

STRESS IN RELATION TO THEORETICAL AND CLINICAL ACTIVITIES AS EXPERIENCED BY BACHELOR OF SCIENCE IN NURSING STUDENTS

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Abstract

Utilizing the descriptive survey method, the study aimed to determine the stress in relation to theoretical and clinical activities as experienced by Bachelor of Science in Nursing students. The specific problems were the profile of 31 student nurses, the stresses met in the theoretical and clinical setting, the coping mechanisms to the different stresses and the significant difference in coping mechanisms when grouped according to profile. The profile indicated that the student nurses have a general age of 20 years and below, dominated by female and single. The common stresses as classified: On personal stress: fear of making mistakes; academic stress: Intensity of academic workload; clinical stress: using highly technical equipment while on the time management problems, limited time to take a rest. As to the coping mechanisms, the student nurses did the following:

COPINGMECHANISMS	INDICATORS
Logical Analysis	Think of different ways to deal with the problem
Positive Reappraisal	Tell themselves that things would get better
Seeking Guidance and Support	More prayers for guidance and strengths.
Problem Solving	Take "thinks a day at a time, one step at a time"
Cognitive Avoidance	They daydream or imagine a better time or place, than the one they are in.
Seeking Alternative Rewards	Expect the worst possible outcome
Acceptance or Resignation	Try to help others deal with a similar problem
Emotional Discharge	Cry to let their feelings out

Significant differences were evident in the coping mechanisms in terms of civil status. Part of the study is the program on coping mechanisms for stress.

Keywords: stress; theory; coping mechanism; clinical setting

Introduction

In this contemporary world, stress has become a household word. Parent refer to the stress of raising children; working people to the stress of their job; student to the stress of studying; adolescents to the stress of changing body image.

The concept of stress is important because it provides a way of understanding the person as a unified being who responds in totality mind and body, to be variety of changes that may take place in daily life. Stress is a universal phenomenon. All people experience stress. As Hans Selye avers, “Stress is always a part of the fabric of daily life.”

It can derive from any occurrence or alleged that makes you feel thwart, annoyed, or anxious. It has been part of our daily lives. Most of the people, especially the students’ encounter stress of several types and in varying degrees and intensities, either external or internal. The ways in which children cope with stress and fear can affect their development and how they will handle subsequent in life events. (Weber 2018)

In the program of studies of the College of Nursing, student nurses undergo the series of theoretical and related learning experiences known as RLE. Right in their first year of second semester professional subject start with the RLE which focused on Fundamental of Nursing and Health Assessment. In the Second Year, the concentration is on Maternal and Child Care and Community Health. In the Third Year, the concern is on Medical and Surgical Care while in the Fourth Year, the main track is Nursing Leadership and Management. CMO 14 Revised Nursing Curriculum Series of February 2009 for the extensive and intensive exposure in the clinical environment. In experiencing the clinical components of the nursing profession, adjustment to more rigorous academic expectations and responding effectively in dealing with the hospital officials and staff under the supervision of the clinical instructors/professors would result to improved clinical performance right in the pre-service program. These stresses are considered psychological threats which affect the student nurse health and well-being, thus, if not properly handled/managed may lead to unsatisfactory performance and low quality of patient care. Regarded as the transitional nature of college life so with nature of the roles of nurses; this paradigm shift in learning needs due consideration to further motivate the Filipino nursing student to observe and render quality patient care.

As the heads of the college, the proponent had been enthusiastic to know the experiences of the nursing students during their theoretical learning, clinical affiliation; the proponents were able to observe factors that may cause stress to nursing students in relation to academic activities as work and the manner of coping with them or accepting the circumstances as potential threats in the development and advancement of the nursing profession.

Objectives:

This study determined stress in relation to theoretical and clinical activities as experienced by Bachelor of Science in nursing students. Specifically, the study sought to answers to the following questions.

1. To determine what are the stresses met by the student in their theoretical and clinical activities.
2. To determine the coping mechanisms given by the nursing students to cope up with stress encountered
3. Is there a significant difference between the ratings of student nurses when grouped according to age, gender and civil status?

