to resolve situations not only reduces stress, but enhances psychological and emotional adjustment (Cleary et al., 2011; Public Health Agency of Canada & Health Canada, 2008; Mahmoud, Staten, Hall, & Lennie, 2012). Effective coping strategies facilitate the return to a balanced state, reducing the negative effects of stress (Cleary et al., 2011; Mahmoud et al., 2012).

A clinical instructor's ability to support nursing students in their clinical practice and improve their overall clinical experience can be enhanced by understanding how students manage the stress of clinical practice (Emerson, 2007; Lofmark and Wikblad, 2001; Parker, & Myrick, 2010; Reeve et al., 2013; Shipton, 2002). Copeland (1990) asserts that nursing education should contribute to producing not only competent, but confident nurses. Thus, the goal of this study is to explore nursing students' perceptions and experiences of their coping efforts as they face stress associated with clinical practice. Understanding how nursing students perceive and experience their coping efforts as they face stress in their clinical practice will provide insight into the role of nurse educators in helping students in learning to use these coping strategies without compromising the quality and integrity of nursing education.

Definitions of Key Concepts

Stress

Stress is defined as a relationship involving an individual and the environment, which is evaluated by the individual as demanding or beyond his or her available resources (Lazarus & Folkman 1984).

Coping

Coping is defined as behavioral and cognitive strategies that individuals use to respond to undesirable/stressful situations (Lazarus & Folkman, 1984). Coping is categorized into two main

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types: problem focused and emotion focused. Coping serves two major functions: regulates stressful emotions (emotion focused coping), and alters the environment which is causing trouble and distress for the person (problem focused coping).

Cognitive Appraisal

Cognitive appraisal is a “process of categorizing an encounter, and its various facets, with respect to its significance for wellbeing” (Lazarus & Folkman, 1984, p. 31). Cognitive appraisal is a conscious, rational, and deliberate process and is divided into two types, primary and secondary appraisal on the basis of the encounter with the stressful situation (Lazarus & Folkman, 1984).

Stressor

An activity, event, or stimulus that causes stress (Lazarus & Folkman, 1984).

Nursing students

Students enrolled in a nursing program leading to a degree in nursing

Clinical practice

The actual practice environment for students where they work with real patients in a real setting.

Clinical instructor

The faculty member or instructor who guides, supervises, and evaluates students in the clinical area.

Conclusion

Clinical practice is critical to nursing education as nursing students learn how to practice nursing and internalize values important to the profession (Chan et al., 2009; Capp & Williams, 2012). However, nursing students face stress in the complex real world of clinical practice.

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Prolonged experiences of stress lead to negative consequences, both in learning and performance in clinical practice (Shipton, 2002; Timmins & Kaliszer, 2002). Hence, coping becomes central to adapt to the stress associated with clinical practice. Understanding nursing students' coping strategies and how they perceive and experience their coping efforts as they face stress associated with their clinical practice, can be useful to guide faculty and clinical instructors in creating caring and supportive learning environments that facilitate students' coping and success in nursing.

CHAPTER 2

Literature Review

The main objective of the literature review was to examine the existing body of knowledge pertaining to stress in nursing students and their coping strategies in clinical practice. This literature review provides a greater understanding of the stress associated with nursing education, in particular, stress associated with clinical practice. It also explores perspectives on coping and the published research on coping in nursing students in nursing education and their clinical practice.

Stress is a common issue in educational institutions especially in the programs that involve clinical practice. Stress and burnout have been reported as extremely common experiences in medical students (Ludwig, et al., 2015). In addition to stress, various studies highlighted that medical students experience anxiety, burnout, and depression because of the demands placed on them by the medical program (Ludwig, et al., 2015). Studies among dental students showed that dental education including clinical practice caused stress in students which negatively affected students' coping processes and their emotional well-being (Polychronopoulou, & Divaris, 2010).

Stress in Nursing Students

Stress among nursing students has been in the literature for decades and the literature indicates stress for nursing students is a global phenomenon. Nursing students are at risk of experiencing a significant amount of stress which can contribute to sickness, absence, and attrition (O'Donnell, 2011). Stress can interfere with their learning and impair students' academic performance and limit ingenuity (Lazarus & Folkman, 1984). Stress not only threatens well-being but also prevents students from achieving healthy and productive lives

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(Pulido-Martos, Augusto-Landa, & Lopez-Zafra, 2012). Many qualitative and quantitative studies have been conducted to determine the contributors and levels of stress experienced by nursing students and these studies have also identified specific academic and clinical stressors for nursing students (Edwards et al., 2010). Academic stressors include: long hours of study, taking examinations, preparing assignments, lack of free time, fear of failure, work overload (Gibbons, Dempster, & Moutray, 2011; Hamill, 1995; Jones & Johnston, 1997; Timmins & Kaliszer, 2002).

Several common sources of stress that nursing students have identified in relation to their clinical practicum experiences include: the initial clinical experience (Chernomas & Shapiro, 2013; Chesser-Smyth, 2005; Shipton, 2002; Gibbons et al., 2011), interactions with faculty and staff (James & Chapman, 2009; Levett-Jones & Lathlean, 2008; Reeve et al., 2013; Shipton, 2002), incongruence between what is learned and what is actually practiced (Pulido-Martos, et al., 2012), lack of professional knowledge and skills (Chan et al., 2009; Chernomas & Shapiro, 2013; Chesser-Smyth, 2005; James & Chapman, 2009; Li et al., 2011; Sawatzky, 1998; Timmins & Kaliszer, 2002), fear of making mistakes and causing harm (Oner & Ustun, 2013; Shaban et al. 2012), nature and quality of the clinical practice environment (Chernomas & Shapiro, 2013; Gibbons et al., 2009; Jones and Johnston, 1997; Lo, 2002; Mahat, 1998), and simultaneous academic and clinical demands (Oner & Ustun, 2013).

In addition to the stressors related directly to the clinical setting, students often are dealing with life events outside nursing which may lead to psychological stress (Galbraith & Brown, 2011). A few researchers reported in their studies that most students were employed while attending college and some have family responsibilities which added to their stress levels (Shipton, 2002; Watson et al., 2009). In a study conducted by Gibbons et al., (2009) with British

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students, the results indicated that most students had to work part-time and had family responsibilities, so these conflicting responsibilities were also identified as a source of student stress.

Although stressors are divided into two different types, there is overlap between stressors experienced by nursing students both in clinical practice and academics such as preparing assignments, lack of free time, and work overload. The combination of the increased number of stressors as part of nursing education and the student's inability to cope effectively with these stressors makes nursing students more vulnerable to negative effects of stress on their physical and mental well-being (Cleary et al., 2011). Given the purpose of this study, the focus in the literature review will be on stressors experienced in clinical practice and nursing students' coping strategies to cope with this stress.

Nursing Students' Stress and Clinical Practice

Although clinical practice is essential for nursing students, it is often cited as a source of stress for them. Nursing students in clinical, experience stress comparable to that experienced by any other group of healthcare professionals as nursing students experience long hours of study and an associated lack of free time (Chernomas & Shapiro, 2013; Gibbons et al., 2009; Jones and Johnston, 1997; Lo, 2002; Mahat, 1998). Stress experienced by nursing students not only affects their overall performance in clinical practice and well-being, but also influences the provision of care by them to their patients (Chan et al, 2009; Sheu, Lin, & Hwang, 2002). Numerous factors have been identified that cause stress in nursing students in their clinical experiences. Three main themes are used to characterize experiences that are stressful for students in clinical practice: (1) stress from lack of knowledge and ability to provide safe patient

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care, (2) stress from relationships with the clinical instructor and staff, and (3) stress from assignments and evaluations.

Stress from Lack of Knowledge and Ability to Provide Safe Patient Care

Lack of knowledge or skills whether psychomotor or cognitive skills to accomplish a task made students feel more vulnerable and stressed at the beginning of each clinical rotation (Chan et al., 2009; Chernomas & Shapiro, 2013; Chesser-Smyth, 2005; James & Chapman, 2009; Li et al., 2011; Sawatzky, 1998; Timmins & Kaliszer, 2002). Students in some studies reported that even though it was not their first clinical rotation, each new clinical placement at a new facility was stress provoking because of the association between a new rotation and the fear of the unknown (Chernomas & Shapiro, 2013; Chesser-Smyth, 2005; Shipton, 2002; Gibbons et al., 2011). Additionally, incongruence between what was learned and practiced also caused a significant amount of stress for students (Pulido-Martos, et al., 2012). Chesser-Smyth (2005) identified in a phenomenological study conducted with first year nursing students, that nursing students felt uncomfortable in clinical because of the lack of knowledge to provide safe care to the patients. Students reported feelings of incompetency and powerlessness which led to stress. Some of the students in the study reported that a positive welcoming environment had a positive impact on their self-esteem and their entire clinical practice experience. Also, while making a comparison with 3 different years, clinical stressors such as providing patient care, lack of knowledge, practicing skills, assignments and workload were rated as more stressful compared with other academic stressors (Jimenez et al., 2010).

In a qualitative phenomenological study conducted by Öner Altıok & Ustun (2013), students rated lack of knowledge and skills in clinical practice as one of the main stressors. Students discussed that taking theory courses and doing clinical at the same time was stressful as

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they felt unsafe at times when they had to deal with the patient's condition, or they were to perform a skill which they had not practiced or learned yet. Additionally, incongruence between what was learned and what was practiced also caused a significant amount of stress for the students (Pulido-Martos & Augusto-La, 2012). Lofmark and Wikbald (2001) found that nursing students in the final year thought that they did not have enough knowledge about patients' symptoms, diseases, specific drugs, or technology while they were in clinical practice to provide safe and efficient care; in other words, students thought that the theoretical knowledge they had was insufficient.

Inexperience with nursing procedures, lack of hands-on experience, and clinical transactions were particularly stressful for senior practicum students as they felt incompetent to graduate and start practicing in the real world as independent practitioners (Lofmark & Wikbald, 2001; Shipton, 2002). Li et al. (2011) conducted a quasi-experimental study to determine the effectiveness of mentors in reducing stress in nursing students during their clinical experiences. Although this study was conducted with the main aim to ascertain the effectiveness of an intervention, the study results can be used to identify the stressors experienced by nursing students. Lack of professional knowledge and nursing skills were scored as the highest stressors before the implementation of the intervention for both the control and experimental groups. Specific rotations which the students found stressful were community, psychiatry, and maternity, mainly because these areas required more than psychomotor clinical skills. Also, the study results indicated that communication was a more important skill in community and psychiatric clinical practice compared to other psychomotor skills.

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Relationships with the Clinical Instructor and Agency Staff

Relationships play a central role in student learning in clinical practice (Chan et al., 2009). Various studies revealed that deprivation of belongingness in the clinical setting, rejection by nursing staff, clinical instructors, and patients were major factors causing stress in nursing students (James & Chapman, 2009; Levett-Jones & Lathlean, 2008; Reeve et al., 2013; Shipton, 2002). This in turn negatively affects their performance in the clinical area, general wellbeing, and happiness (James & Chapman, 2009; Levett-Jones & Lathlean, 2008; Reeve et al., 2013; Shipton, 2002).

The clinical instructor in particular has an influential role in student learning during clinical practice (Campbell, Larrivee, Field, Day, & Reutter, 1994; Peyrovi, Yadavar-Nikraves, Oskouie, & Berterö, 2005). Clinical instructors are the first point of contact for students in their clinical practice rotations and play a critical role in assisting students to use their knowledge and skills in practice and progress from dependent to independent practitioners (Hossein, Fatemeh, Fatemeh, Katri, & Tahereh, 2010). They encourage students to develop clinical decision making skills, problem solving skills, and clinical reasoning (Lofmark & Wikblad, 2001; Nolan, 1998; Papp et al., 2003). In a number of studies, the relationship with the instructor was reported as one of the stressors especially when the students were being evaluated or observed (Chan et al., 2009; Chernomas & Shapiro, 2013; James & Chapman, 2009; Shipton, 2002). Students were stressed if they perceived the instructor to be moody, judgmental, incompetent, instilling fear and intimidation, or when they had to wait for the instructor to be available for them (Öner Altıok & Ustun, 2013; Shipton, 2002).

Nursing students reported that clinical instructors often had unrealistic expectations about students' performance in clinical, which can lead to frustration, stress, and even avoidance of

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learning experiences (Shaban et al. 2012). Jimenez et al. (2010) investigated Spanish nursing students in three different years of their clinical nursing program. The students revealed that being able to provide appropriate answers to teachers was one of three main stress provoking factors for them. The students also believed that if they provided a wrong answer to the instructor that this could have negative implications for their clinical evaluation. Another reason for the stressful relationships was as a result of being humiliated, belittled by nursing staff, and students were made to feel incompetent in clinical by the nursing staff (Chernomas & Shapiro, 2013; Timmins & Kaliszer, 2002).

Positive relationships with the clinical instructor characterized by caring, honesty, trust, and constructive feedback were found to be helpful by students in clinical practice in the development of autonomy and a sense of empowerment. Lofmark and Wikblad (2001) reported that for nursing students, being given responsibility and being independent during their clinical studies facilitated their learning. Independence gave them the opportunity to make their own decisions and it also contributed to deeper connections with patients. This in turn improved students' self-confidence. In another study with second year students, Reeve et al. (2013) found students emphasized that their learning was effective when they perceived the learning environment was safe and respectful, and they received constructive feedback from their clinical instructors.

Stress from Assignments and Evaluations

Students found reading and preparation necessary before going to clinical was too time-consuming and clinical instructors often expected students to be experts, despite their inexperience and lack of knowledge (Shipton, 2002). Also, in three cross sectional descriptive studies conducted with nursing students, students evaluated their clinical experience as

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unsatisfactory as they were overwhelmed with the number of assignments, study overload, stress from teaching, and nursing staff (Chan et al., 2009; Shaban et al., 2012; Shipton, 2002). The conflict between the concept of ideal and real time was particularly stressful for nursing students in their clinical practice (Timmins & Kaliszer, 2002). The expected time frame (ideal time) for completion of assignments both in terms of patient care, and care plans was different from the actual time (real time) required to complete the assignments. Study results indicated that actual time used for completion of assignments was much longer than the expected time.

Shaban et al. (2012) found that worrying about grades was one of the main stressors identified by second year nursing students in their clinical practice. Students in the study discussed that they believed that any mistake would affect their grade. Therefore, they avoided taking initiative to try out new things. This fear was even more exaggerated by the faculty's members' high expectations of students' performance. Students reported that faculty expected them to know and perform all the nursing procedures they had learned in the skills lab without any errors, thus creating a great deal of stress. The results concur with the results of a phenomenological study conducted by Oner Altioek and Ustun (2013) with 2nd year nursing students. The study results established that students reported fear of being graded by their instructors as extremely stressful.

