

Research Article**The Difficulties and Educational Stress of Nursing Students in Clinical Practice during the Covid ***Esma AKGÜL¹  Canan BİRİMOĞLU OKUYAN²  Filiz POLAT³ **Abstract**

The present study aims to determine the challenges and educational stresses of nursing students in clinical practices during the COVID-19 pandemic and to offer solutions for these issues. The research was conducted at two universities in Turkey between December 2021 and February 2022. Data were collected using a Sociodemographic Diagnostic Form and the Nursing Education Stress Scale. Of the nursing students who participated in our study, 58.2% were 20 years old or younger, 74% were female, and 48.5% were sophomores. In addition, 43.9% of participants had lower expenses than their income. Our results showed that students' total score average on the nursing education stress scale was 61.74±23.58. We found a statistically significant difference between the total score on the Nursing Education Stress Scale and the mean scores of the sub-dimensions of Practice Stress and Academic Stress according to the class and income level of the students. Furthermore, we observed a statistically significant difference by gender between the mean scores of the Practical Stress and Academic Stress sub-dimensions ($p<0.05$). The nursing students experienced moderate stress during their nursing education. The stress level was higher in female sophomore students whose income was equal to their expenses and whose income was less than their expenses. We suggest that the nursing students' behaviours of problem-solving, decision-making and coping with stress should be improved.

Keywords: Nursing students, clinical practice, educational stress, clinical stress, Covid-19

1. INTRODUCTION

In line with measures taken against the global COVID-19 outbreak, schools and universities all over the world stopped face-to-face educational activities and went over to distance learning (Oducado & Estoque, 2021). After the first cases were seen in Turkey in March 2020, nursing education started to be given by distance learning in order to meet educational needs and to prevent possible difficulties in education (Çelik-Eren, Korkmaz, Öz-Yıldırım & Aydın-Avci, 2021). Distance learning makes access to time and information easy for students and allows teaching and learning activities to continue while protecting students from infection (Çelik-Eren, et al., 2021). Although distance education has positive aspects, it also has adverse effects on clinical practice and the wholeness of nursing education. The most important of these adverse effects is the inadequacy of students in developing clinical skills (Aslan & Pekince, 2021).

This has meant that education in critical thinking skills, acquisition of professional experience and professional identity, and the transfer of theoretical knowledge into practice have remained limited in distance learning, and this remains a stress factor for students (Çelik-Eren, et al., 2021). In research conducted with nursing department students, Oducado and Estoque (2021) determined that students found distance learning stressful, and their satisfaction levels with distance

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learning were low. Their results showed that distance learning negatively affected their academic success. In a study also conducted with nursing department students, it was reported that distance learning practices were inadequate for lessons, that being away from the clinics affected learning, and that distance learning was not suitable for the nursing department, and that clinical practice must be done in hospitals after the pandemic (Kürtüncü & Kurt, 2020). Furthermore, in a study with university students, it was reported that students could not learn enough clinical practice with distance learning and worried about not being successful in their working lives (Yağan, 2021). It is unclear when the COVID-19 pandemic will end or what consequences it will have (Özkan, Taylan & İlaslan, 2021). Accordingly, universities must update their nursing education curriculums and develop solution proposals. Evaluating students' experiences in curriculum changes to be made in nursing education and presenting suggestions for a solution is vital for nursing education and care quality (Oducado & Estoque, 2021). Therefore, in the present study, we aimed to determine the difficulties and educational stress of nursing department students in clinical practice during the pandemic and to present potential solution to proposals for the issues regarding educational activities.

1.1. Research Questions

- What kind of difficulties do nursing department students face in clinical practice during the pandemic?
- What are the stress levels of students in nursing education during the COVID-19 pandemic?

2. METHOD

2.1. Research Design

The current study was designed as a descriptive based on a quantitative method. This method was chosen to describe the experiences of the nursing students who attended the clinical practice during the Covid-19 pandemic, measure their stress levels, and reveal the features that affect them.

2.2. Research Population and Sample

The research was conducted to determine the difficulties and educational stress experienced in clinical practice during the pandemic of nursing students studying in the nursing departments of two universities between December 2021 and February 2022 and to present potential solution proposals for the issues affecting educational activities. The research was conducted at two universities in Turkey with a total of 196 students who agreed to participate in the study. A purposive sampling method was used for the selection of samples. In the fall semester of the 2021-2022 academic year, students attended the clinical practice for ten weeks, two days a week.