Methodology:

The Descriptive Survey Method (Teddle2007) was employed which ascertains the stresses experienced by the student nurses in the theoretical and clinical setting as well as the coping mechanisms to the different stresses. Included is the determination of the significant difference in the ratings of the student nurses when grouped according to the age, gender, and civil status. Purposive sampling will be used in the selection of the respondents. Purposive sampling is a common method of non-probability sampling. Non-probability sampling does not involve random selection of sample elements. (Parreno & Jimenez, 2006). T-test made for independent sample.

Literature review:

Brunner et. al (2018) defines stress as a rowdy state that occurs in response to adverse impact from the central and outermost environment. It is also a state produced by alteration on the atmosphere that is perceived as interesting, hostile, or detrimental to a person's dynamic equilibrium or symmetry. It is caused by an disparity between the strains upon an individual and his/her aptitude to manage with those difficulties. The demands are professed as trials which may arise from either peripheral or core sources. As individuals have their own individual views that influence their defiance and movements against such perceived or real pressures, it is seeming that entities differ from each other in their replies to stressful proceedings in their lives. This point of view was further clarified by Abalos et.al. (2015) with the definition of stress as a normal-even essential part of life that goes hand in hand with working toward any goal. They divided the sources of stress into two (2): (1) negative stress or distress, and (2) positive stress. They claimed that work can be a prime source of stress. Moreover, they identified some factors that caused stress on the job that includes: (4) career development, (5) organizational structure and climate, (6) family and outside activities, and (7) miscellaneous such as unemployment, retirement and change of jobs.

According to Brunner & Suddarth's (2018), each person has varying abilities to cope or respond. As new challenges are met, this ability to cope and adapt can change, thereby providing the person with a wide range of adaptive ability. Adaptation occurs throughout the lifespan as the person encounters many developmental

and situational challenges, especially related to health and illness.

As adopted by Sy in her previous study on Stress Management (2013), Evan and Kelly (2004) made a study on the stress experienced and managing abilities of student's nurses of Dublin Teaching Hospital. They applied a questionnaire to quantify and discover five specific constructs to student nurse stress. These include clinical strain, theoretical stress, surviving, sentiments and individual factors which assist student nurses during periods of stress. The results exposed that examinations, the level and strength of academic capacity, the theory-practice gap and deprived associations with clinical staff were the identified leading stressors. Sensitive responses to stress included feeling fatigued and distressed under compression. Students adopted short-term emotion focused coping approaches when attempting to contract with stress. A sense of accomplishment, and willpower, were individual influences, which assisted students to endure in the event of stress being existing. Gratified investigation of the open questions shed further light in relation to the stress phenomenon, particularly in relative to clinical stress. The delivery of satisfactory sustenance services from a scientific and theoretical standpoint, a lecture-practitioner model of instruction distribution, and programme variations which focus on evolving student self-awareness skills were the commendations.

Cary (2017), mentions the ten (10) strategies for beating stress such as: (1) Let go of the stress. Exercise will relieve that uptight feeling, one should relax and turn his frowns into smile. (2) Share one's stress. It often benefits to talk to someone about his anxieties and uncertainties. A friend, family or teacher, or counsellor can help him see his delinquent from a different viewpoint. (3) Be a contributor. Solitude can be just as unsatisfying as being in an congested state. (4) Check off one's task. Trying to do everything at once can be devastating, and as a result, he may not complete anything. Instead, make a list of what tasks is needed to do, then do one should do it a time, inspection them off as they are accomplished. It will give him a sense of achievement when he can see the improvement he made. (5) Be realistic- know one's restraint. If a problem is elsewhere our regulator and cannot be changed at instant, do not contest the condition. Learn to admit what is- or is not- until such time as you can change it. Consider the situation and act where conceivable, but also comprehend and admit boundaries when and where they exist. (6) Defend yourself. Lack of sleep and proper nutrition cause irritability and reduce our fortitude and ability to deal with worrying circumstances. This can make one more disposed to to coincidences. (7) Variation one's situation. Change the attitude through pleading quiet contemplation. (8) Avoid confrontations. (9) Avoid self-medication and (10) uphold an optimistic psychological attitude. Just an adverse sentiment can wear the physique miserable, confident spirits can build it up.