To summarize, the clinical component of nursing education is particularly stressful for nursing students mainly in the areas of patient care, knowledge in the clinical area, and initial clinical experience. For students at most levels of nursing education, providing care to certain types of patients was stressful, including, for example caring for individuals who are dying. Initial clinical experiences were a concern for nursing students in various levels of nursing education. One study found that initial experiences providing patient care, those where the

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clinical unit was an unfamiliar setting and experiences in specialty rotations such as community, maternal-child, and psychiatry were stressful for student nurses. Overall, clinical instructors play a significant role in the clinical practice of nursing students. Negative relationships with clinical instructors can increase the amount of stress experienced by students, whereas, positive relationships with instructors and staff on the unit can increase students' comfort, decrease stress, and enhance their learning (Lofmark & Wikbald, 2001; Papp et al., 2003; Timmins & Kaliszer, 2002).

Perspectives on the Meaning of Coping

Identifiable patterns of coping or adapting to the stresses and challenges of life have been noted by a variety of researchers. The literature on coping has been highly influenced by the work of Lazarus and Folkman. They define coping as “the process of managing the external or internal demands that are perceived as taxing or exceeding a person’s resources” (1984, p. 24). Coping is generally considered a “special category of adaptation elicited in normal individuals by unusually taxing circumstances” (Costa, Somerfield, & McCrae, 1996, p. 45).

In order to determine specific coping responses, Lazarus and Folkman (1984) began to study variables, such as the cognitive appraisals of stressful situations and coping resources. Cognitive stress theory by Lazarus & Folkman (1984) posits that individual differences in outcomes, such as valuations of quality of life, are mediated by appraisal and coping variables. When the demands made on an individual are more than the resources available to him or her, the individual tries to cope by identifying available resources that would decrease stress and improve overall quality of life. Schwarzer and Schwarzer (1994) argue that coping with adversity includes many ways of dealing with diverse person-environment transactions. Thus, “coping

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does not represent a homogenous concept; instead, it is a diffuse umbrella term” (p. 107). It can be described in terms of strategies, tactics, responses, cognitions, or behavior.

Coping contains the elements of potential success and failure. Webb (1996) states that no matter whether or not there is a potential success or failure, in fact, every reaction is some form of coping. Cartwright and Cooper state that the effectiveness of coping is important as it reduces the impact of stress and improves well-being (1996). They further classify ineffective coping as maladaptive coping which, according to them, temporarily alleviates stress which is effective in the short term but likely to have a negative impact on health and well-being in the long term.

Many researchers agree that coping is a process and varies depending on the situation (De Ridder, 1997). Coping is classified into two main types on the basis of two major functions; regulation of stressful emotions (emotion focussed coping), or management or alteration of the problem with the environment or the person which is threatening and causing trouble and distress for the person (problem focussed coping) (Folkman et al., 1986; Woodward & Hendry, 2004). In contrast, coping styles is another perspective on coping that describes coping as a personality characteristic which is consistent over time and across situations (Lazarus, 1993). Schwarzer and Schwarzer (1994) states that actual coping is a phenomenon that can be noticed either by introspection or by observation of internal as well as overt actions.

Emotion is integral to all phases of the coping process, from vigilance, detection, and appraisals of threat to action readiness and coordination of responses during stressful encounters (Skinner & Zimmer-Gembeck, 2007). To cope well with destabilizing situations in one’s life, it is vital to be aware of and able to manage one’s emotions as emotional instability can lead to further anxiety and inability to cope (Barrett & Campos 1991; Bridges & Grolnick 1995; Eisenberg, Fabes, & Guthrie, 1997); Folkman & Moskowitz, 2004; Kopp 1989; Rossman 1992).

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Coping with a distressing situation by resolving it leads to more positive emotions rather than negative emotions (Folkman & Lazarus, 1988).

Coping in Nursing Education and Clinical Practice

Persistent demands of the nursing program that prepare students to be professional nurses tend to make students feel stressed, often resulting in undesirable effects both for the students and the quality of care they provide, leading them consciously or unconsciously to use different coping mechanisms. Lazarus and Folkman (1984) state that effective coping strategies facilitate the return to a balanced state, reducing the negative effects of stress.

Various qualitative and quantitative studies have explored different coping strategies used by nursing students found to be effective in coping with stress related to their nursing program. These strategies have been categorized as either problem-focused or emotion-focused. Effective problem-focused coping strategies include problem solving or seeking social support from peers, family or instructors (Chernomas & Shapiro, 2013; Gibbons et al., 2011; Kirkland, 1998; Mahat, 1998; Parkes, 1985; Shipton, 2002), confronting (Brown & Edelman, 2000), and exercise (Hamill, 1995; Lo, 2002; Shipton, 2002). Some of the emotion-focused coping methods which were identified as effective were praying, self-assurance or using relaxation techniques such as deep breathing exercises, and music therapy (Chernomas & Shapiro, 2013; Mahat, 1998; Shipton, 2002). Some of the studies also found that strategies such as escape and avoidance (Brown & Edelman, 2000; Mahat, 1998; Shipton, 2002), crying, screaming, overeating (Hamill, 1995; Shipton, 2002), smoking and alcohol use (Hamill, 1995; Kirkland, 1998; Mahat, 1998; Shipton, 2002), hostility, fantasy and wishful thinking (Jones & Johnston, 1997; Parkes, 1985) were not considered effective coping strategies.

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Family is also an important source of support both mentally and emotionally for nursing students to cope with the stress from their clinical practice (Chapman & Orb, 2001; Evans & Kelly, 2004; Hseih, 2011). Social support networks can also help students deal with problems or stress (Chapman & Orb, 2001, Hseih, 2011). Evans and Kelly (2004) found that Irish nursing students most commonly coped with stress by means of a social support strategy such as talking to relatives, friends, and peers. These results were consistent with an analytical cross sectional study conducted by Sikander and Aziz (2012) with nursing students in Pakistan. In their study nursing students reported talking things over with family and friends was one of the most effective coping strategies used to cope with the stress from both academic and clinical stressors.

Research also indicates that a positive optimistic attitude can help students cope more effectively with stress in clinical practice in nursing (Gibbons et al., 2009). Based on cross sectional descriptive research, Sheu et al., (2002) and Shaban et al. (2012), argue that an optimistic attitude and the ability to problem solve were the most effective coping strategies used by nursing students to cope with stress from clinical practice. Mahat (1998) and Lo (2002) state that problem-focused coping strategies such as problem solving and seeking social support were more effective than emotion-focused coping strategies such as tension reduction and avoidance coping. Chan et al. (2009) in a cross sectional descriptive study, claimed that transference was the most effective and preferred coping strategy among Hong Kong nursing students in their clinical practice.

Shipton (2002) used qualitative interviews and a grounded theory approach to study coping methods used by nursing students to cope with the stress from clinical practice. Coping strategies used by nursing students to manage the stressful events related to clinical were: a) seeking relaxation (music therapy, trying to relax, relaxation exercises, focusing, and regrouping

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self); b) venting (humour, crying, screaming, complaining, exercising, over eating); c) escaping (isolating self, sleeping); d) seeking support (prayer, looking for support); and e) taking action (planning action, organizing, confronting, prioritizing).

Although nursing students spend a considerable amount of time in clinical practice there are relatively few studies that focus specifically on coping and the stress associated with clinical practice. Since, theoretically, coping efforts are generated by the situation, if clinical is perceived as stressful, it would be useful to focus on it as a source of stress and students efforts to cope with it. Therefore, this qualitative study will address that gap and will explore the perception and experiences of nursing students' coping efforts as they face stress in clinical practice.

Conclusion

Numerous studies have identified the stressors experienced by nursing students in clinical practice. Lack of knowledge and ability to provide safe patient care, stress from relationships with the clinical instructor and staff, and stress from assignments and evaluations are the main stressors identified by nursing students in clinical practice. The most common coping strategies used by nursing students in clinical practice are also identified; however, this literature does not address nursing students' perceptions of and experiences with their coping efforts as they face stress in clinical practice. There is a need to explore nursing students' perceptions and experiences of their coping efforts as this will guide clinical educators' efforts to create a supportive, safe, and secure clinical practice environment to promote positive learning experiences for nursing students in clinical practice.

CHAPTER 3

Methodology

This chapter discusses the research methods used in the study, including the research design, sample, setting for the research, approach to data collection, and data analysis and ethical considerations.

Design of the Study

Qualitative research is the appropriate methodology for learning about the experiences of individuals from their point of view and in their own words (Bogdan & Biklen, 2007).

Qualitative descriptive research is used predominately in nursing to seek direct descriptions of phenomena (Sandelowski, 2010). The focus in qualitative descriptive research is to explore participants' perspectives through direct communication with them and to obtain rich descriptions about the phenomenon (Devers & Frankel, 2000; Sandelowski, 2010). Gathering narrative data from those who experience the phenomenon under investigation offers a valuable opportunity to acquire insider knowledge and learn about how participants see their world. Therefore, this qualitative method matches the goals of the research undertaken and offers the opportunity to gather rich descriptions about the perceptions and experiences of nursing students' coping efforts as they face stress in clinical practice. Hence, a qualitative descriptive design was used to achieve the purpose of this study and this design allowed the researcher to establish an understanding of how nursing students perceive and experience their coping efforts as they face stress in their clinical practice. The researcher in this study focused on exploring the behavior, feelings, and experiences of the nursing students involved in this qualitative research. During the recruitment process, the researcher was conscious of the need to ensure that the participants did not feel obliged or coerced to participate in this study.

Sampling

Generally qualitative sampling consists of small sampling units studied in depth (Streubert & Carpenter, 2011). According to Holloway and Wheeler (2010), a large sample is unnecessary and might result in less depth and richness as the researcher's intention is usually to conduct research in a specific setting. Purposive sampling was undertaken for the selection of the participants for this study. Purposive sampling involved the selection of participants on the basis of meeting of inclusion criteria and purpose of the study (Streubert & Carpenter, 2011). The sample for this study was drawn on the basis of the following inclusion criteria: students enrolled in the final year of their nursing program and were not yet in senior practicum (NURS 4290), and students who were willing to discuss experiences of coping with the stress of clinical practice. Sampling in qualitative research is guided by the opportunity of gaining access to people whom the researcher can observe and interview in-depth, and from whom they can obtain rich data (Holloway & Wheeler, 2010). Therefore, the sample consists of 10 students from the 4th year in a baccalaureate nursing program. Participants in this qualitative descriptive study were selected on the basis of their first-hand experience with the process of coping. The main goal for qualitative researchers is to develop a rich and dense description of the culture or phenomenon, rather than using sampling techniques that support generalizability of the findings (Streubert & Carpenter, 2011).

Setting for Data Collection

Qualitative researchers immerse themselves into the real world of the participants and observe, question, and listen to them in these real settings (Holloway & Wheeler, 2010). This study was carried out at a university in Canada with 4th year nursing students. Semi- structured individual interviews were conducted in a small private room at the university. The room chosen

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was quiet so that the participant and the researcher were not interrupted during the interview process. Additionally, the researcher ensured that the room was located on the university campus to maintain confidentiality of the participants. Only the participant and the researcher were in the room during the interview process.

Recruitment

Fourth year undergraduate nursing students were recruited for the study on the basis of inclusion and exclusion criteria as described in the section under sample. After obtaining ethics approval and access, the original plan was to recruit participants from a theory class. Unfortunately, by the time the researcher received ethical approval and access; the students had already finished their theory classes, but were still enrolled in their clinical areas. In consultation with the researcher's advisor, an alternative recruitment strategy was designed. An email invitation was sent to invite students who met the criteria to participate in the study and was approved by the ethics board. Invitations to participate were mailed electronically by an independent body to all the nursing students who were enrolled in the fourth year of their nursing program (Appendix B). As soon as the students responded indicating their interest in participating in the study, the researcher received an email with their contact information on it. Eight participants responded to the first email invitation indicating their interest to participate in the study. The researcher sent a follow-up email to interested participants to set up a day and time to meet. As the researcher's plan was to recruit at least 10 participants, she sent a second follow-up email invitation (Appendix C). Fifteen additional participants replied indicating their interest in participating. As the researcher only required two more participants, the first two names from the list were contacted to set up the date and time to meet to conduct the interviews. The researcher sent an email to the other 13 participants, thanking them for their interest in the

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study and letting them know that the researcher reached the planned number of participants. Any students' questions or concerns were also addressed in follow-up email. Further, students had the researcher's contact information if they wanted or needed to ask any additional questions.

Students were also informed that whether they chose to participate or not, there would be no academic consequences. Incentives in terms of a gift card to be used at Tim's were provided to those participating in the study. According to Wineman and Durand (1992), incentives have the ability to get the participants involved and interested in the study over an extended period of time.

Data Collection

Data for this study were collected through semi-structured interviews approximately 45-60 minutes in length. Semi-structured interviews were conducted with the selected participants and the researcher observed for non-verbal cues, listened and posed follow-up questions to participants to obtain qualitatively rich data (Holloway & Wheeler, 2010; Streubert & Carpenter, 2011). The interviews were recorded using a digital audio recorder. Interviews started with general questions about the participants' experiences during clinical practice during their nursing program. After discussing their experiences, open-ended questions were used to focus on how students perceive and experience their coping efforts as they face stress in clinical practice (Appendix E). No changes were made to the initial guiding question as participants were able to understand and respond to the questions. Students' demographic data such as age, gender, employment status, and relationship status was also collected. These demographic data were used to describe the sample (Table 1, Chapter 4).

At the beginning of each interview, the purpose of the study, the process for protecting the confidentiality of the participant, the voluntary nature of participation, the data collection

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methods, the risks and benefits, the right to withdraw, and audio-recording methods were explained to the participants. Consent forms were signed and the interview began with the collection of demographic data (Appendix A). After each interview, the researcher recorded field notes and wrote in a reflective journal within 24 hours to facilitate an accurate recall of non-verbal behavior during the interview. Field notes consisted of any non-verbal communication and any observations made during the interview which were included in data analysis. Reflective comments consisted of the researcher's own reflections about the interview, what the researcher thought about the information the students provided, and how the researcher did not let her own experiences as part of her undergraduate nursing program influence the data analysis. The researcher accomplished this by writing reflective journal after each interview describing researchers' own experiences and thoughts during the interview. Writing a reflective journal after each interview allowed the researcher to be transparent throughout the whole process of data collection and analysis. Moreover, the journal allowed the researcher to interpret the data entirely from the participants' perspectives.

The semi-structured interview is the gold standard for data collection in qualitative research (Holloway & Wheeler, 2010; Streubert & Carpenter, 2011). Open-ended questions in a semi-structured interview format provided participants with the opportunity to fully describe their experiences and allowed the researcher to collect similar types of data from all participants. A face-to-face interview approach was used to obtain rich information about the perceptions and experiences of nursing students' coping efforts as they face stress in clinical practice. Moreover, this type of approach allowed the researcher to clarify responses, identify possible misinterpretation and inconsistency, probe for additional information, and pursue the topic in depth and in greater detail (Holloway & Wheeler, 2010; Streubert & Carpenter, 2011).

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Data were collected until saturation was achieved. According to Holloway and Wheeler (2010), rather than sampling a specific number of individuals to gain significance based on statistical manipulation, the qualitative researcher looks for repetition and confirmation of previously collected data known as saturation. The total number of participants estimated for this study was 10. Once no new concepts or dimensions for categories were identified, the researcher ended the data collection procedure and began with the data analysis.