2.3. Inclusion and Exclusion Criteria

2.3.1. Criteria for inclusion in the research

- Participating voluntarily in the research
- Being able to use social networking
- Studying in the nursing department

2.3.2. Criteria for exclusion from the research

- Being unwilling to participate voluntarily in the research
- Not taking clinical practice

2.4. Collection of Research Data

Distance learning is still continuing in Turkey due to the COVID-19 pandemic. Therefore, data were obtained using an electronic questionnaire instrument. A Sociodemographic Description Form and a Nursing Education Stress Scale were used to collect data. In our study, the participants received the invitation to the survey and an online survey link via WhatsApp, clearly stating that participation was voluntary.

2.4.1. *Sociodemographic Description Form*: This form was created by a scan of the literature (Achmad, Sutono, Setiyarini, Kusumawati & Alim, 2021; Blackley, Morda & Gill, 2019; Suarez-Garcia, Maestro-Gonzalez, Zuazua-Rico, Sanchez-Zaballos & Mosteiro-Diaz, 2018), and consisted of 21 questions on age, gender, satisfaction with distance learning, difficulties experienced in clinical practice, and solution suggestions.

2.4.2. *Nursing Education Stress Scale (NESS)*: The scale was developed in 1981 (Gray-Toft & Anderson, 1981), and was modified and took its final form in 1985 (Rhead, 1995). The Turkish adaptation of this scale made by Karaca, Yıldırım, Ankaralı, Açıköz and Akkuş, (2014) consists of 32 four-way Likert-type items. It has two sub-scales: Practice Stress and Academic Stress. Stress levels are scored from 0 to 3 for each item. A score of 3 indicates a very stressed condition, and 0 indicates a condition of no stress. A high score indicates a high level of stress. The total which can be obtained on the scale is 96. The Cronbach alpha reliability coefficient was found to be between 0.81 and 0.93. In our study, the reliability coefficient of the scale was found to be 0.95 (Karaca et al. (2014).

2.5. Ethical Considerations

To conduct the research, Ethics Committee permission (12.16.2021- 98849436-100-32755) was obtained from a government university, institutional permission was obtained from the universities where the study was conducted, and written approval was obtained from the participants. Permission was obtained to use the Nursing Education Stress Scale, a data collection instrument in the research. The study was carried out in accordance with the principles of the Declaration of Helsinki.

2.6. Data Analysis

The program package SPSS 24.0 (Statistical Package of Social Sciences) was used to evaluate the data obtained in the research. In the statistical analysis, the Kolmogorov-Smirnov test was used to test the normal distribution of the data, and the normal distribution of the data was confirmed. Descriptive statistics (percentage, frequency, mean, standard deviation, minimum and maximum), t-test in independent groups and the ANOVA test were used to evaluate data obtained in the research.

3. FINDINGS

It was found that 58.2% of the students participating in the study were aged 20 years or younger, 74% were female, 48.5% were in their second year of study, 27% had lived most of their lives in a city, 71.4% were living in a student dormitory during their university education, 43.9% had an income which was less than their expenditure, and 43.9% had an income which was equal to their expenditure (Table 1).

It was found that there was no statistically significant difference according to age, place of most extended residence, or place of residence during university education between mean total scores on NESS and its subscales or according to gender between mean total NESS scores ($p > 0.005$). A statistically significant difference was found between the students' NESS total mean score and their mean scores on the Practice Stress and Academic Stress sub-scales according to their gender, year of study and income status ($p < 0.05$) (Table 1).

Table 1. Comparison of NESS total and subscales according to the students' sociodemographic characteristics (n=196)

	NESS			
	Practice Stress	Academic Stress	NESS Total	
n(%)	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$	
Age				
< 20 years	114(58.2)	29.89±12.89	29.97±12.74	59.86±25.05
20-24 years	73(37.2)	31.95±10.53	34.79±10.99	64.27±21.02