Coping consists of the cognitive and behavioural efforts made to manage the specific external or internal

demands that tax a person's resources. Problem-focused coping aims to make direct changes in the environment so that the situation can be managed more effectively. Even if the situation is viewed as challenging or beneficial, coping efforts may be required to develop and sustain the challenge and to ward off any threats. In harmful or threatening situations, successful coping reduces or eliminates the source of stress. Brunner et al. (2008).

In the study made by Sy (2013) as stated by Menezes et.al (2007), it originates out that the handling approaches usually used by the students were as follows: reception, optimistic reframing, preparation, vigorous managing, self-distraction and expressive provision. The inclusive commonness of inner morbidity was higher amongst students of basic disciplines, Indian nationality and whose parents were medical doctors. The academics added that the greatest imperative and plain foundations of pressure continuing in hostel, high parental opportunities, immensity of programme, assessments, absence of period and amenities for performing that help to decrease the perceptions of environmental uncertainty and increase perceptions of supervisors support and work involvement. Further, the involvement of staff nurses in the development of policies, procedures, standards of care, and protocols for dealing with the variability associated with the admissions, discharges, and transfers on patient units may enhance perceptions of supervisor's support and thus decrease the potential for professional burnout (Journal of Nursing Administration).

Synthesis

Based on the review of related literature it is apparent that both student nurses and nurses themselves experience different stresses in their theoretical class and clinical setting. What distinguishes this study from other investigations was the used of the Moos Coping Responses Inventory Adult Form by Moos 1992, as the main tool in determining the coping mechanisms of the student nurses. The responses were measured using the eight (8) indicators: logical analysis, positive reappraisal, seeking guidance and support, problem solving, cognitive avoidance, seeking alternative rewards, acceptance or resignation, and emotional discharge.

Discussion:

Profile of the Respondents

Table 1 is the demographic profile of the respondents. Based on Table 1, twenty-one (21) or 67.7% of the respondents are 20 years old and below and ten (10) or 32.3% of the respondents are between 21 – 25 years old. In terms of sex, 7 or 22.6% are males and twenty-four (24) or 77.4% are females. Regarding the civil status of the respondents, twenty-nine (29) or 93.5% are single and 2 or 6.5% are married.

Table 1. Profile of the Respondents

	Frequency	Percentage
Age		
20 years old and below	21	67.7
21 – 25 years old	10	32.3
Sex		
Male	7	22.6
Female	24	77.4
Civil Status		
Single	29	93.5
Married	2	6.5

Demographic outline according to Nhiay (2012), is the evidence about the residents of a place. Also, it is a instrument use by the investigators so that they may know the stressors of students in relative to theory and clinical activities. As specified by Psychology for Nurses and the caring Professions (2008) in the study of Cacalda (2014), in order to be able to connect efficiently with people of all ages, it is vital to know how their understanding and aptitude to narrate to others is predisposed by their level of mental, moral and social growth. In addition, as reinforced by Villamer (2011) entitled “Coping Mechanism of selected parents having child with abnormality in Magdalena Laguna”, thorough that age differences were seeming in all coping approaches in both threat and challenge condition. Younger adults (under age of 50) more frequently reported intimidating feedbacks and the use of distracting imaginary than did middle aged and older endorse fewer approaches related to hostile reaction, escape avoidance and self- blame. Elder people tended to use more adaptive coping responses and were less likely to guide interference on other people than either of the younger groups.

Level of Personal Stress

Table 2 shows the level of personal stress experienced by the respondents. Based on Table 2, the respondents often experience fear of making mistakes (mean = 3.61, SD = 0.88) and experience personal inadequacy sometimes (mean = 3.10, SD = 0.98). Generally, the respondents are sometimes familiar with personal stress (mean = 3.41, SD = 0.906) signifies that the personal stresses met by the student nurses are homogenously felt in their field of future profession.