The role of the researcher was critical in conducting this qualitative study. She was conscious of setting a climate that was respectful of each participant and his/her perspective facilitating the disclosure of experiences. Prior to the interviews, participants were informed of their rights and encouraged to ask questions. The researcher was open and honest in responding to the participants' questions and concerns. She structured the discussions and observations in a manner which allowed participants to express a full range of beliefs and behaviors. While conducting the interviews, the researcher was conscious of her role and attempted to limit her speech to questions, verbal, and non verbal prompts and acknowledgements of having heard the participants' stories without any additional comments.

The researcher's focus throughout the interviews was on encouraging participants to share their stories so that the researcher could gain an in-depth understanding of students' experiences. The researcher was conscious of the need to protect the identity of the participants and was guided by the ethical principles of informed consent, anonymity, confidentiality, non-maleficence, beneficence, and justice. Additionally, the researcher took appropriate steps to remove or prevent harm to the participants and ensured that the benefits of this research outweighed any possible risks the participants may have encountered.

Data analysis

Data analysis in qualitative studies is usually an ongoing process; beginning during data collection for it provides guidance in the subsequent interviews (Streubert & Carpenter, 2011). Demographic information was analyzed using percentages and it is presented in a table (in chapter 4) that illustrates the demographic characteristics of the sample such as age, gender, work status, and relationship status. All digital audio recorded individual interviews were transcribed verbatim by a professional transcriptionist. Moreover, the transcripts were checked for accuracy by comparing them to the researchers' field notes and by simultaneously listening to the audio-recordings and reading the transcripts. After a review of the audiotapes, data were then coded and synthesized. The analysis involved color-coding of the transcripts. Transcribed interviews were read several times to extract key ideas. Each identified idea was highlighted and labeled with a code. Various codes were compared based on differences and similarities, related ideas were put under one category. A short description of each identified category was written and quotes from the text that illustrated meaning were marked and separated. The researcher's advisor was contacted at this time to check if the identified categories made sense.

Trustworthiness

Holloway and Wheeler (2010) defined trustworthiness in qualitative research as "methodological soundness and adequacy" (p.302). Ensuring trustworthiness of the data and supporting the rigor of the work involves establishing: credibility, dependability, confirmability, and transferability. According to Lincoln and Guba (1985), credibility refers to confidence in the truth of the findings, dependability is defined as showing that the findings are consistent and could be repeated, confirmability is a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not the researcher's bias, motivation, or interest and

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transferability means showing that the findings have applicability in other contexts (p. 296). The credibility of the research was attained by a technique called member checking. Member checking means the act of returning to the participants to see whether they recognize the findings (Holloway & Wheeler, 2010; Streubert & Carpenter, 2011). Member checking avoids misinterpretation or misunderstanding of the participants' words or actions and adds to the credibility of the research study. Three participants were invited to review a preliminary summary of findings to confirm whether the researcher's interpretation was a fair representation of their perspective. The participants were asked to indicate their interest in being contacted for the purpose of member checking during the informed consent process (Appendix A). The participants were given a 3 page summary of the findings and a week to review the summary. Two out of three participants responded back and agreed to the findings that researcher found while analyzing the data.

To enhance confirmability of the findings, a self-critical stance was used to maintain reflexivity throughout data collection and analysis. As a nursing student, my own perspectives, experiences, and recollections from my nursing journey could have influenced the interpretation and analysis of the data; thus, to minimize possible data contamination and biases, I was reflexive throughout the data collection. This included writing a reflexive journal prior to engaging with the participants and ongoing journals to reflect on my own biases, actions, feelings, and conflicts. An audit trail was also used to enhance trustworthiness of the research study (Streubert & Carpenter, 2011). The researcher maintained a log of all research activities such as maintenance of reflective journals and documentation of all data collection and analysis procedures throughout the study.

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Another process known as peer review was used to reduce any biases and increase the trustworthiness of the study findings. Peer review was a useful tool in confirming some of the main ideas that emerged from the research and it also ensured coherence and plausibility (Holloway & Wheeler, 2010). My advisor read 2 interviews and confirmed the emerging themes. Once the themes were identified, the other committee members reviewed the final analysis and confirmed that the analysis was grounded in the data and supported the themes identified, increasing the trustworthiness of the research study. I discussed my analysis with my advisor on a regular basis regarding my concerns during data collection and analysis process.

Ethical Considerations

Ethics approval was obtained from the Nursing Education Research Ethics Board (ENREB) at the University of Manitoba. The participants in the study were protected through the provision of complete information through the utilization of written informed consent which essentially meant that prospective research participants were fully informed about the procedures and risks involved in the research and gave their consent to participate (Loiselle, 2007) (Appendix A). Involvement in this study was voluntary and did not represent any appreciable risks to physical or psychological safety. All participants had the right to withdraw from the study for whatever reason up until the point of data analysis.

Streubert and Carpenter (2011) emphasize that basic ethical principles such as autonomy, beneficence, and justice must be observed, when conducting any form of research that involves human subjects. The researcher assured that participants were not harmed by asking interview questions that did not contain any sensitive material. Participants were given information beforehand so they knew what kind of questions will be asked during the interview. They were

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made aware that if anytime during the interview, they felt uncomfortable or stressed, they could stop the interview or refuse to answer any question.

The researcher also observed for non-verbal expressions of emotion. She planned to stop the interview if there were any indications of discomfort and inquire about the participant's ability to continue. Moreover, the researcher planned to provide the participants with information about follow-up counseling if needed, including information about the resources such as the student help centre and counseling service available on campus. No participant experienced any such issues. The autonomy of participants was ensured by obtaining an informed consent and informing participants that participation was voluntary. Participants in this study were treated with dignity and respect, hence respecting the principle of justice. The researcher ensured that the confidentiality of the participants was maintained at all times.

Consent in qualitative research is an ongoing process (Holloway & Wheeler, 2010). A written consent form was provided to the participants that included the purpose of the research study, what was expected of the participants in the study, the benefits from their participation, any incentives involved, any risks involved for the participants, the scope of the questions to be asked, the length of the interview, how their confidentiality would be maintained, how they could withdraw from the study, how the findings were to be disseminated, when the participants would have access to a summary of the research, and when the data would be destroyed (Appendix A).

Participants' names were not included in transcribed papers and notes to maintain the confidentiality of the participants. Pseudonyms were used on demographic data to link them to the transcripts rather than the names of the participants. Additionally, participants were assured that any raw data obtained from the interviews would not include their name on it. The

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information about the purpose of the research, how long the study would take, was also provided in order for the participants to decide whether or not to participate. Participation in this study was not a part of the nursing program. Participants also were informed that participation did not influence their course grade or outcomes. The researcher planned that during the interview process, if an issue of unsafe practice was identified, the researcher would end the interview and report the issue to the Associate Dean Undergraduate Programs for further investigation. Participants were informed of this exception to maintaining confidentiality. No such issue arose during the interviews.

A copy of the consent was given to all the participants in the study. Consent was obtained for using an audio recording device for the duration of each interview. The interviews were transcribed verbatim by a professional transcriptionist and field notes were recorded after each interview. Access to all the information related to the study was restricted to the interviewer and the advisor. Other members of the thesis committee only had access to anonymized data. As interviews were transcribed by a professional transcriptionist, the transcriptionist signed a confidentiality pledge. Moreover, the transcriber transcribed interviews in a private space. The data from the digital recorder were kept on a password protected computer and all written records of the interviews were kept in a locked cabinet at the home office of the researcher. Consent forms were kept separate from the demographic data and the transcripts. Participants had the option of receiving a summary of the findings of the study once the analysis was completed and approved.

Limitations of the Study

There were limitations inherent in this study. Since the participants for the study were chosen from one particular nursing program, their perspectives might have been influenced by

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various factors that are unique to this particular context. Another limitation of the study was retrospective data. Participant's recollections of their experiences may have been affected by time. The period between experience and perception of coping efforts and data collection varied which might have influenced the process of coping. Hence, this could be a limitation to this study.

Summary

A qualitative descriptive study was undertaken with 4th year nursing students in an undergraduate nursing program to explore retrospectively how nursing students perceive and experience their coping efforts with the stress as they engage in learning in clinical practice. In-depth face-to-face interviews were conducted and audio recorded. Interviews were transcribed verbatim. Thematic analysis of the data was completed and confirmed via discussion with the advisor. Trustworthiness of the data and rigor of work were enhanced by establishing: credibility, dependability, confirmability, and transferability.

Chapter 4

Findings of the Study

The main purpose of this study was to explore nursing students' perceptions and experiences of their coping efforts as they face the stress in clinical practice. A qualitative approach was taken and data were collected from participants using a demographic questionnaire that included an interview guide with 10 open-ended questions. The research question was: How do nursing students perceive and experience their coping efforts as they face the stress associated with clinical practice?

The research question included two sub questions:

- (1) What kind of coping strategies do nursing students use in coping with the stress associated with clinical practice?
- (2) How do nursing students view the role of the clinical instructor as they experience stress and try to cope with that stress from their clinical practice?

A synthesis of the demographic and retrospective data analysis is presented in the following sections. Four major themes were identified pertinent to this study. Discussions of the data are presented using the themes that emerged within the research question posed for this study.

Demographic Data

Demographic data were collected to represent the sample (Appendix D). Ten students enrolled in fourth year of their nursing program participated in this study. Eight out of the 10 participants were females and 2 were males. To maintain confidentiality of the participants, female pronouns were used throughout analysis and discussion, as there is a small number of males who participated in this study. The results of demographic data are presented in Table 1.

Table 1. Participants: Demographic Data

<u>Characteristic</u>	<u>Number (%)</u>
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Age (years)

21-25	5 (50%)
26-30	3 (30%)
Over 30	2 (20%)

Gender

Female	8 (80%)
Male	2 (20%)

Relationship Status

Never Married	5 (50%)
Married/Partnered	4 (40%)
Separated/Divorced	1 (10%)

Employment

1-15 hours/week	1 (10%)
16-25 hours/week	3 (30%)
26-35 hours/week	3 (30%)
Do Not Work	3 (30%)

Immigrant to Canada who has lived in Canada for 5 years or less

Yes	1 (10%)
No	9 (90%)

Are you a parent?

Yes	2 (20%)
No	8 (80%)

Findings

Themes were identified using thematic analysis. By identification of significant phrases or words, basic categories were identified which further led to the identification of four global themes: Learning about Self, Social Support, Self Care, and Clinical instructor (also referred to as clinical educator facilitators or CEFs by participants). These themes reflect the researcher's insight into the structural as well as textual context of the phenomenon of coping with stress associated with clinical practice among undergraduate nursing students.

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Theme 1: Learning about Self

Learning about self emerged as one of the major themes that were apparent in most of the interviews. Participants demonstrated learning about self by sharing insight into their coping behaviors by reflecting on their practice, thinking optimistically, having a goal as a nursing student, and learning from their experiences.

Reflection

Reflection was important to all the participants in this study. Study participants identified that reflection during their clinical practice helped them cope successfully with any kind of stressor from clinical practice. Reflection allowed participants to perceive stressful situations from a different perspective. Participants reported that being able to reflect on the stressful situation led them to see what the situation was, how they acted, what made the situation stressful for them, and what they could have done or what they might do in the future. As a result, this understanding enhanced their coping abilities and helped them manage the stress associated with clinical practice. One of the participants said:

So I think I just gave myself time after clinical. I don't know if it was time. Sometimes it was like reflection a little bit, you know, reflect on what happened. What I thought about it. What I did well and what I didn't do as well. And then you try and learn from that [Reflection] and bring it to your next week. But most of it is just giving yourself time to recover from, from clinical. And then also trying to reflect and learn and put that [Learning] in. And then that way you feel like you're, from week to week, you're getting better. (Participant 2)

Another participant added that reflecting on the stressful situations helped to understand her abilities and the ability to cope with the stress from the clinical area.

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And then also taking the opportunity to reflect afterwards on how I handled the situation and things that I could have done. So knowing my scope, knowing my boundaries, know what I'm capable of and what I'm not capable of is pretty important. And a lot of that comes out of reflection. (Participant 3)

This participant also said that participating in a debriefing session after a stressful situation occurred and discussing the situation with the people involved in that situation helped her cope with the stress that arose from handling a difficult patient situation.

I mean after the situation had wrapped up, I was able to deal with it and process it and think through more, OK, 'how do you redirect?' And part of that came about by seeing the unit manager and how he dealt with the situation. And so just having a variety of experiences in terms of how people deal with stuff like this. And I had a great chat with the unit manager afterwards. But this was so, in the midst of the episode, I don't think I dealt well. But then afterwards I was able to have some good debriefing conversations with the people involved. And that was really helpful. (Participant 3)

Participants found that being able to debrief with a buddy nurse or a clinical instructor after a stressful event was another reflective strategy that helped them cope with the stressful situations associated with their clinical practice. One of the participants described an encounter with such a situation. Debriefing allowed the participant to reflect on her role in the stressful situation. She was able to see it from the perspectives of others, that as a nursing student caring for a particular patient, she performed to the best of her abilities. The participant stated that she was stressed at the beginning and during the clinical situation, after having the debriefing session with her buddy nurse, she felt satisfied knowing that she provided the care in the best interest of her patient.

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A few participants considered writing reflective journals merely as an assignment, as they said they had no freedom to write what they experienced. They stated they were expected to write positive things that happened during their clinical experience. However, most of the participants discussed that reflecting personally or with their peers on their practice helped them look at the experience or a particular situation from a different perspective and learn from it. As one participant said,

.....a reflective journal about a situation you encountered in clinical and reflect on it. And like what you did good, what you did bad and like what to do in the future. And I think that helped me because it brought me back to the situation and I kind of just looked at the situation from another point of view or like from just not being involved with the situation. And just, um, I've looked at it and, um, I realized like what I was doing wrong, what to do better, and made me realize that I was doing everything I could or with my knowledge. (Participant 6)

Also, the participants found group reflection as one of the coping strategies that helped them cope with the stress from clinical practice. The participants stressed the importance of group reflection in helping them understand the stressful situation in a clinical area. As part of the discussion, alternative ways to cope with the stress were explored as captured in the following:

Students are having great conversations about their weeks and what's gone on and how they dealt with it [Stressful experiences] or how they should have dealt with it or how they wished they deal with it. So a lot of it [coping] revolves around just sort of a practice of group reflection in sort of group debriefing of these experiences. (Participant 3)

Optimistic Attitude

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Other helpful strategies that many participants identified were having an optimistic outlook and using problem solving behaviors. Keeping their end goal in mind, that is, to be a nurse, helped some of the participants to use more effective coping strategies while they experienced stress in clinical practice. *“I always think positive. And then always think why I chose nursing in the first place.” (Participant 5)* Another participant commented that her inner drive to achieve her goal led to positive coping and hence better adjustment in the clinical area. *“Um. Like my motivation to graduate and become, uh, a competent nurse.” (Participant 9)*

One of the participants had a unique perspective on the concept of stress and coping. She talked about using her stressful experiences to motivate her learning. She emphasized that some stress was helpful for her to improve her focus and the actual performance of skills in the clinical area. She discussed that rather than getting stuck in the stressful situation, she used the stressful situation as an opportunity to learn.