> 24 years	9(4.6)	31.66±12.75	33.33±11.57	65.00±24.25
*Significance		p=0.508	p=0.365	p=0.423
Gender				
Female	145(74)	31.87±11.29	31.62±11.36	63.50±2.12
Male	51(26)	27.52±13.56	29.21±13.84	56.74±26.92
**Significance		p=0.044	p=0.022	p=0.078
Year of Study				
1st year	56(28.6)	26.26±13.95	25.35±14.06	51.62±27.65
2nd year	95(48.5)	34.02±10.03	34.56±9.92	68.58±19.37
3rd year	26(13.3)	30.38±10.87	31.73±10.85	62.11±21.53
4th year	19(9.7)	28.05±11.44	28.78±11.10	56.84±22.84
*Significance		p=0.001	p=0.000	p=0.000
Place of longest residence				
Big city	90(45.9)	30.08±12.75	30.27±12.71	60.36±25.02
City	53(27)	30.86±11.27	31.22±11.45	62.09±22.03
Town	39(19.9)	32.46±10.03	32.92±10.20	65.38±19.51
Village	14(7.1)	29.71±15.67	29.42±15.23	59.14±30.64
*Significance		p=0.764	p=0.670	p=0.704
Place of residence during university study				
With family	17(8.7)	31.29±10.15	33.35±10.07	64.64±19.80
Dormitory	140(71.4)	31.63±11.91	31.79±12.13	63.42±23.40
With friend	8(4.1)	25.50±16.40	26.50±15.84	52.00±31.89
Alone	31(15.8)	27.77±12.10	27.29±11.25	55.06±23.26
*Significance		p=0.241	p=0.151	p=0.185
Income				
Income less than expenditure	86(43.9)	33.80±11.49	34.25±11.47	68.05±22.53
Income equal to expenditure	86(43.9)	28.83±10.34	28.91±10.35	57.75±20.06
Income more than expenditure	24(12.2)	26.62±16.70	26.79±16.67	53.41±32.70
*Significance		p=0.005	p=0.003	p=0.003

NESS = Nursing Education Stress Scale *ANOVA test **Independent groups t test p<0.05

It was found that 71.4% of the students participating in the study had chosen the nursing department willingly, 78.6% intended to work as nurses after graduation, and 77% wanted face-to-face education in the future. Also, 56.1% that distance education contained enough information for clinical practice, 57.7% that they did not see themselves as adequate in clinical practice, 51% that they felt fear when performing nursing procedures during clinical practice, and 84.7% that face to face education was more effective for gaining skills in clinical practice, and 53.1% stated that nurses avoided giving them duties in clinical practice because of distance learning (Table 2).

A statistically significant difference was found between the students' mean Academic Stress and NESS scores according to whether they had the nursing department willingly (p<0.05). A statistically significant difference was also found between the students' mean scores on NESS and the subscales of Practice Stress and Academic Stress according to whether they had felt fear when performing nursing procedures in clinical practice, and whether nurses had avoided giving them duties in clinical practice because of distance education (p<0.05). No statistically significant difference was found between the students' mean scores on NESS and the subscales of Practice Stress and Academic Stress according to their intentions to work as nurses, their feelings of adequacy in clinical practice, or their thoughts on which type of education was more effective in their gaining clinical practice skills (p>0.05) (Table 2).

Table 2. Comparison of students' NESS total and subscales according to their characteristics relating to nursing education (n=196)