Table 2. Level of Personal Stress

Indicative Statements	Mean	SD	VI
1. Fear of making mistakes.	3.61	0.88	Often
2. Personal inadequacy.	3.10	0.98	Sometimes
3. Conflict between the ideal and real clinical practice.	3.35	0.91	Sometimes
4. Financial difficulty.	3.19	1.08	Sometimes
5. Low self-esteem or lack of self-confidence.	3.35	0.95	Sometimes
Weighted Mean; SD	3.32	0.69	Sometimes

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

According to Zulueta et.al. 1999. Stress is well-defined as the psychological or bodily state that fallouts from a professed threat of danger (physical or emotional). Stress has been a fragment of existing and therefore, can subsidise to entity's individual development, progress and psychological wellbeing. Though, extreme and protracted strain generally develops moderately undesirable. Stress is demonstrated amongst staffs in any society in several way; e.g. augmented nonattendance, career turnover, lesser efficiency level and errors steadfast on the profession. On the other hand, bestowing to Lauenders (2011) Clinical setting or hospital itself underwrites to the presentation of the student, because clinical setting must be favourable for the students in knowledge in some illustrations the atmosphere itself added result on what the student may acquire. For particular habituation rendering to the learning conducted by Softissimo (2018) stated that it is of or connecting to the isolated features of a person's life expectancy, person's physique or denoting to, regarding, or linking an individual's behaviour. In line with that Careh (2017) states that people now a days inclines to overlook how imperative workout was and why it must be completed, and so that non-existence of workout was one of the danger factors in evolving such diseases.

Level of Academic Stress

Table 3 is about the level of academic stress experienced by the respondents.

Based on Table 3, the respondents sometimes deal with intensity of academic workload (mean = 3.29, SD = 0.086) and only once did they experience academic stress in inadequacy of learning materials (mean = 2.58, SD = 0.99). Overall, the respondents sometimes deal with academic stress (mean = 3.94, SD = 0.74), admits that the academic stresses met by the student nurses are primarily felt by them when required to relate or connect their learning from theory to actual practice by their clinical instructors in the RLE.

Table 3. Level of Academic Stress

Indicative Statements	Mean	SD	VI
1. Large amount of preparatory work before clinical assignments.	3.23	0.92	Sometimes
2. Intensity of academic workload.	3.29	0.86	Sometimes
3. Long hours of duty.	2.97	0.74	Sometimes
4. Lack of faculty response to student needs.	2.65	1.08	Sometimes
5. Inadequate material to learn.	2.58	0.99	Once
Weighted Mean; SD	2.94	0.74	Sometimes

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once

1 1.00-1.79 Never

As specified by Ofori & Charlton (2012) Younger students was fewer enthusiastic to pursue theoretical sustenance, which put them at jeopardy, both with respects to their presentation and eventually their extraction. Furthermore, many individuals suffering undesirable stress just do not have passable forms of societal provision accessible. They may not have the confidence assistances essential to feel contented asking for support from others. This social care discrepancy is susceptibility influence for additional stress, and also self-fulfilling prediction. Feldman (2011)

Level of Clinical Stress

Table 4 is about the level of clinical stress that the respondents experience.

Table 4 shows that the respondents sometimes experience clinical stress in using highly technical equipment (mean = 3.35, SD = 1.07) and they experience clinical stress in terms of having unsupportive clinical staff/CI (mean = 2.29, SD = 1.16). Overall, the respondents are sometimes deal with clinical stress (mean = 2.66, SD = 0.96).

Table 4. Level of Clinical Stress

Indicative Statements		Mean	SD	Remarks
1.	Use highly technical equipment.	3.35	1.07	Sometimes
2.	Performing procedure that can cause serious harm to the patients.	2.58	1.35	Once
3.	Lack of timely feedback.	2.55	0.93	Once
4.	Lack of support services from a clinical.	2.52	1.19	Once
5.	Unsupportive clinical staff/CI.	2.29	1.16	Once
Weighted Mean; SD		2.66	0.96	Sometimes

Legend		
Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

School and Hospital-facilities have been found to have an extensive impact on the academic performance of student nurses. These factors include the availability and perceived quality of learning. Lebria (2018)

Level of Environmental and Communication Related Stress

Table 5 is about the level of environmental and communication related stress that the respondents experience.

Table 5 shows that the respondents sometimes deal with the stress of traveling long distance to clinical site (mean = 3.35, SD = 1.17) and poor relationships with clinical staff (mean = 2.65, SD = 1.17).

Generally, the respondents sometimes deal with environmental and communication related stress (mean = 3.07, SD = 0.80).