I’ve used a lot of the stressful experiences, like I said, uh, to, to motivate my learning. To motivate my, my engaging of the material so that it doesn’t just stay cerebral. So it [Learning] doesn’t just stay intellectual and academic and theoretical but it becomes something practical. (Participant 3)

A few participants shared that not harboring negative feelings towards anyone in or from the clinical helped them cope with the stress from those kinds of situations in their clinical experiences. One of the participants recalled an event when she was reprimanded in front of the whole group for not being able to give a correct answer. She stated her clinical instructor “yelled” at her. The participant said that she was offended by being yelled at, she expressed that the clinical instructor could have given her feedback privately. In order to cope with this stress in that moment and not let it affect her clinical experience, she stayed positive.

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Aside from viewing it [Stressful experience], like not personalizing, like I'm not really harnessing negative feelings with her [Clinical instructor]. Yea. I don't harness negative feelings. And then every feedback good or bad I will take it as it is and then use it to improve my clinical practice. Also, also, yea, being positive all the time. (Participant 9)

One more participant added that she stayed positive during the stressful experiences and saw the next clinical day as another new day to enhance her learning experiences. “...there's a big difference of me like thinking, like not harnessing negative feelings on what happened that day or not dwelling on it. That it'll be a better day, kind of it will be better eventually, something like that.” (Participant 5)

When another participant experienced being “yelled at” by a nurse in the clinical area in front of the patient and other people, she said having an optimistic attitude and not taking things personally helped her cope. The participant stated that although she was aware of the unprofessional behavior exhibited by the nurse who yelled, she was able to cope with it by not letting it affect her mind and her practice.

I don't take it personally. Um. It, who knows what's going on in their life. And it [uncivil behavior] could be completely irrelevant and I was just a venting block which isn't my, it's not, I don't know, it's not there. But, um, I know that other people like have been very upset about it [Uncivil behavior] and haven't been able to continue for the day and had to go home and that kind of stuff. But I don't, I just don't take it personally I guess. (Participant 8)

Enthusiasm to try new things and being confident was one of the strategies that a participant stated helped her stay focused on her goal to be a nurse. She said she felt a sense of

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pride and self-respect from motivating herself and she carried the enthusiastic attitude to all her clinical areas and succeeded:

So I definitely brought that enthusiasm that overshadowed other clinicals and like that enthusiasm is a huge part of coping for me. Just trying to remember like there's always new stuff to learn. (Participant 7)

Goal Oriented

Participants felt they needed to be self-disciplined to complete and perform well in their clinical practice. Better organization, time management, and planning ahead of the clinical day emerged as important skills that participants stated helped them cope with the stress associated with clinical practice. Although hard to establish, knowing how to prioritize and staying focused allowed the participants to cope better with the stress that arose from clinical practice.

But I think that just trying to be organized, um, also preparing ahead of time. I think it's a lot of like preventative kind of measure, skills, um, to prevent stress is,.....it gives me some sort of control of too as to what my day's going to be like or how, how I'm going to practice that day. (Participant 2)

One participant stressed the importance of being proactive during each clinical placement. *"So that involves a lot of sort of front end work in terms of being prepared mentally, being prepared intellectually, and then also emotionally so that I can handle the situation when it arises."* (Participant 3)

Only one participant stated her coping strategies included having a strong belief system as well as self-reminders of the end goal.

Primarily I think the belief,.... before going into the faculty and choosing to be a nurse, I think I knew moving forward it was going to be potentially stressful at times but having

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that anchored... having really good friends that I've met, um, you know, I think I can go back to that belief of comfort that I'm doing what I'm meant to do and I'm actually going to help people and make a difference at the end. So knowing that kind of gives you that little back, back thought in case when something goes maybe out of your control or something and you are overwhelmed..... my goal is still to help people and help others and this is the way to go. (Participant 10)

Learning from Experience

Participants adopted the view that every learning experience was valuable. This view was another successful coping strategy that participants talked about during the interviews.

Participants said learning for them is a continuous process and learning by doing was the key for them to be successful in the clinical practice environment. Learning by doing enabled them to adapt to the demands and changing circumstances in the clinical area:

Well no, everything I'm doing now is informed by everything that I did not enjoy from 2nd and 3rd year. Um. So what I've learned is that I need to talk to my CEFs and my instructor about what I need..... It's just pushing myself to actually break out of my shell as she [Clinical Instructor] said. Like I need to, I need to just tell someone when I need help and why I need that help. And how they can help me and how I will help myself. Um. And so reminding myself to do that can be a struggle but I like, I literally write it down. Like sort of with quotes from other people. Um. So, yea, that's, that's been very important. (Participant 7)

Participants said they learned to cope in the clinical area with a stressful encounter from their previous experiences. They learned from their mistakes and successes in the previous

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clinical placement and tried to improve or implement their coping strategies in their next clinical experience.

Every clinical I just learn and grow from those situations I've had so my coping skills get better each rotation. And when it comes to time management skills, when it comes to prioritizing, I'm more confident, more aware of how to cope with, with the, with those, uh, life changing situations. (Participant 9)

Another participant expressed that she learned from her previous experiences that one cannot do everything; you are only supposed to do your best: *"Well I feel like I have learned how to cope through experience. understanding that you can't do everything and it's not going to be 100% and you just have to get it done."* (Participant 8)

Summary

Learning about self emerged as one of the themes. Participants revealed that their ability to reflect on their experiences with stress helped them cope with stressful situations. They also discussed having an optimistic outlook and focussing on their end goal helped them move on and cope with the stressful clinical experiences. Participants realized during their clinical experiences that learning for them was a continuous process.

Theme 2: Social Support

An intellectually and emotionally supportive environment enhances nursing students' ability to cope with stressful clinical experiences. All the participants from this study reported supportive resources such as family, friends, nursing peers, and staff in the clinical area as vital in their ability to cope with the stress that arose from the clinical area.

Support from Family

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Re-negotiating responsibilities among family members regarding household activities and child care tasks reduced stress on the participant and feelings of guilt with not being able to fulfill the responsibilities associated with personal relationships. Participants in this study related how they continued to draw strength from their family members, which helped them cope with stressful clinical experiences.

So my family and my boyfriend and friends are usually really good people to go when I am stressed.....kind of that immediate thing.....And then that gives me time to think, "OK, now what do I do?" (Participant 1)

One participant considered her son as her biggest support during her clinical practice. She said spending time with him would distract her mind from clinical.

I think my son is a really big support....kids have a really good ability of, um, getting you out of your own head and getting you into the roles and so, um, that's been really helpful to focus on him. (Participant 4)

Some participants talked about the importance of having somebody to just listen to their clinical experiences and the stress associated with them. They said that they just needed somebody to vent to without the fear of being judged or evaluated. Participants indicated they could trust their families for that purpose. "...I guess like a person like having those people who will listen makes a big difference.... to ease my anxiety, my fear in clinical." (Participant 5)

Support from Friends/Peers

Supportive interactions with friends and peers were one of the main coping resources identified by the participants. These relationships helped them cope with the stress associated with clinical practice. Participants found receiving support from friends and peers when needed

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enhanced participants' coping processes. A few participants in this study stated the idea that one is not alone was helpful in coping with the stress associated with the clinical areas.

Talking to other students because you're like, oh, I'm not the only one that's done that, or I'm not the only one that's been in that kind of, um, situation or that nurse doesn't just hate me, apparently they hate everyone. So I guess a lot of that kind of discussion has helped me, um, cope with things because you don't feel alone. (Participant 8)

Moreover, the participants indicated that relating to their nursing peers negative experiences within the clinical area gave them satisfaction and a sense that the others were going through the same experiences as they were. A few participants expressed that they were able to cope with their stressful experiences from the clinical area when they were able to relate to others students' negative feelings about their clinical experience.

I would say first off my peers, um, 100%. I put my peers first. Just because I feel like that they have the shared experience that, you know, they're also, um, dealing with new patients, new situations, new skills, things like that. Um. And it's new for them. (Participant 10)

When asked how they coped with the stress from their clinical practice, participants said they tended to talk and share their feelings with their nursing peers. Many said that through talking with their peers whether during break times, or even during their theory classes or through social networking, they were able to vent out their stress from the clinical area, hence were able to cope.

Like during a bad time, we would, of course we would talk about it over lunch break about our experiences. What worked, what did not work.....Normally we do it every, after

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clinicals we have our Facebook, um, like thread or something. And then we would just discuss what happened to our day. Is it OK? Oh we did IV insertion. (Participant 5)

Some participants stated that talking with their peers about their clinical experiences was helpful. One participant stated she would seek out peers who had similar experiences to learn from them how they coped. She then tried those coping strategies when she encountered a similar stressful situation in clinical practice.

I've also gone, been able to go and talk to some of the other students who I know have had an experience with a situation like this and said, how did you deal with it? And, and gotten some feedback there which has been very helpful. Most of my processing and my ways of dealing with stress are through interaction. So I, I go to people....So most of my practice has been to approach other people who've had experience in this and then talk to them about it. (Participant 3)

Most of the participants felt comfortable discussing their stressful experiences with their friends, because they felt there was no judgement involved, they felt safe, and were able to vent completely: *"my friend first because I could tell everything to my friend without like holding back. (Participant 8)*

The majority of the participants suggested they liked to talk and share their frustrations with their nursing peers to dissipate their stress.

We talk a lot and we share stories and swap war stories about clinical and the joy stories as well. So a lot of that is just getting together outside of nursing school and having these conversations. You know PHIA protected but just sharing our experiences in the midst of these challenges we faced. (Participant 3)

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A few participants preferred sharing their stressful experiences with their nursing peers just because they felt that their nursing peers could better understand them and help them cope with the stressful clinical experience.

....One of my friends, yea, at the Faculty....because like we were going through the same things so it's easy to tell her about certain situation and she'll understand medically what's going on and what I was supposed to be doing. (Participant 6)

They said it was hard for them to share their feelings and talk about their experiences with their non-nursing friends as they felt that their non-nursing peers wouldn't understand their clinical talks: *"I mean some of my friends can't really handle some of the nursing talk if they're not really a nurse themselves. Um. Just maybe too gross for them, like gross or something that they wouldn't do."* (Participant 10)

Support from Nursing Staff

Participants found a sense of comfort and belongingness derived from the staff on the unit as helpful, to cope with the stress from the clinical area. Supportive staff on the unit also was suggested as one of the major coping resources, one of the participants explained that when the staff in the clinical area was accepting and supportive of students, it was easy for students to cope with any stressful encounter in their clinical placement:

So most of the placements.....the buddy nurses I've had, and the CEFs I've had have been very supportive. So anytime I feel like I'm not sure what to do, or overwhelmed with, uh, the different options and, and the situation I felt that I'm able to approach the buddy nurse or the CEF and they've been very supportive and very encouraging. (Participant 3)

Another participant who was well supported by her buddy nurse in a stressful clinical situation was able to cope effectively with that situation. She said her patient was in an

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emergency clinical situation and this was her first encounter with such a situation. She was stressed, but because of her supportive buddy nurse, she was able to cope with that stress:

My patient was coding and of course I did not know what to do and I never like encountered a situation like that. But, um, I had a very supportive staff on the unit. So, uh, they told me to breathe, like in and out, and relax and that everything's going to be OK. So that's how I coped with it. And even afterwards when the situation was over, um, the nurse, my buddy nurse talked to me. Like we went over what I did. I did everything right. And there's nothing I could have done better. (Participant 6)

At the same time, a few participants discussed their negative experiences with the nursing staff in their clinical practice. They said in some of their clinical placements, the nursing staff they had were not supportive of students and did not want to have students. This kind of clinical experience increased student stress, made them feel incompetent, and not wanted in those clinical areas.

My buddy nurse was not helpful. I mean, you know, she was mad at me when I could not hang an IV for my other patient because this patient was critically ill and was taking off her, her oxygen constantly.... I just did not have the time to leave the room and prep a bag and at that time, like you're not supposed to hang a bag without having it checked. So I just did not have the time to do it. And she got mad at me. And, you know, like you feel like I was incompetent. (Participant 2)

Another participant shared her negative experience with her unsupportive buddy nurse that affected her coping ability in that particular clinical situation. She told that her buddy nurse was not supportive of her when her patient became critical. The participant could not cope with that and exhibited physical symptoms such as vomiting and anxiousness.

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But honestly, I did not cope very well at all. Like, um, I would throw up multiple times during the day. I would, I have gas. I would be constantly in the bathroom, either throwing up or going through the other end and it was just, I could not eat. It was just not good. I did not cope well at all. And it was physical. (Participant 2)

Summary

Supportive relationships with family members, nursing and non-nursing peers, and staff in the clinical area played an important role in participants' efforts to cope with stress in clinical practice. Participants used their family members as a source to vent their stressful experiences. They found the interactions with their nursing peers as vital to their own coping efforts. They also identified that supportive environments in their clinical practice areas helped them cope with stressful situations.

Theme 3: Self-Care

Caring for self was another prominent theme that emerged from the study. Participants shared that their ability to care for themselves helped them cope with the stress associated with their clinical practice. Participants also discussed that with self-care they learned to speak up or assert their views, which, led to better coping skills.

Trusting Self

A few participants commented that being comfortable with the feeling of not having to know everything and still having confidence to complete a skill to the best of one's ability helped them cope with the stressful situations in their clinical practice.

I fully expect that experience will come. With experience will come more, OK, I know what to do in the midst of this situation so, uh, at this point it's being comfortable not

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knowing all the answers. Not knowing what to do. But knowing that I can find somebody that knows what to do. Uh, so I'm OK with that. (Participant 3)

Participants also added that they had to remind themselves while in clinical areas, that they do not have to know all the answers. A participant shared that she got more comfortable knowing that even after being a professional nurse for so many years she might not be able to know all the answers;

Uh, so, so reminding myself that I don't have to know all the answers is good. Uh. And that even after I've been a nurse for 10, 15 years, I still won't know all the answers and that's still OK. There's others around that I can go to so, uh, sensing my place in the health care team and a sense of team around me is really important and, and essential. (Participant 3)

Another participant shared that knowing and accepting when she needs help and who to ask for help assisted her to cope with the stressful situation that arose in the clinical area. With experience and over time in the clinical area, she learned to trust herself.

Like I'm, I'm smart. I should be able to figure it out if, you know, something, um, if I wasn't able to prepare for something that I felt that I should have. Like normally, I guess, if the bar is here, I tend to set my bar up here [indicates higher bar] and so if I finish studying here, I'm still ahead of the game, right. Um. So for me, yea, it was just setting, making room for me. Um. And, and that really helped and it also helped to push through because as I made myself push through, I became more confident. (Participant 4)

Knowing what others said about you, particularly the people related to the clinical area helped some participants cope with the stress from their clinical practice and in life in general as

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well. One of participants described knowing what others think about her and shared with her made a huge difference in her coping behavior.