	NESS			
		Practice Stress	Academic Stress	NESS Total
	n(%)	$\bar{X} \pm SD$	$\bar{X} \pm SD$	$\bar{X} \pm SD$
Did you choose the nursing department willingly?				
Yes	140(71.4)	29.88±12.09	29.67±11.94	59.55±23.54
No	56(28.6)	32.89±11.73	34.32±11.84	67.21±22.98
**Significance		p=0.114	p=0.014	p=0.040
Do you intend to practice nursing as a profession?				
Yes	154(78.6)	30.58±11.99	30.47±12.01	61.05±23.42
No	42(21.4)	31.33±12.34	32.92±12.20	64.26±24.24
**Significance		p=0.722	p=0.244	p=0.437
How would you like to take your theory classes in the future?				
By distance learning	132(67.3)	31.31±12.58	31.92±12.39	63.24±24.41
By face to face education	64(32.7)	29.56±10.84	29.09±11.22	58.65±21.60
**Significance		p=0.340	p=0.124	p=0.202
How would you like to take your practice classes in the future?				
By distance learning	45(23.0)	34.60±13.87	34.60±13.90	69.20±27.44
By face to face education	151(77.0)	29.59±11.23	29.92±11.29	59.52±21.91
**Significance		p=0.014	p=0.022	p=0.015
Did distance learning contain adequate knowledge for clinical practice?				
Yes	110(56.1)	29.40±12.62	29.91±12.27	59.32±24.38
No	86(43.9)	32.45±11.08	32.38±11.72	64.83±22.26
**Significance		p=0.079	p=0.156	p=0.156
Did you feel adequate in clinical practice?				
Yes	83(42.3)	32.59±12.61	32.73±12.10	65.32±24.40
No	113(57.7)	29.38±11.47	29.72±11.94	59.11±22.70
**Significance		p=0.066	p=0.085	p=0.068
Did you feel fear while performing procedures in clinical practice?				
Yes	96(49.0)	33.27±10.55	32.82±10.62	66.09±20.55
No	100(51.0)	28.32±12.90	29.25±13.12	57.57±25.57
**Significance		p=0.004	p=0.038	p=0.011
Which kind of education is more effective in gaining clinical practice skills?				
Distance learning	30(15.3)	34.03±15.88	33.66±15.85	67.70±31.65
Face-to-face education	166(84.7)	30.15±11.16	30.51±11.24	60.66±21.75
**Significance		p=0.104	p=0.189	p=0.133
Did nurses avoid giving you duty in clinical practice because of distance learning?				
Yes	104(53.1)	32.59±11.34	33.25±11.15	65.84±21.88
No	92(46.9)	28.65±12.51	28.45±12.61	57.10±24.67
**Significance		p=0.022	p=0.005	p=0.009

NESS= Nursing Education Stress Scale

**Independent groups t-test p<0.05

The students' total mean NESS score was 61.74±23.58, their mean score on the sub-scale of Practice Stress was 30.74±12.04, and their mean score on the sub-scale of Academic Stress was 31.00±12.06 (Table 3).

Table 3. Distribution of HESS total and subscale mean scores and maximum-minimum values

	\bar{X}	SD	Minimum- Maximum values
NESS Total	61.74	23.58	0-96
Practice Stress	30.74	12.04	0-48
Academic Stress	31.00	12.06	0-48

NESS: Nursing Education Stress Scale

In answer to the question ‘What caused you professional difficulty in clinical practice?’ 19.9% of the students participating in the study answered lack of trust in the nurses, 15.8% inexperience, 15.8% lack of knowledge and practice in clinical practice, 14.8% fear of practicing the profession and of harming patients, 13.3% difficulty carrying out procedures for lack of manual skills, 13.3% fear of COVID-19, 12.8% distance learning, 7.7% lack of trust by patients, and 2.6% too many students (Table 4).

As suggested solutions for clinical practice, 33.2% of the students suggested an increase in the hours of clinical practice, 19.4% being vaccinated, 16.3% more observation in the clinic, 10.8% self-confidence, 8.2% the nurses behaving well towards them, 5.6% an increase in laboratory practice, 4.6% support against students' fears, and 3.1% an increase in education on clinical practice (Table 4).

Table 4. Problems experienced by students in clinical practice, and their suggestions for solutions

	n	%
What caused you professional difficulty in clinical practice?		
Inexperience	31	15.8
Lack of self-confidence	25	12.8
The nurses didn't trust us	39	19.9
The patients didn't trust us	15	7.7
Distance learning	25	12.8
There were too many students	5	2.6
Lack of knowledge and practice in clinical practice	31	15.8
Fear of COVID-19	26	13.3
Fear of practicing the profession and of harming patients	29	14.8
Difficulty carrying out procedures for lack of manual skills	26	13.3
I had no problems	15	7.7
Our solution suggestions for clinical practice		
Increase the hours of clinical practice	65	33.2
The nurses should behave well toward us	16	8.2
Increase education regarding clinical practice	6	3.1
Self-confidence	21	10.7
Increase laboratory practice	11	5.6
Being vaccinated	38	19.4
More observation in the clinic	32	16.3
Provide support against students' fears	9	4.6

***More than one choice was marked.

4. DISCUSSION

One of the main elements of nursing education is that clinical education turns theoretical knowledge into psychomotor skills (Jasemi, Whitehead, Habibzadeh, Zabihi & Rezaie, 2018). Raising quality in education is possible by updating the curriculum according to students' clinical practice experiences in the COVID-19 pandemic (Oducado & Estoque, 2021; Özkan, Taylan & İlaslan, 2021). In the present study, we examined the difficulties and stress levels faced by nursing students in clinical practice during the COVID-19 pandemic.