Table 5. Level of Environmental and Communication Related Stress

Indicative Statements		Mean	SD	Remarks
1.	Use highly technical equipment.	3.35	1.07	Sometimes
2.	Performing procedure that can cause serious harm to the patients.	2.58	1.35	Once
3.	Lack of timely feedback.	2.55	0.93	Once
4.	Lack of support services from a clinical.	2.52	1.19	Once
5.	Unsupportive clinical staff/CI.	2.29	1.16	Once
Weighted Mean; SD		2.66	0.96	Sometimes

Legend		
Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

In view by Moscaritolo (2009), in clinical environment student faced different challenges and stress for which they need a competent teacher to resolve the problem in a systematic way. Student in the clinical environment experience anxiety due to some challenges, at this time, it is the responsibility of clinical nurse educator to encourage their students with supportive behavior and decrease their anxiety level because anxiety can affect student's learning process.

Level of Stress Related to Time Management Problems

Table 6 is about the level of stress related to time management problems that the respondents experience.

Table 6 shows that the respondents often deal with limited time to take a rest (mean = 3.52, SD = 0.93) and sometimes deal with failure to fulfill religious obligations (mean = 3.16, SD = 1.05). Generally, the respondents sometimes deal with stress related to time management problems (mean = 3.37, SD = 0.93).

Table 6. Level of Stress Related to Time Management Problems

Indicative Statements		Mean	SD	Remarks
1.	Loss of time with family and friends.	3.48	0.89	Often
2.	Lack of time for leisure activities.	3.48	0.97	Often
3.	Shortness of time in completing nursing tasks.	3.19	0.92	Sometimes
4.	Failure to fulfill religious obligations.	3.16	1.05	Sometimes
5.	Limited time to take a rest.	3.52	0.93	Often
Weighted Mean; SD		3.37	0.93	Sometimes

Legend		
Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

"Time is gold" is a familiar rhetoric among Filipinos. Developing time management skills is an effective way to reduce stress; increase personal productivity; and experience peace of mind. It is possible for one to gain control of one's activity in life by controlling time. Zulueta et al (1999)

Level of Coping Mechanism in terms of Logical Analysis

Table 7 is about the level of respondents' coping mechanism in terms of logical analysis.

Table 7 shows that the respondents often think of different ways to deal with the problem (mean = 3.97, SD = 0.75) and sometimes try to anticipate the new demands that would be placed on them (mean = 3.13, SD = 0.76) to cope with the stress they are having. Generally, the respondents often utilize logical analysis to cope with their stress (mean = 3.47, SD = 0.55).

Table 7. Level of Coping Mechanism in terms of Logical Analysis

Indicative Statements		Mean	SD	Remarks
1.	Did you think of different ways to deal with the problem?	3.97	0.75	Often
2.	Did you try to step back from the situation and be more objective?	3.42	0.62	Often
3.	Did you go over in your mind what you would say or do?	3.48	0.81	Often
4.	Did you try to anticipate how things would turn out?	3.39	0.72	Sometimes
5.	Did you try to find some personal meaning in the situation?	3.42	0.92	Often
6.	Did you try to anticipate the new demands that would be placed on you?	3.13	0.76	Sometimes
Weighted Mean; SD		3.47	0.55	Often
Legend				
Scale	Range	Verbal Interpretation (VI)		
5	4.20-5.00	Very Often		
4	3.40-4.19	Often		
3	2.60-3.39	Sometimes		
2	1.80-2.59	Once		
1	1.00-1.79	Never		

Level of Coping Mechanism in terms of Positive Reappraisal

Table 8 is about the level of respondents' coping mechanism in terms of positive reappraisal.

Table 8 shows that the respondents often try, consistently, to tell themselves that things would get better (mean = 3.94, SD = 0.85) and often think about how they were much better off than other people with similar problems (mean = 3.42, SD = 1.09). Generally, the respondents often utilize positive reappraisal to deal with their stress (mean = 3.74, SD = 0.62).