Like I actually like write down what people say and then like put it on the wall and when I feel really discouraged, and like no, “people said these things about me. Remember that..... I know what I’m doing. I can do this. People believe in me”. So that, that definitely is what helps me cope. (Participant 7)

Some of the participants revealed that for them, overcoming the fear of asking questions and avoiding self-doubt made their coping with stressful encounters in the clinical area easier. One of the participants said she does not care what people think of her when she asks lots of questions and that helps her cope with the stress of fear of causing harm to anyone. *“I also ask a lot of questions, so if I’m ever unsure of things, I’ll just ask about them. And I don’t, I don’t really care what they think because I don’t know and I want to know. So then I’ll just ask about it.” (Participant 8)*

Another participant expressed that being able to trust herself when she was in a stressful situation not only helped her cope with the encountered challenges; it also helped her perform better in her clinical practice.

I know to myself that I would be able to surpass those challenges and, um, help myself to, like help to pick it up, to pick myself up from those mistakes and just be motivated to learn and to perform better. (Participant 9)

Self-Appraisal

Participants used their awareness of their strengths and limitations to cope. For example, participants indicated that positive self-talk increased their confidence and their ability to handle things more confidently, when they faced a stressful situation in a clinical area.

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Really encouragement and reassurances, like a huge part of coping because like I get that and then I can remind myself like, “OK, I’m not stupid, like I’m not like going to like hurt anybody. Like I know how to do this, remember you know how to do this and stuff.”

Positive self-talk.... So I felt that was a success because at the end of the day I actually felt good. I was like, yea, we did it. (Participant 7)

Another participant said that she celebrated her success after every clinical which prepared and motivated her to be successful in her next clinical placement.

Like whenever I finish, I finish a clinical, like, yea, what I do is like I celebrate because, and then I feel good that I did not get nursing contract or whatever. And then, and then I always think that, that, like I can do it. Like eventually every, like, you know, every clinical rotation, like yea, I can do it because I did well on the other, like you know. And then I guess, um, even like I, I learned to choose my battles. (Participant 5)

Knowing self and taking time to think before acting was reported as another coping strategy that helped participants cope with stressful situations in the clinical area. One of the participants said taking a couple of deep breaths in a stressful encounter helped her stay calm and understand the situation in a better way.

And you just take a couple of breaths before you do everything, anything..... well what should I do? What should I do next? What should I do next? And kind of think that way. But staying calm with the patient. And then just getting help when you know it’s [stressful situation] over your head. (Participant 8)

Additionally, a participant suggested that when she knows she is stressed out, she temporarily removed herself from the stressful situation in order to be able to cope and think critically. *“So I just said, you know, I could feel myself getting really stressed out. I need to just*

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go into the Pyxis room and I need to just chill out and go through her meds more I guess. Just to kind of get myself removed out of the situation temporarily.” (Participant 10)

One of the participants stated that taking her breaks on time in every clinical day was important for her to cope. She said that taking breaks allowed her to remove herself temporarily from the stressful area, to breathe and calm down, and to be ready to start from where she left off. “...So learning to be assertive and learning to, you know, take my breaks, um, is important for me.” (Participant 4)

Taking a couple of minutes to breathe and think was also used by participants to cope with their stress. “But just allowing myself enough time so that I’m practicing safely I guess. Um. Has been helpful for me to decrease stress..... But like that, just taking a couple of minutes seems to, uh, to calm me.” (Participant 4)

Having a Life Outside of School

Taking some time for self-care after each clinical day was put forward as an important factor in coping with stress from clinical practice by a majority of the participants. They talked about getting together with their nursing peers outside of school as a way to enhance their coping abilities. They emphasized the importance of drawing a fine line between school and a personal life. “So I think my big thing is try to remain to have a social life [retain a social life] in nursing. So it’s like, I have to have that separation between school and stress and that. (Participant 1)

Another participant added that separating school from her personal life reduced the disruption between her family life and also her health. “You have to make sure that you don’t bring your work home because then it’ll affect your family life and like your health and all that.” (Participant 6)

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Diversion

Participants also coped by participating in an activity that they previously found enjoyable. *“I guess my idea of coping is just doing something that I like doing. So kind of brings me back to what makes me feel good. And so that’s probably my best way of coping.”*

(Participant 1)

Many participants perceived being active and doing things that they enjoyed simultaneously aided their coping abilities and reduced their stress levels. *“I made the effort to make a list of, of self-care activities that, uh, I enjoy.”* (Participant 4) Participants also relied on healthy lifestyles to cope with the stress from clinical practice, specifically, doing something that they enjoyed such as exercising, sleeping, and praying. These coping mechanisms were helpful, as one of the participants explained:

I guess, uh, what helps me to cope is to make sure that, it doesn’t matter which of the self-care activities I do, but to make sure that at least some of them are making it into my daily life be it exercise, yoga. Another thing actually that I’ve really made a priority is my sleep. Like that, like no matter kind of what else is going on in my, um, life, be it family or school, that I need to get a certain amount of sleep, um, in able, to be able to function because I know that if I don’t sleep enough, then my coping, all abilities of coping just goes right out the window. (Participant 4)

Another participant added that following an active lifestyle, helped relieve her stress. *Helped me probably going to the gym and like being active because then, especially for me, because like when I go to the gym it kind of releases the stress or even. And then once a week I go to yoga and that helps me to reflect on the whole week and like if I’m doing something wrong or what I should do better in.* (Participant 6)

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Furthermore, one participant related that yoga helped clear her mind and think in a positive way.

Well honestly I started doing yoga. And yoga helped me feel like not after clinical but just once a week. Just trying to clear my head because, um, like I sometimes get bogged down with thoughts and things and so I started to do yoga. (Participant 2)

One participant used meditation to clear her mind that helped her cope with stress from clinical practice. *“Sometimes I also do some meditations. Because whenever I feel stressed, I just need to, I just feel the need to clear my mind and set my priorities straight.” (Participant 9)*

One of the participant described coping as a journey rather than a destination.

But, uh, making sure that I put aside time to just relax. Um. Doing things I like, talking to someone. And to me, coping is like you’re, like I’m not necessarily looking for an outcome, it’s like, it’s the, it’s a journey, not a destination if that makes sense. (Participant 7)

In addition to exercising, a participant suggested watching humorous things on the internet helped her cope with the stress from clinical practice, even if it is just few minutes from her entire day.

Another coping strategy is, uh, doing something I like, even if it’s only for like 20 minutes today. Just kind of indulging in maybe a book that I’ll finish one day but I read a little bit of it. And, uh, I also like watch things on YouTube. I will admit a lot of it is cats. But just stuff that makes me laugh. (Participant 7)

Only one participant discussed the use of spirituality in coping with the stress associated with clinical practice. She said whenever she is stressed, having some time with God helps her cope with the stressful situation:

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Like I find coping with me just I actually have to rant it out sometimes. And then I feel at peace. And also the fact that I have a pretty strong relationship with God and my spirituality is really, like helps me cope as well. And I think that just kind of having some quiet time with God really helped as well. Like gave me some peace. Like this is OK to feel that. (Participant 10)

A few participants from this study saw crying as a way to quell their stress and maintain their wellbeing. *“Or I’ll cry about it [stressful situation] and then that’ll be it. And then you’ll go to sleep into a new day.” (Participant 8)* Additionally, one other participant said she just cries when she cannot handle the stress and she indulged in negative thinking about being in clinical and that helped her cope in the moment. The participant shared that crying relieved her feeling of stress and helped her move on in the clinical area.

I guess, yea, like overall that day was considered a bad day. And then, I’m scared. I’m scared to go back to clinical..... I just cried. I, I feel like this is, this is, yea, those situations I feel like if I’m not satisfied with my practice. I, I cried. And then think about the negative things that, that happened. (Participant 5)

Summary

Self-care emerged as another important theme that helped participants cope with the stress that arose from clinical practice. Participants discussed having trust in one’s abilities, developing self-awareness, and being thoughtful about their abilities helped them cope with stress. In addition, they discussed the importance of separating one’s personal life from school life. Participants found that engagement in enjoyable activities for just a few minutes a day helped them cope with the stress from clinical practice.

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Theme 4: Clinical Instructors as Educators

Clinical instructors apart from being considered a source of stress, they were considered a major coping resource by most of the participants. Students spend at least 2-3 days a week in clinical practice; they are consistently in contact with their clinical instructors. Participants said supportive, not stressed, and knowledgeable clinical instructors helped them reappraise the stressful situation and cope with it.

Supportive Clinical Instructors

Most of the participants described their relationship with the clinical instructor as vital in their clinical practice experience. One of the participants used phrase “*luck of the draw*” for getting a supportive clinical instructor. She said the clinical experience would entirely depend on your luck of getting a supportive and approachable clinical instructor or getting a completely opposite one. One of the other participants said clinical instructors can either “*make or break your clinical placement*”. She supplemented her comment by saying:

CEFs either can make or break your placement..., it's not the, if they're supportive or not. I think it goes back if you're compatible with them. And if they're, if they have like the same sense of humour or like the same work ethic. Cuz, uh, yea, as I said, “yea, I was lucky in 3rd year.” I know some of my friends were not and they dreaded going to clinical every day. And they felt like they were judged.....or like CEFs made derogatory comments and sometimes if you are not on the same level it hurts. (Participant 6)

A few participants believed, knowing their clinical instructor as a person rather than just their role made the relationship between the clinical instructor and the student more comfortable; hence made it easier for students to be able to trust the clinical instructor and feel comfortable in asking questions or voicing concerns.

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I like to see my CEF as like a person, and like and a nurse, and an instructor. And like I feel like it's really important to, to know about who they are as a person. And like it doesn't have to be like any weird boundary violation stuff, just like my Surgery CEF, she like gave us like a slide show presentation of her vacation in Hong Kong. Like. Uh, one of my CEFs, uh, talked about her family, like her children and, uh, another CEF would, she showed us pictures of her pets. And like I like that. I like knowing that like you're real person, you know. And, um, that really makes me feel less intimidated. (Participant 7)

One of the participants pointed out that there was a direct relationship between student stress and the clinical instructor's stress. She said her ability to perceive a clinical situation as stressful and then her ability to cope with it would entirely depend on her clinical instructor's attitude.

Clinical. I think clinical solely depends on what teacher you have, um, that would set the tone I guess. If you have a CEF that is maybe more stressed out, you can kind of feel like she's tense, maybe I would feel more tense myself. But if you have one that's more relaxed, she's easily approachable. She will, she's vocal with like I will help you and these skills you won't have to do by yourself first time and all that stuff I think that eases me... . (Participant 10)

Participants commented that they were able to cope with the stress from their clinical practice areas if they had a supportive and approachable clinical instructor. The participants were not hesitant in discussing their concerns or asking questions if they saw their clinical instructor as supportive and understanding of students.

.....Because my CEF was really good. So he was walking me through everything and would tell me what to do or what to go get. And when he would do stuff, he would tell me

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what to do and why..... it was really good to have him there. And I felt like he helped me cope too because he wasn't stressed. (Participant 8)

One of the participants recalled one instance in her community rotation, where this particular group of students was stressed out as they were criticized for their behavior by one of the nurse managers. The participant discussed that the students in her group initially used negative coping strategies such as blaming each other and pointing fingers at each other until their clinical instructor stepped in and initiated positive coping among the group.

So our CEF, she played a pretty good role in terms of helping us, uh, figure out ways to deal with it [stressful situation] well. So I mean, so after that group conversation, uh, she had a chat with each one of us about ways that we could individually sort of step up our professionalism. And, and that was really helpful. And so then we felt supported by her. We felt encouraged through that conversation. (Participant 3)

Another participant discussed her clinical instructor's technique to help the students feel more comfortable with her and cope with the stress in their clinical area. She said the clinical instructor would spend time with the students during lunch hours talking about things other than school which students appreciated as that allowed them to clear their thought process before they went back to the clinical area.

She also encouraged us to take our breaks and, uh, she also encouraged us to go to like stuff for the, like health stuff for the staffAnd uh, she, like we had like lunch and stuff together and like, and she also just talked about like not work life, you know. So she also, she helped to like, um, like not keep us all, me especially, caught up in our heads about like, I'm only thinking about school. I'm only thinking about nursing and stuff. Uh. She was really awesome. (Participant 7)

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Moreover, a few participants discussed that some of their clinical instructors always placed the emphasis on self-care while being in clinical practice. The participants from this study reported that learning self-care from their clinical instructors helped them cope throughout their clinical experiences with the stress that originated from their clinical practice. *“Also her emphasis on lots of self-care and remembering life outside of school. That, uh, helped me when I went to my Geriatrics rotation. Because I found that [Geriatric Rotation] more challenging.”* (Participant 8)

One of the participants shared that her clinical instructor actually taught her group various strategies to cope with the stress that usually arose from a clinical situation. Their group used those strategies throughout their clinical experiences.

One of my clinical instructors said like everything is immediate but it, like it can take a couple of seconds. So you need to like take a couple of seconds and think before doing stuff.... even if it's like an immediate situation, it's still like, you have time, you have to process it instead of just doing it without actually knowing what you're doing. So that has helped me I guess cope to and not be so stressed. Just take a couple deep breaths and then think about what I'm going to do and then do it, instead of being like I don't know what to do, I'm freaking out. (Participant 8)

Furthermore, a participant expressed that when she had a patient in an emergency situation, she would not have coped well with the stress and would have had nightmares if she did not perceive her clinical instructor to be positive and supportive.

She was just positive. And even if, even if like we're getting stressed, she would just, she would just like support us with a question. We're not afraid to approach her in that time. And then she was, yea, very supportive. (Participant 5)

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Constructive Criticism

Participants commented that receiving constructive and positive feedback from their clinical instructors not only enhanced their coping but also added to their adjustment to that particular clinical area. They said they felt less threatened by their clinical instructor's role and hence, were able to cope positively and learn effectively from their clinical experiences if they had a clinical instructor who used constructive criticism.

Something also that really helped was, uh, like she gave constructive criticism that was like evidenced based..... She'd say this is what you did, this is what like your strengths were, what you could improve on, why that needs to be improved, um, and how can we change it?(Participant 7)

Another participant added that when her clinical instructor articulated this participant's strengths, it made a big difference in her practice during that clinical placement.

And also the CEF who, who would acknowledge the good side of me instead of the negative side. That makes a huge difference. Though she could say, you know, face to face, like yea, you could improve this way and then you can do this and this and this. (Participant 5)

Additionally, one participant shared her experience regarding positive feedback from her clinical instructor. She said, rather than focusing on students' errors, this particular clinical instructor helped students learn from their mistakes. This approach facilitated positive coping with the stressful situation of making a mistake.

My CEF was, um, more, uh, giving positive feedback than my other CEFs and she was very nice. If you commit a mistake she will just tell you how to improve it and she will, she's very cool with it. She's not, she doesn't get emotional, emotionally mad or angry

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about it. She just....completely understands the situations students are going through.