Most students who participated in the research were female and 20 years old or younger. Other studies on the present topic were seen to have similar sample groups (Can, Çuvalcı & Hindistan, 2019; Köse, Ayhan, Taştan, İyigün & Özçakır, 2021). This is an expected result when it is considered that females more choose the nursing department and that students may have won a place in the nursing department in the year in which they entered the university exam.

It was found as a result of the study that the students experienced a moderate level of stress during their nursing education. Recent international studies have shown that nursing students experience different levels of stress during their education (Admi, Moshe-Eilon, Sharon & Mann, 2018; Baluwa, Lazaro, Mhango & Msiska, 2021; Suarez-Garcia, Maestro-Gonzalez, Zuazua-Rico, Sanchez-Zaballos & Mosteiro-Diaz, 2018; Shariff & Azlan, 2021). Moreover, similar studies performed in Turkey support our findings (Büyükbayram & Ayık, 2020; Can, et al., 2019; Demirbağ, Bulut & Çalık, 2021; Ergin, Çevik & Pakış, 2018; Fırat-Kılıç, 2018; Karabulut, Gurcayir & Yildiz, 2021; Köse, et al., 2021; Senturk & Dogan, 2018; Yılmaz-Karabulutlu et al., 2019). Unlike other departments, theoretical education and practical education are given concurrently in nursing education. It suggested that during the COVID-19 pandemic, continued clinical practice caused students to experience stress.

Our findings showed that female students experienced more stress than male students in a practical and academic sense. Similar studies support these results (Admi, Moshe-Eilon, Sharon & Mann, 2018; Büyükbayram & Ayık, 2020; Can, et al., 2019; Fırat-Kılıç, 2018; Suarez-Garcia, et al., 2018; Senturk & Dogan, 2018). Females having a more sensitive personality than males may also be related to the difference in stress levels.

Furthermore, the stress levels of second-year students were higher than those of students in other years. This result may be explained by the students in the sample group having their first clinical practice education in their second year rather than in their first year because of the pandemic. Clinical practice is one of the most important stress factors in nursing education (Can, et al., 2019). Our research results showed that performing clinical practice affected stress levels. An examination of the literature showed studies supporting our results (Admi, Moshe-Eilon, Sharon & Mann, 2018; Baluwa, Lazaro, Mhango & Msiska, 2021; Suarez-Garcia, et al., 2018). In addition, it was seen in a study by Ergin et al. (2018) that the clinical practice stress levels of second-year students were higher than those of students in other years. Different from the literature (Büyükbayram & Ayık, 2020; Shariff & Azlan, 2021), it was found in our study that students' socioeconomic levels and stress were related and that students whose income was less than or equal to their expenditure had higher levels of stress. Because socioeconomic status is an essential factor in coping with stress (Senturk & Dogan, 2018), we speculate that it affected the stress levels of the students in our sample.

In our research, as in the literature, students who had chosen the nursing department willingly had lower stress levels (Cantekin, Arguvanlı-Çoban & Dönmez, 2021). On the other hand, some studies (Fırat-Kılıç, 2018) have shown that the selection of department did not affect students' education stress levels. Our research found that the intention to work as a nurse after graduation did not affect stress levels. In a study by Demirbağ et al. (2021), it was found, different from our results, that those who intended to work in a hospital after graduation had higher stress levels. We think that these different results arise from different characteristics of the students forming the sample.

Stress levels were found to be higher in nurses who wanted to take their course by distance learning in the future, who felt fear while performing nursing procedures in clinical practice, or who said that nurses avoided giving them duties on clinical practice because of distance learning. It was found in a study by [Suarez-Garcia et al. \(2018\)](#) that nursing students' feelings of inadequacy regarding practice affected the stress levels that they experienced. It was found in a study by [Yılmaz and Büyüköztürk \(2021\)](#) that the anxiety which students experienced when face-to-face education was suspended increased after they went into clinical practice.