Table 8. Level of Coping Mechanism in terms of Positive Reappraisal

Indicative Statements		Mean	SD	Remarks
1.	Did you tell yourself things to make yourself feel better?	3.84	0.93	Often
2.	Did you remind yourself how much worse things could be?	3.48	0.72	Often
3.	Did you try to see the good side of the situation?	3.94	0.96	Often
4.	Did you think about how you were much better off than other people with similar problems?	3.42	1.09	Often
5.	Did you try to tell yourself that things would get better?	3.94	0.85	Often
6.	Did you think about now this even could change your life in a positive way?	3.84	0.93	Often
Weighted Mean; SD		3.74	0.62	Often
Legend				
Scale	Range	Verbal Interpretation (VI)		
5	4.20-5.00	Very Often		
4	3.40-4.19	Often		
3	2.60-3.39	Sometimes		
2	1.80-2.59	Once		
1	1.00-1.79	Never		

Level of Coping Mechanism in terms of Seeking Guidance and Support

Table 9 is about the level of respondents' coping mechanism in terms of seeking guidance and support.

Table 9 shows that the respondents often pray for guidance and/or strength (mean = 4.10, SD = 1.11) and they once talk with a professional person (e.g., doctor, lawyer, clergy (mean = 2.45, SD = 1.46) to cope with their stress. Generally, the respondents sometimes utilize seeking guidance and support to deal with their stress (mean = 3.18, SD = 0.81).

Table 9. Level of Coping Mechanism in terms of Seeking Guidance and Support

Indicative Statements	Mean	SD	Remarks
1. Did you talk with your spouse or other relative about the problem?	2.94	1.46	Sometimes
2. Did you talk with a friend about the problem?	3.42	0.99	Often
3. Did you talk with a professional person (e.g., doctor, lawyer, clergy)?	2.45	1.36	Once
4. Did you seek help from persons or groups with the same type of problem?	2.77	1.23	Sometimes
5. Did you try to find out more about the situation?	3.42	1.09	Often
6. Did you pray for guidance and/or strength?	4.10	1.11	Often
Weighted Mean; SD	3.18	0.81	Sometimes

Legend		
Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

Level of Coping Mechanism in terms of Problem Solving

Table 10 reflects the level of respondents' coping mechanism in terms of problem solving.

Table 10 shows that the respondents often take "thinks a day at a time, one step at a time" (mean = 3.68, SD = 0.87) and sometimes talk with their spouse or other relative about their problem (mean = 2.74, SD = 1.15). Generally, the respondents sometimes utilize problem solving to deal with their stress (mean = 3.38, SD = 0.56).

Table 10. Level of Coping Mechanism in terms of Problem Solving

Indicative Statements	Mean	SD	VI
1. Did you talk with your spouse or other relative about the problem?	2.74	1.15	Sometimes
2. Did you know what had to be done and try hard to make things work?	3.58	0.89	Often
3. Did you decide what you wanted and try hard to get it?	3.26	0.93	Sometimes
4. Did you try to put off thinking about the situation, even though you knew you would have to at some point?	3.35	0.66	Sometimes
5. Did you try to learn to do more things on your own?	3.65	0.84	Often
6. Did you take thinks a day at a time, one step at a time?	3.68	0.87	Often

Weighted Mean; SD

3.38 0.56 Sometimes

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

Level of Coping Mechanism in terms of Cognitive Avoidance

Table 11 reflects the level of respondents' coping mechanism in terms of cognitive avoidance.

Table 11 shows that the respondents often daydream or imagine a better time or place than the one they were in (mean = 3.58 SD = 0.72) and sometimes try not to think about the problem (mean = 2.94, SD = 1.18).

Generally, the respondents sometimes use cognitive avoidance to cope with their stress (mean = 3.26, SD = 0.61).

Table 11. Level of Coping Mechanism in terms of Cognitive Avoidance

Indicative Statements		Mean	SD	VI
1.	Did you try to forget the whole thing?	3.00	1.00	Sometimes
2.	Did you try not to think about the problem?	2.94	1.18	Sometimes
3.	Did you daydream or imagine a better time or place than the one you were in?	3.58	0.72	Often
4.	Did you try to put off thinking about the situation, even though you knew you would have to at some point?	3.35	0.80	Sometimes
5.	Did you wish the problem would go away or somehow be over with?	3.32	0.87	Sometimes
6.	Did you try to deny how serious the problem really was?	3.35	0.88	Sometimes
Weighted Mean; SD		3.26	0.61	Sometimes

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

Level of Coping Mechanism in terms of Seeking Alternative Rewards

Table 12 reflects the level of respondents' coping mechanism in terms of seeking alternative rewards.