(Participant 9)

Furthermore, most of the participants said when clinical instructors made their expectations clear at the beginning of the rotation; the clinical experience was less stressful. They appreciated clinical instructors who understood students, their level of learning, and that they may make mistakes from time to time. Clinical instructors who communicated this understanding helped students move forward and cope with the stressful encounters.

That your teachers don't necessarily want, like assume that you're going to be a pro right away. I think, like having those beliefs really helped me like moving forward in clinical that, you know, she knows I'm learning. She knows that I may make a mistake.

(Participant 10)

Knowledgeable Clinical Instructors

Participants concurred that knowledgeable clinical instructors create a critical influence in students' learning in the clinical areas. They said effective clinical instructors have knowledge of the skills, students, and, clinical context. Clinical instructors have the ability to motivate students. One of the participants highlighted that professionalism and calmness exhibited by the clinical instructor during a stressful situation makes it easy for students to cope with that particular situation. Moreover, she said that the clinical instructor's ability to recognize the stress exhibited by students and help to cope with that stressor enhanced students' adjustment to the clinical area. This made clinical a pleasant learning experience for students.

I think CEFs have a unique opportunity to be able to help students find strength within themselves to deal with stuff. And, and sometimes we don't have that or we don't recognize it, that strength that's in us or we don't have it yet.... And so I think CEFs have

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an incredible opportunity to, to be there for students when they face a situation that overwhelms them or where it's really tense, uh, where they're stressed and they don't know how to cope. And then helping them strategize coping strategies either beforehand or afterwards or in the midst of. You know reminding them of perspective. (Participant 3)

Another participant discussed one of the strategies taught by her clinical instructor during their initial clinical placement. She said she carried over that strategy to all her clinical practice that helped her cope with the stress associated with clinical practice.

Her emphasis on like trying new things, like was really helpful. Even if, like it was a skill we did not necessarily learn in lab. She like, we could watch her maybe try if it was not like, you know, something that was a big deal. (Participant 7)

Participants pointed out that their clinical instructor's attitude towards students while the students perform procedures in their clinical instructor's presence affected the students coping in the moment. One of the students described her positive experience with her clinical instructor's presence as follows:

We were like removing staples and it had to be irrigated and then, uh, we had to remove her drains and stuff...I've never really done this andmy CEF's like telling us how to do it and we're trying to like, uh, display competence to the patient because we know how to do it. It's just, you know, nerves. And, uh, so she was there for that. That was really good. And she was very, um, like professional and calm the whole time which was like really good for my coping with the stress in the moment. Um. Just knowing that like it, like her reactions kind of guide my feelings, if that makes sense. (Participant 7)

Some of the participants commented on their clinical instructors' openness to hearing students' questions and concerns. One of the participants described her negative experience with

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her clinical instructor's attitude towards students' questions. The participant said her clinical group interpreted their clinical instructor's statement that if they asked too many questions, that could affect the student's evaluations. Hence, they avoided asking questions or discussing their concerns even if they were stressed during their clinical placement.

I talked about how it was difficult to approach staff and also difficult to approach her, um, because I always felt like I was annoying her, even though I know that I wasn't annoying her. Um. But like she really emphasized, uh, like don't, like if you ask questions, that's good. But if you ask too many questions, that's bad essentially.

(Participant 7)

This participant also stated that being able to communicate with the clinical instructor freely without the fear of being judged, helped students cope with any stressful encounter in the clinical area. She talked about communication as her coping strategy that she learned and is still learning to use during her clinical experiences.

Communication. That's a coping strategy that I've learned. Communicating with my CEF and my course leader if I need to, um, which I'm still learning and still trying to like get past the like low self-confidence, uh, issue. Like the fear of asking questions. Huh. Um. And, uh, like I've learned that talking about what I'm doing to them, even if it's just like a, like an update, uh, and like I don't have a question, I just want to tell them what I'm doing. I just want to report to them. Uh. That makes me feel a lot better, um, because then I know that I'm on the right track. (Participant 7)

Summary

Clinical instructors played an important role in students coping process in their clinical practice. Participants discussed instructors who were supportive, had knowledge of the clinical

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context and the students, provided constructive and positive feedback enhanced student's coping in the clinical practice environment.

Summary

Learning about self in terms of reflection, optimistic attitude, goal orientation, and learning by doing helped participants to cope with the stress associated with their clinical practice. These strategies were developed over time in the clinical area. Using previous experiences from the clinical area whether being taught by somebody or learned by doing also were cited as coping strategies by the participants in this study. Family members provided participants with moral and financial support. Nursing and non-nursing peers were coping resources used by the participants. Participants explained that they felt more comfortable and were able to cope with the stressors that originated from their clinical practice, if they felt welcomed and received the support especially from the people connected with their clinical areas such as their buddy nurses.

Self-care emerged as one of the important coping strategies used by participants to cope with the stress associated with their clinical practice. The participants learned the importance of remaining calm when encountering a stressful situation. Taking deep breaths to start the intellectual process of reappraisal of a stressful encounter contributed positive coping and adjustment with a particular clinical situation. Diversion, whether removing oneself temporarily from the stressful situation or just to take a couple of deep breaths, helped the participants to cope with the stress and facilitated functioning in clinical practice. Participants used exercise as a coping method to cope with the stress.

Clinical instructors who created an environment, in which students felt comfortable and supported, enhanced students coping abilities with stress in the clinical area. Study participants

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acknowledged that having a knowledgeable clinical instructor, positive relationship with the clinical instructor, and being able to communicate their concerns and questions to their clinical instructors not only augmented students learning, but also enhanced their coping abilities.

Chapter 5

Discussion of the findings

The purpose of this study was to explore nursing students' perceptions and experiences of their coping efforts as they face stress associated with their clinical practice. The clinical practice environment is of great significance in nursing education, as clinical competencies are learned and professional identity of the future nurses are formed in this period (Chan et al., 2009). The present study was conducted with 4th year nursing students in a Canadian University. While previous research studies have examined the coping strategies used by nursing students in the nursing program, few have focused directly on the clinical context. The current study specifically provides an understanding of nursing students' perceptions and experiences of their coping efforts as they face stress associated with their clinical practice. Thematic analysis of the transcribed interviews was undertaken to identify the major themes addressing the research question that was posed for this study. Four major themes were identified as follows: Learning about Self, Social Support, Self-Care, and Clinical Instructors. Identified concepts and themes provided a holistic understanding of the process of coping with stress in undergraduate nursing students in their clinical practice.

Findings from this study suggest that, apart from the factors associated with self and social support, clinical instructors also play a significant role in students' coping process in the clinical area. It is evident from the study results that participants found their clinical experiences stressful. Based on their appraisal of stressful circumstances, they used various strategies and different resources to cope with this stress. The theoretical framework chosen for this study was useful in understanding how participants dealt with their ability to handle stress. The stressors in clinical practice identified by participants in this study are similar to those reported in the

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literature. The discussion in this chapter is organized using the themes identified in the findings and is discussed in relation to the concepts from the theoretical framework used for this study.

Additionally, the findings from the study are presented in relation to the literature.

According to Lazarus and Folkman's theory of stress and coping, cognitive appraisal, which consists of primary and secondary appraisal, allows the person to assess, manage, re-evaluate, and adapt to a stressful person-situation encounter (Lazarus & Folkman, 1984). This theory helped understand the wide range of possible responses to stress involving both cognitive and behavioral efforts to manage stress by the participants in their clinical practice. It also provided perspective on the clinical context in which students applied various coping strategies to manage stress that arose from the clinical practice. Lazarus and Folkman's theoretical framework also helped understand that coping is not just a successful effort, but it includes all the purposeful efforts made by students to manage stress in the clinical practice environment.

Cognitive appraisal played an influential role in students' coping process. Primary appraisal was used by participants to evaluate a situational encounter in the clinical area as harm, threat, or challenge, hence leading to the perception of the situational encounter as stressful. After a situation in the clinical area was primarily appraised as stressful by the participants, secondary appraisal followed which allowed the participants to evaluate what physical, social, psychological, and material resources were available to them to manage the demands of a stressful encounter (Lazarus & Folkman, 1984). As a result they employed either problem-focused coping strategies to manage or alter their perception of the source of stress, or emotion-focused coping strategies to regulate emotions towards their stressful interaction with the clinical practice environment.

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Lazarus and Folkman's (1984) theory assumes that from the two types of coping strategies, it is hard to establish if one is better or more effective than the other. The theory also postulated that direct confrontation with the stressful situation is not always necessary for successful coping. For instance, in this research study when one of the participants was being "*yelled at*" (likely feeling threatened) by one of the nurses in the clinical area, the participant did not get involved in direct confrontation with the nurse. Rather, she coped by being positive and not harboring negative feelings about that nurse. No other studies in literature on coping in nursing students could be found that concurred with this finding.

A majority of the participants from this study used both problem-focused and emotion-focused coping strategies such as thoughtful problem solving, seeking social support, and having an optimistic attitude. This finding is similar to the study conducted by Shipton (2002), where taking action such as planning, organizing, confronting, and prioritizing were identified as effective coping strategies used by nursing students in their clinical practice. Jex, Vliese, Buzzel, and Primeau (2001) claimed that there is a positive relationship between self-efficacy and the use of coping strategies aimed at controlling environmental stressors. These researchers also emphasized that self-efficacy has implications for both coping and coping effectiveness. Self-efficacy is defined as an individual's confidence in their ability to perform a given behavior and exercise control over events (Bandura, 1977). Bandura's self-efficacy theory has four principle sources: performance accomplishments, vicarious experience, verbal persuasion, and physiological states.

Bandura (1989) claimed that if people believe that they can deal effectively with potential stressors, they will not be greatly distressed by those stressors, whereas people who believe that they cannot control or deal with aversive circumstances will experience distress and impaired

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functioning. Smith (1999) found that mastery of coping strategies can strengthen efficacy feelings within individuals and encourage them to use similar coping strategies in situations that are possibly different from those in which the coping strategies were originally acquired. For instance, a majority of the participants from this study reported that they learned to cope with the stressors that arose from the clinical area by coping successfully in previous clinical postings. In other words, the participants learned to cope in the clinical area by using coping strategies and appraising them as successful from their previous clinical practice experience.

According to Bandura (1997), a strong sense of efficacy enhances human accomplishment and personal well-being. A few participants from this study shared that based on their previous experience of coping successfully with stress in clinical settings, the participants felt assured that they could cope successfully again. That in turn led to personal accomplishments, and reduced stress among the participants in the clinical area. Another source of self-efficacy, vicarious learning, was also evident in this study. Vicarious learning takes place when an individual observes and learns from the behaviors of others. For example, one of the participants said she used her nursing peers as a coping resource. She stated that she talks with and observes other nursing peers who have encountered similar stressful situations in clinical practice and learns from them how to cope in those similar situations. According to Bandura (1997), vicarious learning is usually more effective if the other individual modeling the behavior is similar to the observer and if the other individual is rewarded for his or her efforts.

While the findings from the research study undertaken here suggest that nursing students came across situations in their clinical practice where they experienced stress, the study also revealed that participants with insightful thinking, a strong desire to succeed, motivation, a supportive clinical practice environment, and constructive feedback coped well with these

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stressors based on self-assessment. Instances of reflection and reappraisal of the stressful situation and using the stressful situation as an opportunity to learn and cope with the stress were particularly poignant.

Coping was explored in this study by analyzing and categorizing the self-reported data of the participants. This analysis revealed that the participants used a variety of cognitive and behavioral efforts to cope with the external or internal demands placed upon them as a result of their interactions with the clinical area. The participants in this study used the following coping strategies: learning about self by being optimistic, using reflexive behavior, and learning from doing. Additionally, a supportive environment, especially receiving support from family, friends, peers, and nursing staff, and self-care by trusting self, using diversion activities, and self-appraisal, were also cited as coping strategies used by the participants. Finally, the participants reported that having a clinical instructor who was knowledgeable, gave positive and constructive feedback, and was open to communication with students, was an important coping resource.

Learning about Self

Although most of the participants primarily appraised their clinical experience as stressful, a majority felt that the secondary appraisal led them to employ various problem-focused and emotion-focused coping strategies. Hence, the participants considered the stress from the clinical area as manageable. The common stressors that participants from this study reported were: being in an acute care area, lack of support in clinical area, unapproachable and judgmental clinical instructors, fear of causing harm to the patients, lack of knowledge, inexperience in terms of skills to be performed in the clinical area, fear of being evaluated, and fear of failure. These stressors from the clinical area are congruent with those cited in the literature (Chan et al., 2009; Chernomas & Shapiro, 2013; Chessier-Smyth, 2005, James &

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Chapman 2009; Levett-Jones & Lathlean, 2008; Reeve et al., 2013; Shaban et al., 2013; Oner Altioek & Ustun, 2013; Shipton 2002). Learning to cope with stress is a useful skill for individuals pursuing a nursing career. By setting priorities, and planning ahead of time by being organized, one can minimize the impact of stress (Shipton, 2002).

Lazarus and Folkman (1984) used the term coping to describe the "cognitive and behavioral efforts" a person employs to manage stress, generally categorized as emotion-focused and problem-focused coping. Students reported that positive appraisal of a stressful situation, the ability to reflect on a stressful encounter, better organization and time-management skills learned while a student over the years of being in the clinical area helped them cope with stressful situations. The participants in this study were able to reflect on their encounter with the stressful situations which included their appraisal of the event, their emotions around the event, and their analysis of the event. There was an overall consensus among all the participants that reflection was useful to cope with the stressful situations in their clinical practice. The participants from this study also found problem-focused coping strategies such as asking questions when unsure, and getting help from the buddy nurses, clinical instructors, or peers when needed, were effective strategies for them to cope with the stressful situations.

An optimistic attitude was also cited as an important coping strategy used by the participants. This finding is supported by the research of others that a positive/optimistic attitude can help students cope more effectively with stress from the clinical area in nursing (Gibbons et al., 2009; Sheu et al., 2002; Shaban et al., 2012). Lazarus and Folkman (1984) stated that positive thinking is a coping strategy intended to reduce the threat appraisal. For instance, in this study, one participant said that she stayed positive during stressful experiences and that helped her cope and see the next clinical day as another new day to enhance her learning experience.

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Participants identified the positive impacts of stress that motivated them to do better in their clinical performance. For example, one participant said, “*so I’ve used a lot of the stressful experiences, like to motivate my learning*”. This finding is supported by Burnard et al.’s (2008) study, which postulated that stress could produce positive outcomes by motivating nursing students to perform better. While Burnard et al.’s (2008) study measured stress and coping throughout the academic, and clinical component of the nursing program, the present study focused on the clinical area only. Participants from this study asserted that the stress in clinical practice challenged them to identify and evaluate their limitations. In other words, they used the stressful experiences to improve their performance in future clinical rotations.