Many students participating in the study reported that they had chosen the nursing department willingly. In similar studies in the literature also, the majority of students had selected the nursing department willingly ([Büyükbayram & Ayık 2020](#); [Ergin, et al., 2018](#); [Karabulut, Gurcayir & Yıldız, 2021](#); [Karaman, Çakmak & Yerebakan, 2021](#)). It was found that nearly a quarter of the students were not thinking of working as nurses after graduation. In the study by [Büyükbayram and Ayık \(2020\)](#), it was found that more than half of the students did not want to work in the nursing profession after they graduated. In a study by [Karabulut et al. \(2021\)](#) however, it was found that more than half of the students wanted to work as nurses after graduation. In a study by [Michel et al. \(2021\)](#), it was found that very few nursing students were thinking of abandoning their education because of inadequate clinical education in the pandemic. It was determined in a study by [Demirbağ et al. \(2021\)](#) that a little more than half of the nursing students wanted to work in a hospital after graduation. Considering the literature, the reason why the students participating in our research were not thinking of practicing their profession after graduation may be the negative effect of the pandemic on practical education and the education stress caused to the students.

Examining the students' thoughts on the distance education they had in the pandemic, it was found that, similar to the literature ([Karaman, et al., 2021](#); [Kaya & Işık, 2021](#)), the majority of them took distance learning as adequate for theoretical classes but not for practical lessons. Furthermore, many of the students stated that face-to-face education was more effective in gaining clinical practice skills and that education should be given face-to-face in the future. Similar studies support our research findings. In our study, students stated that distance learning negatively affected nursing educating. Moreover, education to gain manual skills should be given face to face in the future because of inadequate practical lessons. ([Michel, Ryan, Mattheus, Knopf, Abuelezam, Stamp, Branson, Hekel & Fontenot, 2021](#); [Yılmaz & Büyüköztürk, 2021](#)).

More than half of the students in the study stated that they did not see themselves as adequate in clinical practice that they felt fear when performing nursing procedures during clinical practice, and that nurses avoided giving them duties in clinical practice because of distance learning. In the study by [Michel et al. \(2021\)](#), the students reported that they worried that they would not find work after graduation because of distance education. In the study by [Jasemi et al. \(2018\)](#), nursing department students stated that they had difficulty in their working lives because the workers did not allow them to carry out procedures or to give nursing care. In addition, the students reported that not being included in procedures by nurses in the clinic had a negative effect on their learning and motivation ([Arkan, Ordın & Yılmaz, 2018](#)). In the study by [Yılmaz et al. \(2017\)](#), approximately half of the nursing students stated that the stress they experienced during clinical practice was the fear of making a mistake during a procedure.

When the students were asked about the difficulties they had experienced in clinical practice, they mentioned a lack of trust in the nurses, inexperience, a lack of knowledge and training concerning clinical practice, fear of ability to perform the profession and of harming patients, difficulty performing procedures because of lack of manual skill, fear of COVID-19, distance learning, a lack of trust by the patients, and an excessive number of students. In a study by [Achmad et al. \(2021\)](#) nursing students reported that they were afraid of becoming infected and infecting their families during clinical practice. As suggested solutions, students talked about increasing the hours of clinical practice, being

vaccinated, more observation in the clinic, self-confidence, the nurses behaving well towards them, increased laboratory practice, students being protected against their fears, and improving education on clinical procedures. In the study by [Yılmaz and Büyükoztürk \(2021\)](#), the students mentioned as a solution increasing the number of clinical practice places and asking for support on the psychological difficulties they experienced.

5. CONCLUSION and SUGGESTIONS

Clinical practice is an integral part of nursing education; however, it has become one of the factors causing stress in students during the COVID-19 pandemic. It is unclear when the pandemic will end, or what results it will have. Therefore, it is necessary to make changes to the nursing curriculum so that education does not come to a standstill. In addition, it is important to include students in the process and take into account the difficulties they face and their suggested solutions. According to the results of our research, a moderate level of stress was found in nursing department students, with a higher level of stress in female students who had chosen the nursing profession unwillingly, who experienced fear when performing nursing procedures, who were in their second year, or whose income was equal to or less than their expenditure. To get a healthy nursing education during the pandemic, it is suggested that psychological support and help should be provided to all nursing department students to prepare for clinical practice. Furthermore, priority should be given to the students with factors that increase their stress level, too provide them with behaviors for problem-solving, decision making, and coping with stress.

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