Table 12 shows that the respondents sometimes expect the worst possible outcome (mean = 3.23, SD = 0.99) and sometimes lose hope that things would ever be the same (mean = 2.90, SD = 1.11) to cope with their stress. Generally, the respondents sometimes seek alternative rewards to cope with their stress (mean = 3.08,

SD = 0.72).

Table 12. Level of Coping Mechanism in terms of Seeking Alternative Rewards

Indicative Statements	Mean	SD	VI
1. Did you feel that time would make a different – that the only thing to do was wait?	3.10	0.83	Sometimes
2. Did you realize that you had no control over the problem?	3.10	0.98	Sometimes
3. Did you think that the outcome would be decided by fate?	3.13	0.85	Sometimes
4. Did you accept it: nothing could be done?	3.00	1.13	Sometimes
5. Did you expect the worst possible outcome?	3.23	0.99	Sometimes
6. Did you lose hope that things would ever be the same?	2.90	1.11	Sometimes
Weighted Mean; SD	3.08	0.72	Sometimes

Legend		
Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

Level of Coping Mechanism in terms of Acceptance or Resignation

Table 13 reflects the level of respondents' coping mechanism in terms of acceptance or resignation.

Table 13 shows that the respondents often try to help others deal with a similar problem (mean = 3.71, SD = 0.94) and sometimes spend more time in recreational activities (mean = 3.35, SD = 0.75). Generally, the respondents often seek acceptance or resignation to cope with their stress (mean = 3.58, SD = 0.48).

Table 13. Level of Coping Mechanism in terms of Acceptance or Resignation

Indicative Statements	Mean	SD	VI
Did you try to help others deal with a similar problem?	3.71	0.94	Often
Did you get involved in new activities?	3.65	0.84	Often
Did you try to make new friends?	3.68	0.94	Often
Did you read more often as a source of enjoyment?	3.45	0.81	Often
Did you spend more time in recreational activities?	3.35	0.75	Sometimes
Did you turn to work or other activities to help you manage things?	3.61	0.67	Often
Weighted Mean; SD	3.58	0.48	Often

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

Level of Coping Mechanism in terms of Emotional Discharge

Table 14 reflects the level of respondents' coping mechanism in terms of emotional discharge.

Table 14 shows that the respondents often cry to let their feelings out (mean = 3.74, SD = 0.96) and sometimes yell or shout to let off steam (mean = 2.87, SD = 0.96). Overall, the respondents sometimes discharge their emotions to cope with their stress (mean = 3.18, SD = 0.64).

Table 14. Level of Coping Mechanism in terms of Emotional Discharge

Indicative Statements	Mean	SD	VI
Did you talk it out on other people when you felt angry or depressed?	3.13	1.18	Sometimes
Did you take a chance and do something risky?	3.03	1.05	Sometimes
Did you keep away from people in general?	3.03	0.87	Sometimes
Did you yell or shout to let off steam?	2.87	0.96	Sometimes
Did you cry to let your feelings out?	3.74	0.96	Often
Did you do something that you didn't think would work, but at least you were doing something?	3.29	0.86	Sometimes
Weighted Mean; SD	3.18	0.64	Sometimes

Legend Scale	Range	Verbal Interpretation (VI)
5	4.20-5.00	Very Often
4	3.40-4.19	Often
3	2.60-3.39	Sometimes
2	1.80-2.59	Once
1	1.00-1.79	Never

In relation to above discussion of results, coping is the human approach to solving problems. The simplest and most familiar form of coping is the problem-solving people do every day. As disclosed by Amundsen (2012) coping mechanism usually used to manage and control stressor that surrounds the person.

Difference in the Level of Stress in Terms of Age

Table 15 is about the difference in the level of stress experience by student nurses in terms of their age. Based on the results, there is no significant difference in the level of stress experience by student nurses (p-values > 0.05).

Table 15. Difference in the Level of Stress in Terms of Age

Perceived Stress	p-value	Analysis
Personal Stress	0.585	Not Significant
Academic Stress	0.341	Not Significant
Clinical Stress	0.736	Not Significant
Environment and Communication Related	0.065	Not Significant
Time Management Problem	0.175	Not Significant

Difference in the Level of Stress in Terms of Sex

Table 16 is about the difference in the level of stress experience by student nurses in terms of their sex. Based on the results, there is no significant difference in the level of stress experience by student nurses with respect to their sex (p-values > 0.05).

Table 16. Difference in the Level of Stress in Terms of Sex

Perceived Stress	p-value	Analysis
Personal Stress	0.323	Not Significant
Academic Stress	0.291	Not Significant
Clinical Stress	0.951	Not Significant
Environment and Communication Related	0.433	Not Significant
Time Management Problem	0.646	Not Significant

Difference in the Level of Stress in Terms of Civil Status

Table 17 is about the difference in the level of stress experience by student nurses in terms of their civil status. Based on the results, there is a significant difference in the personal stress and time management problem experience by student nurses (p-values < 0.05). All the other perceived stress is not significant (p-values > 0.05).

Table 17. Difference in the Level of Stress in Terms of Civil Status

Perceived Stress	p-value	Analysis
Personal Stress	0.014	Significant
Academic Stress	0.613	Not Significant
Clinical Stress	0.960	Not Significant
Environment and Communication Related	0.032	Significant
Time Management Problem	0.640	Not Significant

Difference in the Level of Coping Mechanism in Terms of Age

Table 18 is about the difference in the level of coping mechanism in terms of age. Based on the results, there is no significant difference in the level of coping mechanism of student nurses against different levels of stress (p-values > 0.05).

Table 18. Difference in the Level of Coping Mechanism in Terms of Age

Coping Mechanism	p-value	Analysis
Logical Analysis	0.591	Not Significant
Positive Reappraisal	0.081	Not Significant
Seeking Guidance and Support	0.583	Not Significant
Problem Solving	0.196	Not Significant
Cognitive Avoidance	0.962	Not Significant
Seeking Alternative Rewards	0.764	Not Significant
Acceptance or Resignation	0.169	Not Significant
Emotional Discharge	0.053	Not Significant

Difference in the Level of Coping Mechanism in Terms of Sex

Table 19 is about the difference in the level of coping mechanism in terms of sex. Based on the results, between male and female student nurses, there is no significant difference in the level of their coping mechanism (p-values > 0.05).

Table 19. Difference in the Level of Coping Mechanism in Terms of Sex

Coping Mechanism	p-value	Analysis
Logical Analysis	0.591	Not Significant
Positive Reappraisal	0.081	Not Significant
Seeking Guidance and Support	0.583	Not Significant
Problem Solving	0.196	Not Significant
Cognitive Avoidance	0.962	Not Significant
Seeking Alternative Rewards	0.764	Not Significant
Acceptance or Resignation	0.169	Not Significant
Emotional Discharge	0.053	Not Significant

Table 20 is about the difference in the level of coping mechanism in terms of civil status. Based on the results, between married and single student nurses, there is a significant difference in their level of emotional discharge as a coping mechanism (p-values < 0.05). The other coping mechanisms have no significant difference (p-values > 0.05).

Table 20. Difference in the Level of Coping Mechanism in Terms of Civil Status

Coping Mechanism	p-value	Analysis
Logical Analysis	0.591	Not Significant
Positive Reappraisal	0.081	Not Significant
Seeking Guidance and Support	0.583	Not Significant
Problem Solving	0.196	Not Significant
Cognitive Avoidance	0.962	Not Significant
Seeking Alternative Rewards	0.764	Not Significant
Acceptance or Resignation	0.169	Not Significant
Emotional Discharge	0.053	Not Significant

p-value < 0.05 Significant

CONCLUSION

The stresses met by the student nurses in the clinical setting reflect the need for the creation of self-esteem training enhancement program along their academic work same with proper schedule to give time for the sound spiritual and physical growth. The logical analysis and emotional discharge as the coping mechanisms

employed by the student nurses speak of their inner adjustments in facing the challenges in performing their clinical work in varying degrees of satisfaction or dissatisfaction.

RECOMMENDATION

The program orientation on Coping Mechanisms of BSN Student Nurses be adopted for the enrichment and enhancement of their Theoretical and Related Learning Experiences (RLE).

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