Another factor that the participants from this study reported, which aided them in their persistence and progression in their clinical practice, was their focus on the key goal of graduating successfully and becoming a nurse. The participants concentrated on anticipating the positive outcomes of successfully completing the nursing degree to become a nurse, rather than focusing on the stressors that arose from the clinical area. Moreover, the participants affirmed that being prepared at the beginning to accept and face the challenges of a nursing student’s life in the clinical area, making decisions, and prioritizing situations made their coping easier. Also, internal motivation and reminding oneself of the final goal enhanced their coping skills. Overall, the participants from this study employed problem-focused coping strategies, which was a positive observation from this study.

Reflection is not typically identified as a coping strategy in the stress coping literature, but a majority of the participants from this study reported that they coped with the stressful encounters in their clinical areas by reflecting on the stressful situation, appraising their emotions around it, and constructing a positive analysis of the situation. Reflection is however, discussed

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in the nursing literature as a learning tool and is associated with professional development (Atkins, & Murphy, 1993). Learning in nursing education requires defining and redefining a problem, and allowing reconsideration of previous ways of thinking. Transformative learning serves as a problem solving model for this type of learning (Allen, 2010; Brandon, & All, 2010; Kear, 2013). Reflection also was found as one of the major strategies used by nursing professionals for professional development and transformation in their learning (Brandon, & All, 2010; Matthew-Maich et al., 2010). Within the context of Transformative Learning theory, reflection is foundational and used extensively in education and practice as a strategy to foster critical thinking in nursing education (Clouder, 2000; Dirkx, 1998). Various researchers affirm that reflective learning and practice leads to questioning the routine, exploring alternatives, and potentially transforming previous ways of thinking and understanding (Brandon, & All, 2010; Matthew-Maich et al., 2010; Nairn, Chambers, Thompson, McGarry, & Chambers, 2012; Parker, & Myrick, 2010).

While a majority of the participants concurred that their abilities to reflect on a stressful situation helped them cope throughout their clinical experiences in the nursing program, they did not necessarily consider written reflections as helpful. The participants from this study found reflection, or group reflection, with their peers more helpful in coping with stress. A few participants thought that reflection, when given as an assignment by their clinical instructors, was used as a way to evaluate them in their clinical area. They avoided expressing their thoughts and feelings freely in their written reflective assignment. Based on students' comments, it was evident that they did not understand the purpose of the reflection assignment. According to the participants, reflection is supposed to represent the students' positive experiences from the clinical practice, not what students went through, what the stressful encounter was, if any, and

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what coping strategy was employed in stressful situations by the students. Although, this interpretation is entirely from the students' perspectives and there is some research on nursing educators' perspectives on reflection, it would be interesting to learn more from the clinical instructors how they view reflection, and the value of reflective written assignments in the clinical area.

Supportive Relationships

Supportive relationships, both professional and personal, reportedly affect the process of coping in undergraduate nursing students in their clinical practice (Chernomas & Shapiro, 2013; Gibbons et al., 2011; Kirkland, 1998; Mahat, 1998; Parkes, 1985; Shipton, 2002). The findings from this research study provided some insight into the significance of social support that supplemented the adaptive process of nursing students in their clinical practice. El-Ghoroury, et al., (2012) found that there is an inverse relationship between social support and the perception of stressful life events. With the support obtained from friends, clinical instructors, peers, and advisors, participants from this study were able to cope with the stressful encounters in the clinical area.

Participants from the study discussed talking to friends, family, and peers to share their feelings as important ways of alleviating stress. They revealed that talking and expressing feelings reduced stress, cleared their thought processes, and helped them cope with stressful situations from the clinical area. This strategy also has been identified in previous studies where expressing feelings and talking to others, such as family members and best friends were coping strategies used by nursing students experiencing stress in nursing education (Chapman & Orb, 2001; Evans & Kelly, 2004; Hseih, 2011; Sikander & Aziz, 2012).

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The participants in this study reported that encouragement from loved ones or staff in the clinical area reduced negative feelings about themselves, and enabled them to cope better with the stress associated with their clinical practice. All the participants in the current study stated that their families and friends provided invaluable support in helping them cope with the stress from their clinical practice. Additionally, the participants identified that they felt confident and competent in coping with a stressful situation and performed well in the clinical area if their buddy nurses were supportive and willing to help students in the stressful situations. This finding concurs with previous studies in which nursing students described supportive, receptive, and respectful nursing staff as vital to coping with the stress in their clinical practice (Chesser-Smyth, 2005; Levett-Jones & Johnston, 2009). A few participants in this study reported that incivility and lack of support from the staff on the unit affected their coping skills negatively and added to their stress. Benner's (2010) work supports this finding when nursing students reported experiencing uncivil behavior from staff nurses in their clinical area. A few participants revealed that younger and newly graduated nurses on the units were particularly supportive of students in the clinical area and viewed as a resource in coping with stress that arose from their clinical practice. This finding was not cited in the stress coping literature and needs further examination.

Although the participants considered family and friends as their support resources, they also found their nursing student peer an important source of support to cope with the stress from clinical area. They said that their peers were able to appreciate and understand their stressful experiences since their peers were regularly exposed to the same stressful situations. The type of support that participants received from their friends or family was "emotional support" such as listening and empathizing with them. On the other hand, support received from nursing peers and clinical instructors was "instrumental support" as they helped them cope with the stressful

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situation in a problem-focused way (Semmer et al., 2008). Some participants also revealed that they could not talk to their non-nursing peers as these individuals did not know what the clinical area was like and found nursing discussions as “*gross*”.

The participants in this study reported that they became close friends with other students in the nursing program as a result of talking with them about similar experiences. They said it was easy to discuss any stressful situation with someone who had or was experiencing the same situation. The participants found that listening to their peers describe stressful experiences lessened their own stress; hence their coping abilities were enhanced. Sometimes participants sought support from their families and non-nursing peers because they could offer another perspective or suggest ways to cope with that stressful situation.

Self-Care

A majority of the participants in this study emphasized the importance of self-care to cope with the stress associated with their clinical practice. The participants reported various approaches they used to cope with the stress that arose from their clinical practice such as trusting self, positive self-talk, practicing relaxation techniques, performing spiritual activities, talking and expressing feelings. Relaxation techniques used by the participants in this study to cope with the stress are similar to other findings from the literature (Galbraith & Brown, 2011; Mahat, 1998; Shipton, 2002). Self-care activities such as physical activity and exercise were used by a majority of participants to cope with stressful situations. They discussed that these physical activities helped them clear their minds of stressful thoughts and cope with the stressful clinical situations. For example, a participant suggested that watching humorous things on the Internet for just a few minutes a day helped her cope with the stress from clinical practice. Kang et al

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(2009) reported that a stress coping program based on mindfulness meditation was an effective intervention for nursing students to decrease and manage stress from their nursing program.

Surprisingly, only two participants primarily used an emotion-focused coping strategy such as crying to cope with the stress from their clinical experience. Crying allowed them to relieve themselves of stressful feelings so they could start afresh in the clinical area the next day. One participant added that she usually cried herself to sleep after a stressful clinical day but was able to start the next day as a new beginning. This study finding is in contrast to the finding reported by Hamil (1995) and Shipton (2002) where crying was not considered an effective coping strategy.

The majority of the participants considered self-care as a significant way to cope with stress associated with their clinical experiences. Only one participant recalled self-care being taught or emphasized by the faculty or their clinical instructors. Most of who agreed that incorporation of self-care throughout the nursing program would be beneficial. A few participants acknowledged that education on health and coping was included in courses at the beginning of the nursing program however; they thought it was neither integrated nor emphasized enough during the whole program. The participants considered this lack of incorporation of self-care into the program as a drawback to their coping abilities in their clinical area.

The participants described that learning realistic expectations about how their knowledge will develop over time helped them cope with the stress in their clinical practice, a finding not reported in the literature. Most participants indicated that they learned either from their clinical instructors or from their buddy nurses, to be comfortable with the feeling that they did not have to know everything. They were expected to give “100%” and perform in the best interest of their

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patients, which does not necessarily pertain to them knowing everything. This understanding helped them cope with the stress that they experienced during their clinical practice.

Another aspect of self-care, celebrating success after each clinical experience was also described as a coping strategy that helped the participants move through these taxing situations. As stated by one of the participants, *“I get together with my friends and celebrate after I successfully complete my clinical placement.”* She added, *“it is good to reward and motivate self that you have done this and you will do it in future.”* Overall, there is evidence about self-care as a coping strategy in the nursing literature (Chow & Kalischuk, 2008); this study increases our understanding of the importance of self-care as an important coping strategy used by nursing students to cope with the stress specifically from their clinical practice.

Clinical Instructors as Educators

Clinical instructors exert a critical influence on students' learning (Campbell et al., 1994; Peyrovi et al., 2005). The participants reported that clinical instructors who were competent, imaginative, flexible, displayed effective communications skills, and able to motivate students helped participants to cope with the stress that arose from the clinical area. From the descriptions of the study participants, it is evident that all the participants considered their clinical instructors as vital in “making or breaking” their clinical experiences. According to the participants they were able to cope with stressful situations that arose from their clinical area if their clinical instructor was supportive and approachable during their clinical practice.

Lack of a stimulating and supportive environment, lack of goals, or unrealistic expectations contribute to increasing stress in students in their clinical practice and affect their coping skills (Chan et al., 2009; James & Chapman, 2009; Shaban et al., 2012). Participants in this study disclosed that they thought their coping skills were negatively affected if their clinical

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instructor had unrealistically high expectations for them, expected students to be experts, and evaluated students while students were experiencing a stressful situation in clinical practice.

These results were consistent with previous research (Chan et al., 2009; Chernomas & Shapiro, 2013; James & Chapman, 2009).

Although the participants in this study had knowledgeable and supportive clinical instructors in their clinical practice, the majority discussed that it was hard to trust the clinical instructors and discuss their feelings of being stressed in the clinical area. Participants discussed their fear of approaching their clinical instructor, particularly regarding stress as a result of lack of knowledge or inexperience with skills. Participants thought they would be evaluated negatively for voicing their stress and being truthful. As a result, they experienced stress that was unmanageable for them, they used coping strategies such as removing them self from the stressful situation, taking longer to do a certain skill, crying, not eating, and vomiting. The question that arises here is how clearly the relationship between a clinical instructor and students is explained to the students? The participants reported that they feared approaching their clinical instructor related to any stressful experiences if their clinical instructor was employed on that particular unit. This hesitation was due to their expressed fear that raising issues about the practice of their instructor's colleague might create a friction in the relationship between the instructor, the colleague, and the students. The question that arises is how widespread is this concern of students, and secondly, if it is consistently an issue, how can students' perceptions of multiple roles played by clinical instructors in the clinical area be addressed? One participant discussed that, because she was not comfortable sharing her stress with her clinical instructor, she coped with the stressful experience by withdrawing from the clinical course. She recalled that she received support both from the Faculty and her clinical instructor after she had already

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failed to cope with the stressful situation in her clinical placement. She said that all the resources that could have helped her cope initially in the clinical area came into play only after she failed to cope with stress and withdrew from the clinical course. She said she would have appreciated receiving support earlier during that clinical placement. Moreover, she added that she would have successfully completed that clinical course if she was aware of the support resources that she could have availed herself of while she was going through the stressful experience.

Participants from this study reported that when they got an indirect message from their clinical instructors that the clinical instructors expected students' knowledge to be impeccable and were not open to being asked lots of questions. Consequently, they avoided using their clinical instructor as a coping resource. For instance, a participant from this study shared that during one particular placement, her clinical group interpreted the clinical instructor's statement that "if they asked too many questions that could affect the students' evaluations" As a result, they avoided asking questions or discussing their concerns with their clinical instructor even if they were stressed during their clinical placement. In this particular situation the participant used emotion-focused and avoidant-coping strategies such as crying, taking more time to do a skill, and avoiding a clinical practice experience to momentarily cope with that stressful situation. This relates to the Lazarus and Folkmans' (1984) theory of stress and coping, as it states that when a person interacts and appraises their environment as stressful and they cannot use the resources, they tend to resort to use emotion-focused strategies to temporarily cope with the stressful encounter.

In particular, the participants often adjusted to difficult stressors over time by revising and developing new coping strategies in an attempt to adapt effectively in the clinical area. This qualitative study provides a deeper understanding of the perceptions and experiences of nursing

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students' coping with the stress from their clinical practice that can supplement the information provided in quantitative studies with larger samples.

Implications for Nursing Education

Based on the results of this study, there are multiple implications for the nursing students in clinical practice. Clinical settings offer a multitude of learning opportunities, including learning how to cope with stress. Nurse educators can help students develop useful and effective coping strategies, abilities which can be built upon during their professional careers. As experiencing stress related to some aspects of clinical experience is inevitable for the students, clinical instructors who can understand students' stress and support their coping efforts also will help students learn and succeed in meeting clinical practice expectations. How can professional nursing programs help clinical instructors understand this idea? How can educational programs provide education and support to clinical instructors regarding dealing with student stress in the clinical area as they take this understanding and use it in working with students?

On the basis of identified themes, the relationship between the nursing student and the clinical instructor also needs to be addressed. The relationship between clinical instructors and students is complex as clinical instructors have the responsibility of evaluating the students in the clinical area. How do the instructors clarify their roles regarding when will they evaluate and when they can be supportive of students in a stressful situation, especially in terms of safe practice? How can the relationship between a clinical instructor and a student be strengthened to become trustworthy so that students can trust their clinical instructors and discuss their stressful experiences? It would be helpful for clinical instructors to discuss stress and coping with students especially in initial clinical settings as these clinical experiences forms the foundation for nursing students. Making nursing students aware of the potential stress experienced in the clinical area,

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students should also be aware of the resources they can use to cope with the stressful experiences. It would be interesting to see if the orientation of clinical instructors includes instruction on students' stress and ways instructors can help students cope with the stress associated with clinical practice. Clinical instructors, while orienting students, can acknowledge potential uncivil behavior and lack of support from the clinical staff. Clinical instructors should provide such as a forum for students to discuss and receive support should they experience uncivil behavior while in a clinical setting. Furthermore, the students should be taught to identify and cope with the uncivil behavior exhibited by the clinical staff. The Faculty and the clinical agencies should identify a process to address uncivil behavior if it occurs.

The results of this study also showed the importance of reflection for students' coping. Participants were able to cope with stressful situations when they were able to reflect freely on their practice. One issue that would benefit from further discussion within nursing education is to discuss the necessity of evaluating written reflective assignments. If the reflective assignment was not graded, would this change students' willingness to share their experiences more freely? The students should be provided with multiple opportunities to reflect on their practice such as reflecting during discussions with nursing peers in post-conferences. Furthermore, communication between the clinical instructor and the students in clinical placement needs to be more open in terms of letting students express their concerns and questions without fear of being evaluated. Hence, exploring with students and instructors how this can occur would be helpful.

Clinical instructors' caring and nurturing attitude in the clinical area can positively influence nursing students' coping with stressful situations, making clinical a fruitful learning experience for the students. The attitude of the clinical instructor was identified by the participants in this study as having an important influence on their experience of stress and

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coping. Students valued clinical instructors who, were approachable, supportive and encouraging, and provided constructive feedback.

Recommendations for Future Research

Future studies can include comparisons between nursing students' perceptions and nursing clinical instructors' perceptions about the clinical experience. Although, there is some research on nursing educator's perspectives on nursing student's stress, it would be useful to investigate clinical instructors' perspectives on their role in helping students learn how to cope with the stress in clinical practice. Future research with self-efficacy theory as a theoretical framework should be done to explore stress and coping in nursing students as elements, such as mastery experiences and personal accomplishments, were seen in the present study. It will be interesting to do a research study exploring stress and coping in other health care professions.

This descriptive exploratory process was an initial step in clarifying coping used by nursing students while in the clinical area. The knowledge base of the stress coping process as experienced by nursing students in clinical practice can be extended by designing future research around the above stated recommendations.

Summary

This chapter discussed the findings of the study within the theoretical framework used for this study. The data revealed that to cope with stressful situations in the clinical area, participants used problem-focused and emotion-focused coping strategies. It was interesting to find that participants predominately used problem-focused coping strategies to deal with stressful encounters. These findings have been discussed and supported by the theoretical and research-based nursing literature.

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Another major effective coping strategy used by the participants in this study was to focus on self after a stressful encounter in a clinical situation. This was not documented in the previous literature. The participants also reported doing things that they enjoy such as exercising, watching humorous videos, mediation, and treating one's self after each success in clinical area were all effective ways of relieving their stress. Shipton (2002) advocated physical exercise as a method of decreasing stress.

Debriefing with trusted peers, friends, or family members was also an important coping strategy for the participants. A few participants in the study found they developed effective coping strategies during their years of experience as nursing students in the clinical area. Furthermore, a few participants learned to accept the limitations of being a nursing student and became comfortable with not knowing everything, but practicing to the best of their abilities. This finding was not documented in stress and coping literature among nursing students in the clinical area. This research has identified that the clinical instructor is an important resource for nursing students to cope with the stress that they experience while being in the clinical area. The study's limitations have also been presented with several implications for nursing practice and education and recommendations for further research have been made.

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APPENDICES

APPENDIX A
Informed Consent Form

UNIVERSITY
OF MANITOBA

College of Nursing
Faculty of Health Sciences

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone: (204) 474-7452
Fax: (204) 474-7682

Research Project Title: A Qualitative Descriptive Study exploring Nursing Students' Perceptions of and Experiences with Coping as they face Stress in Clinical Practice

Principal Investigator

Gurpreet Kaur, RN, BN
MN Student, College of Nursing, University of Manitoba

Research Supervisor

Wanda Chernomas, RN, PhD
College of Nursing, University of Manitoba
email: Wanda.Chernomas@umanitoba.ca

The principal investigator is a graduate student at the College of Nursing, University of Manitoba. This study is being conducted by the principal investigator in partial fulfillment of the degree requirements for a Master's degree in nursing. Her research supervisor is Dr. Wanda Chernomas (College of Nursing) and the other committee members are: Dr. Judith Scanlan (College of Nursing) and Dr. David Mandzuk (Faculty of Education).

Sponsor (if applicable): This research study is funded by Manitoba Centre for Nursing and Health Research (MCNHR).

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

What is the purpose of this research study?

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The purpose of this study is to explore nursing students' perception of and experiences with coping as they face stress associated with clinical practice. Approximately 10 fourth year nursing students will be invited to take part in this study. A better understanding of nursing students' perceptions of their coping efforts when they face stress in their clinical practice could guide nurse educators, in devising ways to enhance and support nursing students' coping to manage their stress and become competent nurses.

What do I have to do as a participant?

You will be meeting with the researcher on the day and time that is mutually decided. The interview, approximately 60-90 minutes in length, will be held in a private room in another Faculty. All interviews will be audio recorded via digital audio recorder and transcribed verbatim by a professional transcriptionist who will sign the oath of confidentiality. The interview format will provide you with the opportunity to describe your perceptions of and experiences with coping as you faced stress during your clinical practice. You will be asked to talk about your clinical experiences in your nursing program, what stressors you faced during clinical practice, how did you learned to cope with them throughout your program, and what resources you found helpful to cope with the stress from your clinical practice. You will also asked demographic information such as age, relationship status at the beginning of the interview. The interviewer will also be making field notes and reflective memos during the interview to add to the qualitative data.

What benefits will I have from my participation?

If you decide to be a participant in this study, you will get an opportunity to share your experiences and perceptions about your coping efforts. There might not be a direct benefit to you but it can help others such as upcoming nursing students and faculty to gain an understanding of nursing students' coping efforts in relation to stress associated with clinical practice.

Are there any incentives?

You will receive \$25 gift card to be used at the Tim's at the beginning of the interview which you may keep even if you later choose to withdraw from the study.

Any there any potential risks

No direct risks are expected to be involved in this research study. Participation does require time commitment of about 60-90 minutes. At any time during the interview, if you find it stressful to share your experiences, you have the right to end the interview and ask for another time to do the interview or decide not to participate by informing the interviewer. If you decide to withdraw from the study, all the data that you would have provided to that point will be destroyed. Moreover, the researcher will provide you with information about follow-up counseling if needed. This will include information about the resources such as student help centre and counseling service available on campus.

How my confidentiality will be maintained?

Your identity will remain confidential. All data collected from the interview will be used for research purposes only. Quotes of participants will be used in reporting findings; however, individuals will not be named in this reporting. The participation in this study will not be a part of the school curriculum and participation will not influence your course grade or outcomes.

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Access to all the confidential information related to the study will be restricted to the principal investigator. All other members of the thesis committee will only have access to anonymized data. A professional transcriptionist will transcribe the interviews and will remove any individual identifiers and only use pseudonyms in the transcripts. The only exception to maintaining confidentiality would be if during the interview process if an issue of unsafe practice (e.g. Drinking alcohol before clinical practice) is identified, the researcher will end the interview and report the issue to the associate dean undergraduate programs for further investigation. If the associate dean asks for the participants' name, then it will be disclosed.

The transcriber will sign a confidentiality pledge and will return all files to the principal investigator and will not keep any copies. Any other member of the faculty will not be informed about names of participants. The data from the digital recorder will be kept on a password protected computer. Written records of the interviews will be kept in a locked cabinet in the home office of the researcher. I will also be asking for your interest in being contacted for reviewing my analysis of your data at the end of consent form. If you will be interested in reviewing my analysis of your data, I will be providing you with 2-3 pages of my summary of analysis to confirm for the emerging themes.

How Can I withdraw, if I want to?

Involvement in this study is completely voluntary. You have the right to withdraw from the study for whatever reason up until the point of data analysis. If you wish to withdraw from the study, you can inform me (the principal investigator) via phone or an email. If you withdraw before the data analysis, the researcher will destroy the collected data. Audio recordings will be deleted and transcripts and consent form will be destroyed as confidential waste.

How will the data be disseminated?

After the analysis is completed the results of the study will be posted via poster on the bulletin board in College of Nursing at the University of Manitoba for the students and the faculty. Moreover, the results of the study will be published in a nursing journal. While disseminating the results whether during presentation or publication, your confidentiality will be maintained at all times. A thematic presentation of the data will be used to reflect participants' views and experiences. Your privacy will be maintained throughout the whole research process and afterwards. Additionally, I will be presenting it at the University of Manitoba as a part my thesis defense for completion of Master's program and will also present it at conferences.

When Will I have Access to the Summary of Research Findings?

A brief summary of research findings can be sent to you after the study is completed via email or hard copy. If you would like to receive a summary please indicate this on the consent form. You can also contact the researcher at any time if you would like more information about the study findings.

When will the data be destroyed?

The data will be stored for 7 years (September 2022) and then will be destroyed thereafter complying with the policies of destroying confidential research data.

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Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way

This research has been approved by the Education Nursing Research Ethics Board (ENERB) and College of Nursing, University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) Margaret Bowman at 204-474-7122 or via email at Margaret.Bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _____ Date _____
 Researcher and/or Delegate's Signature _____ Date _____

As part of the research process I am interested in having 2-3 participants review my preliminary analysis once I've completed all interviews. This may not be for several months. Are you willing to be contacted at a later date for this purpose?

Yes

No

If yes, how would you like to be contacted?

Name:

Phone or e-mail address:

Would you like to receive a brief summary of the research findings after the study is completed that is in September, 2015?

Yes, I prefer to receive the brief summary of the study findings _____

Via Email:

Or Mail:

No I don't want to receive the summary of the study findings: _____

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APPENDIX B

(Plan B for recruitment via emails)

1st Email Invitation

Email Message for recruitment

This message is being sent to you on behalf of a College of Nursing graduate student and has been approved by the administration of the College of Nursing.

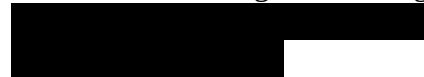
Your Input is appreciated

Title of Study: Qualitative Descriptive Study exploring Nursing Students' Perceptions of and Experiences with Coping as they Face Stress in Clinical Practice

Student Principal Investigator:

Gurpreet Kaur, RN, BN

MN Student, College of Nursing, University of Manitoba

**Faculty Supervisor:**

Wanda Chernomas, RN, PhD

College of Nursing, University of Manitoba

email: Wanda.Chernomas@umanitoba.ca



Dear Students,

My name is Gurpreet Kaur and I am a graduate student doing my masters in nursing with a focus on nursing education within the College of Nursing at the University of Manitoba. I am conducting a qualitative descriptive study exploring nursing students' perceptions of and experiences with coping as they face stress in clinical practice. My research study sample is nursing students currently enrolled in fourth year of their nursing program and who have completed the clinical courses from 2nd and 3rd year. I would like to learn more about your experience as a nursing student especially your experiences in the clinical practice environment. Your participation would involve meeting with me for a 60 to 90 minute confidential interview. We can schedule the interview at a time and day that works for you and me before August 15, 2015. You will receive a \$25 Tim Hortons gift card at the beginning of the interview as a thank you for your participation.

This research study has been approved by the Education/Nursing Research Ethics Board. If you have any concerns or complaints about this project, you may contact Gurpreet Kaur or the Human ethics Coordinator at 204-474-7122 or email: Margaret.bowman @umanitoba.ca In order to protect your confidentiality, I will not use your name or other personal identifiers in any presentation or research paper. Whether you choose to participate or not, the decision will not affect your academic status. After the research study is completed, I will be presenting the results at the University of Manitoba as a part my thesis defense for completion of my Master's program and will also present the results at conferences.

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If you are interested in participating please click on the following link: http://fluidsurveys.com/s/nursing_clinical_practice_experiences/

If you have any questions, please feel free to contact me (see below for contact information).
Thank you so much for your time and consideration.

Regards

Gurpreet Kaur (Principal Investigator)

[REDACTED]

APPENDIX: C

Second Follow-up email

Subject: Qualitative study regarding stress and coping in Nursing students in Clinical practice
Your Input is appreciated

Dear Students

A week or so ago, we contacted you to participate in a qualitative descriptive study that is part of my thesis research about **Understanding Nursing Students Perceptions of and Experiences with their Coping Efforts as they Face Stress associated with Clinical Practice.**

If you have already mentioned about your interest in participating, thank you!

If you have not gotten a chance to respond to it yet, you still have the opportunity to respond. Please read the information below and click on the link provided. It will only take 2-3 minutes. If you decide to participate you will have the chance to share your experiences and you will get a \$25 Tim's gift card as a thank you note for your time and participation.

If you are interested in participating please click on the following link: http://fluidsurveys.com/s/nursing_clinical_practice_experiences/

Your participation is completely anonymous and voluntary.

This research study has been approved by Education/Nursing Research Ethics Board. If you have any concerns or complaints about this project, you may contact Gurpreet Kaur or the Human ethics Coordinator at 204-474-7122 or email: Margaret.bowman@umanitoba.ca

We thank you in advance for your time and consideration.

Sincerely,

Student Principal Investigator:

Gurpreet Kaur, RN, BN

MN Student, College of Nursing, University of Manitoba



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APPENDIX D**Demographic Sheet**

Please select the choice that best describes you.

(1) Age:

(a) Under 21

(b) 21-25

(c) 26 – 30

(d) 31-35

(e) Above 35

(2) Gender:

(a) Male

(b) Female

(C) Transgender

(3) Relationship status:

(a) Single /Never married

(b) Married/Partnered

(c) Separated/ Divorced

(4) (d) Other _____ Employment:

(a) 1-15 hrs/week

(b) 16-25 hrs/week

(c) 26-35 hrs/wk

(d) Other: _____

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(5) Are you a recent immigrant to Canada who had lived in Canada for 5 years or less

(a) Yes

(b) No

(6) Are you a parent?

(a) Yes

(b) No

APPENDIX E**Interview Guide**

We will begin the interview. Here is a list of questions that I will be asking you. I'd like to begin by getting an overall sense of your view of the nursing program. Then I will ask you more specific questions that will focus on your perception and experience of your coping efforts with stress from clinical practice as these questions address the main focus of my research study. Shall we begin now?

Interview Questions

1. What do you think about your nursing program as whole?
2. I'm interested in knowing where you were placed for each of your clinical courses. Can you tell me where you were placed for clinical courses in year 2? Year 3?

Prompts: Remind students of each course NURS 2180 (Clinical practice 1); NURS 2190 (Clinical practice 2); NURS 3300 (Clinical practice 3); NURS 3320 (Clinical practice 4), NURS 4270 (Clinical practice 5); and NURS 4430 (Clinical practice 6).

3. What does 'coping' mean to you?
4. Can you tell me about a time in clinical practice where you felt stressed and you coped well?

Prompts: Can you explain a little more about what was stressful about this situation?

What clinical course was this? What was happening at the time you felt stressed? How were you feeling in addition to feeling stressed? Do you recall what you were thinking?

Who was involved the situation? How do you know you coped well?

5. Can you tell me about a time in clinical practice where you felt stressed and you did not cope well?

Prompts: Can you explain a little more about what was stressful about this situation?

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What clinical course was this? What was happening at the time you felt stressed? How were you feeling in addition to feeling stressed? Do you recall what you were thinking?

Who was involved the situation? How do you know you did not cope well?

6. What strategies have you learned over your years of being a nursing student when in clinical that help you handle any stress associated with clinical practice?

Prompts: How did you learn to use these strategies?

7. What helps or supports you with your ability to cope well with any stress associated with clinical practice?

8. Who would you talk to about stress and clinical practice?

Prompts: Did you ever talk with your clinical teacher about your stress or coping? Your classmates? Your friends outside of school? Can you give me an example?

9. Are there particular clinical situations that you find more stressful than others? Can you give me an example different from the previous examples that you have given to illustrate this situation?

10. Are there particular clinical situations that you find less stressful than others? Can you give me an example different from the previous examples that you have given to illustrate this situation?

11. Is there anything further that we haven't discussed about coping and clinical practice and you would like to add or discuss?

This is the end of the interview. I thank you for your time and participation once again. As I mentioned at the beginning of this interview you have my contact information, if you have any concerns or questions, feel free to contact me.

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Regards

Gurpreet Kaur (Interviewer)

Date and day interview conducted:

Time interview started:

Time interview ended:

